



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Abbeyglen
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	07 February 2024
Centre ID:	OSV-0008022
Fieldwork ID:	MON-0033211

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Abbeyglen is a two-storey, three bedroom bungalow with an attached self-contained apartment for one resident. It is located in a town in Co. Dublin and within walking distance to a range of local amenities and public transport links. Abbeyglen was registered in May 2021 to accommodate up to four adult residents, with three living in the main house and one in the self-contained apartment. Each of the residents had their own en-suite bedroom. In the main house there were three separate sitting room areas and a good sized kitchen come dining room area. The apartment was contained within the structure of the main building and comprised of an en-suite bedroom, kitchen and sitting room, with access to the back garden. There was a spacious, enclosed back garden and patio area for residents use. All placements are on a full-time permanent basis. The staffing compliment includes a person in charge, team leaders, and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 February 2024	10:30hrs to 16:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received care and support which met their assessed needs. There had recently been a number of staff recruited to fill staff vacancies but there remained a small number of vacant staff posts.

The centre comprised of a detached three bedroom bungalow with a self contained apartment for one resident to the rear of the centre. The centre was registered to accommodate a total of three residents and there were no vacancies at the time of this inspection. Two residents were living in the main house and one resident lived in the self contained apartment. The centre was first registered in May 2021 and each of the residents transitioned to the centre soon there after. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed.

On this inspection, the inspector met briefly with two of the three residents living in the centre. One of these residents told the inspector that staff were kind to them, the food was good and they liked their bedroom and living space. However, this resident told the inspector that they were not engaged in a day service and would like to return to a day service that they had previously attended. This resident appeared in good form and was looking forward to a visit to their family home that evening. The provider was in the process of trying to secure a suitable day service for the resident but had not been successful to date. The second resident met with was reluctant to engage with the inspector but was observed conversing with staff about their activity choices for the evening and then independently writing on their activity board their chosen activities for the evening which included a walk to a local beach and arts and crafts activities. This resident indicated to the inspector that they too were happy living in the centre.

Photos of the residents and their family members were on display in a number of the residents rooms. One of the residents had a love of 'Disney' characters and had an array of memorabilia and soft furnishings on display in their apartment. This resident was observed to greatly enjoy playing with the characters and reciting specific character lines from well known disney movies. Staff were observed to interact with residents in a caring and respectful manner. For example, a resident was spoken with in a caring and supporting manner when they raised an incident which was of concern to them from their past.

The centre was found to be comfortable, accessible and homely. There was a good sized and well maintained garden for the residents' use to the rear of the centre which could be accessed by the apartment and the main house. The main house was spacious with a good sized kitchen come dining room. In total there were four separate living or sitting room areas. The provider had plans to reconfigure the layout of the main part of the house so as to provide each of the residents with their own self contained space. It was reported that funding had been secured for these

plans and that the works were to commence by the start of March 2024. It was proposed that the providers application to renew the registration of the centre would include these structural changes. It had been assessed that an individualised living space and service would best meet the needs of each of the two residents living in the main part of the centre. Each of the residents had their own en-suite bedroom which had been personalised to their own taste. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

Residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the centre. There was evidence of regular house meetings and key working meeting with the residents and conversations with residents in relation to their needs, preferences and choices regarding activities and meal choices. The inspector did not have an opportunity to meet with the residents' relatives but it was reported that they were happy with the care and support that the residents were receiving. It was noted that the views of residents and their relatives were regularly sought as part of the provider monthly monitoring visits. These responses indicated that residents and their families were happy with the care and support provided in the centre. The residents had access to an advocacy service if they so wished. It was evident from review of records that one of the resident's family were requesting that the resident would transition to a placement nearer to their family home. The provider was making efforts to secure an alternative placement for this resident which would be in closer proximity to their family.

The residents' were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including visits to the centre and to residents' family homes, video and voice calls. There were no restrictions on visiting to the centre.

The residents were supported to engage in meaningful activities in the centre and within the local community. Two of the residents were engaged in a formal day service programme. The third resident was engaged in an individualised service in the centre which was considered to meet this residents needs but a formal day service placement was being sought for the resident. Examples of activities engaged in by the residents included, Jigsaws and board games, walks to local scenic areas, arts and crafts, bowling, train journeys, cinema, swimming and going out for meals. The centre had two vehicles for use by the residents, although one of the vehicles was in for repair at the time of this inspection. The centre was located close to a range of local amenities and public transport links which it was noted some of the residents enjoyed using.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. However, there were a number of staff vacancies at the time of inspection.

The centre was managed by a suitably qualified and experienced person. The person in charge was on extended leave in the day of this inspection but the inspection was facilitated by a team leader and the head of operations who had been appointed as the interim person in charge. The person in charge and the interim person in charge were appropriately qualified and experienced. It was in a full time position and also held responsibility for one other designated centre located nearby. The interim person in charge was supported by two and a half, whole time equivalent team leaders in this centre and a team leader with enhanced responsibility who was also responsible for the one other centre for which the interim person in charge held responsibility.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of operations who in turn reported to the regional director. The person in charge and head of operations held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. In addition, the provider completed monthly monitoring visits and reports and it was noted that these included feedback from service users and their representatives. The interim person in charge and team leader had undertaken a number of other audits and checks in the centre on a regular basis. Examples of these included, quality and safety checks, medication, finances and hand hygiene. There was evidence that actions were taken to address issues identified in these audits and checks. A quality enhancement plan was in place which included issues identified through the various audits and proposed actions. There were regular staff meetings and separately management zone meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, there had been a high turnover of staff in the preceding period, with a number of recent new recruits and there remained one and a half whole time equivalent staff vacancies. In addition, there were two further staff members on extended leave. A number of regular relief and agency staff were being used to cover these vacancies. This provided some consistency of care for the residents. A number of the staff team had been working with the residents for an extended period. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff

training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection.

Regulation 14: Persons in charge

The person in charge and in her absence the interim person in charge were found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, at the time of inspection, there were one and a half whole time equivalent staff vacancies. In addition, there were two further staff members on extended leave. A number of relief and agency staff were being used to cover these vacancies.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. There was a quality enhancement plan in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A contract of care was in place which outlined the services to be provided and detailed the fees payable in a bills agreement section.

Judgment: Compliant

Regulation 31: Notification of incidents

There were arrangements in place for the recording and reporting of all incidents. It was noted that notifications of incidents were submitted to the office of the chief inspector where required and within the timelines required in the regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre, received care and support which was of a good quality and person centred.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. An everyday living assessment and support plan was in place for each of the residents. These reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual review of the personal plans had been completed in line with the requirements of the regulations.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments in place. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. Suitable precautions were in place against the risk of fire.

Residents were provided with appropriate emotional and behavioural support. However, it was noted that the behaviours of some residents could on occasions be difficult for staff to manage in a group living environment and consequently could have a negative impact on another resident. The provider had identified this and had plans in place to reconfigure the physical layout of the centre with a view to establishing two separate and self contained areas in the main part of the house. This would mean that each of the residents would have their own individualised space and service which it had been assessed would better meet these residents needs. Behaviour specialists were engaged by the provider to work with a number of the residents. They provided regular support for the individual residents and staff team. Behaviour support plans were in place for the residents identified to require same and these provided a good level of detail to guide staff.

The provider had a safeguarding policy in place. There were appropriate arrangements in place to respond to all allegations or suspicions of abuse. Allegations or suspicions of abuse in the preceding period were found to have been appropriately responded to. Intimate care plans were in place for residents identified to require same which provided sufficient detail to guide staff in meeting the intimate care needs of residents. A restrictive practices log was maintained and reviewed at regular intervals. However, it was noted that a restriction in place had not been appropriately recorded or assessed.

There were procedures in place for the prevention and control of infection. The inspector observed that all areas appeared clean and generally in a good state of repair. This meant that areas could be effectively clean from an infection control perspective. The provider had completed risk assessments and had infection control policies and procedures in place which were in line with national guidance standards. A cleaning schedule was in place which was overseen by the person in charge and team leaders. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control, proper use of personal protective equipment and effective hand hygiene had been provided for staff.

Regulation 17: Premises

The centre comprised on a self contained apartment for one and main part of the house for two residents. The centre was found to be homely, suitably decorated and overall in a good state of repair. Each of the residents had their own bedroom which had been personalised to their own taste.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the resident, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance and standards for infection control. All areas appeared clean and overall in a good state of repair on the day of inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire drills involving the residents were undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. There was documentary evidence that the fire fighting equipment and the fire alarm were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. Fire safety arrangements were noted to be discussed at residents meetings. The residents had personal emergency evacuation plans which had recently been reviewed and adequately accounted for the mobility and cognitive understanding of the individual residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. An annual review of the personal plans had been completed in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. Health plans including dietary assessment and plans were in place. Residents had regular visits to their general practitioners and other allied health professionals as required. Health passports with pertinent detail were on file should a resident require transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. There were documented reactive strategies in place to guide staff in supporting the residents to deal with identified activities. A register was maintained of all restrictive practices which were subject to regular review. A behaviour specialist was engaged by the provider to work with a number of the residents. However, it was noted that a restriction in place had not been appropriately recorded or assessed.

Judgment: Substantially compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. However, it was noted that the behaviours of some residents could on occasions be difficult for staff to manage in a group living environment and consequently could have a negative impact on another resident. The provider had identified this and had plans in place to reconfigure the physical layout of the centre with a view to establishing two separate and self contained areas in the main part of the house. It was proposed that this work would commence by the start of March 2024 and that the providers application to renew the registration of the centre would include the new configuration.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents rights were promoted in the centre. Residents' had access to an advocacy service if they so wished. There was evidence of consultations with the resident and their family regarding their care and the running of the house. On the day of inspection, all interactions with residents were observed to be respectful. It was noted that rights were discussed with residents at their individual key working sessions on a monthly basis.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbeyglen OSV-0008022

Inspection ID: MON-0033211

Date of inspection: 07/02/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The registered provider will ensure that there is active recruitment of staff to provide consistency of care and support required to residents. • The registered provider can confirm that a recruitment drive is ongoing and interviews are scheduled and facilitated in a prompt manner, latest interview held on 01/03/24. • The Person in Charge will recruit for the 1.5 WTE vacancies and a relief panel of staff. In the interim consistent relief and agency staff will be utilized, ensuring that they are suitably experienced, qualified and consistent. Date: 31/07/2024 • The register provider in conjunction with the person in charge will support and manage the two staff currently on long term sick leave, their attendance will be managed in line with organizational policy and procedure. Date 31/07/2024 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The register provider will ensure a full review of each residents positive behaviour support plan and restrictive practice, ensuring that all restriction are clearly noted and recorded. Date: 31.03.2024 • The organisations Behavioural Consultant is reviewing all positive behavioural plans and coordinating a workshop to address learning on 05/03/24. Date 05.03.224 • The register provider restrictive practice committee with review all restrictive practice registers for the centre and reassure the register provider that all restrictions have been 	

assessed, record appropriately and deemed necessary for the safety and wellbeing of all, restrictive practice committee review set for March 2024. Date 31/03/24

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The register provider has secured a contractor to complete works to reconfigure the physical layout of the centre, creating two separate and self-contained areas in the main part of the house. This work is due to commence on 06th March and due to conclude within 6 weeks period. Date: 30.04.2024

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/03/2024
Regulation 08(2)	The registered provider shall	Substantially Compliant	Yellow	30/04/2024

	protect residents from all forms of abuse.			
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