



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

## Issued by the Chief Inspector

Name of designated centre:	Castlevew
Name of provider:	Praxis Care
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	05 and 06 September 2024
Centre ID:	OSV-0005825
Fieldwork ID:	MON-0035798

## About the designated centre

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

Castleview can provide a full time residential service to four adults with intellectual disability, mental illness, autism, additional communication needs and or other health needs as required, who require a medium to high level of care and support. Castleview offers placement to both male and female residents above the age of 18 years. The centre is made up of one house in a coastal village, which is centrally located and close to amenities and facilities. All bedrooms are single occupancy. Residents are supported by a staff team that includes a service manager, team leaders, and support workers. Waking night staff are available.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
--	---

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
Thursday 5 September 2024	12:15hrs to 17:30hrs	Mary McCann	Lead
Friday 6 September 2024	09:00hrs to 12:00hrs	Mary McCann	Lead

## What residents told us and what inspectors observed

This inspection found evidence of good practice and a high level of compliance with the regulations. Residents received a rights based quality service. The registered provider is Praxis Care and they had applied to renew the registration of this centre which expires on the 22 January 2025. This was an announced inspection to assist with assessing whether this centre was suitable for renewal of registration. Registration of a designated centre with the Health Information and Quality Authority must be renewed at three yearly intervals. The provider had submitted all the required information in line with the required time frames. The last inspection of this centre was carried out on the 22 July 2022 and was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. Post this inspection the provider submitted an action plan detailing work they proposed to complete to come into compliance with the required regulation regarding infection prevention and control. The inspector found these actions had been addressed and there were good infection prevention and control practices in this centre at the time of this inspection.

Castleview designated centre is a bungalow style house which is located in close proximity to a rural village near the sea. It is registered to provide full time residential care to four residents. On arrival at the centre the inspector was welcomed into the centre by the team leader and the head of operations for the west region. The person in charge was on scheduled annual leave. There was a sense of calm and relaxation in the centre where staff interacted caringly with residents as they moved around the house. Two residents had gone out on community activities with two staff and two residents were in the centre chatting and doing light exercises in the house.

Prior to the inspection the inspector reviewed previous inspection reports, notifications about certain events that had occurred in the centre that the provider and person charge have to submit as part of the regulatory process, the statement of purpose and residents guide. The inspector observed practices, interaction of residents with staff and other residents, met with all residents, three staff and reviewed relevant documentation to form judgments on the quality and safety of the care and support provided to residents and the governance and management of this centre. Residents were facilitated to pursue activities of their choice in their local community by attending local facilities, going out for day trips, going for walks on the beach which was in close location to the centre. The centre also had an external sensory room which was available to residents at all times and provided a pleasant place for residents to relax. The centre was very clean and was pleasantly decorated with lots of personal items which enhanced the homeliness of the centre. It was bright and provided a lovely view of the sea from the dining area. Bedrooms were personalised and the design and layout of the house enhanced the accessibility for residents. One resident was a wheelchair user. The centre provides a comfortable home to residents with adequate personal and communal space available and a

secure safe garden with garden furniture.

Staff were observed to cook a nutritious meal for residents and the inspector noted there was a variety of nutritious food in the fridge. The inspector observed staff engaging with residents and utilising their knowledge of person centred care by knowing what was important to the resident and involving the resident in their care. The staff told the inspector that all of the residents got on well together and the inspector observed that residents were content in each others company. Residents had access to a varied meaningful activities and staff explained to the inspector that they generally brought one to two residents out together in the community and all residents accessed the community approximately four days per week. On weekend occasions they generally went out together as a group. The inspector spoke with staff about how residents had moved into this centre from a congregated setting and how this had impacted on resident's lives. The staff wanted to ensure that the move from the congregated setting extended beyond physical access and to promote inclusion the community and decision making.

Some of the residents who lived in the centre did not have the verbal capacity to speak with the inspector. The inspector met with the four residents and staff assisted residents to interact with the inspector. Residents indicated to the inspector, by vocalisations, facial expression, hand and arm gestures that they were happy living in the centre. Staff could describe to the inspector the meaning of the communication expressed by residents. The staff members met with had good knowledge of the residents' care and support plans such as the residents' specialist nutritional care plans and the residents' daily preferences for example what time they liked to get up at, what activities they preferred.

There was good light in the centre and the design and layout of the house supported accessibility. For example, the kitchen and dining area was open plan with good space where residents could spend time together or have privacy away from other residents in their bedrooms or in the sitting room. It also assisted staff with engaging residents in day to day activities as staff sat with residents at the dining table doing activities with residents as other residents and staff were in the kitchen area.

A wheelchair accessible minibus was available exclusively to this centre to support residents to attend activities of their choice. There was information available in the house in an easy-to-read format on areas such as, safeguarding, advocacy, human rights, and complaints. Staff had completed human rights training and told the inspector that this training made them aware of the importance of individualised care and dignity and respect for residents. Staff described how they were keen to promote access to the local community for residents, for example going out to get their hair styled with the local hairdresser, going to the local shop to buy milk. This meant the residents could become part of the local community and could access the same opportunities as the local community and enjoy the experiences the same as are enjoyed by others thus promoting a life of dignity, respect, choice, inclusion and independence. Staff also spoke about the decrease in incident of responsive behaviours.

In summary, from what residents told the inspector and what the inspector observed, coupled with reviewing documentation, the inspector was assured that residents' rights were upheld, their voice was listened to and they enjoyed a good quality of life and had access to meaningful activities. They were supported by a staff team who listened to them and included them in decision making about their care and support.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents

## Capacity and capability

Overall the inspector found that the overall management and governance systems in place in this centre were well established and ensured that the service provided was a safe quality service. One area that required review was to ensure that the complaint policy was centre specific and related to procedures to adapt in Castleview.

Systems were in place to ensure the provider had oversight of significant events in the centre, which included a system where staff of the centre reported the facts of the incident on a system and this was available to senior staff for review. This oversight was important to make sure that the provider was aware of the safety and quality of the service provided to residents and to identify trends and learn from events. The quality of this service was enhanced by the provider ensuring that adequate resources which included a staff team with the required skills and competencies to meet the assessed needs of the residents and to ensure the care and welfare of residents was prioritised and protected. This also ensured that residents' rights to engage in meaningful activities was protected. An established staff team was available which was crucial to ensuring continuity of care in this service due to the assessed needs of residents. The staff team were familiar with residents' wishes, their communication strategies and assessed needs of residents. The centre was being managed by an appropriately qualified person in charge. They were on leave at the time of inspection but the team leader facilitated the inspection. The management structure consisted of a person in charge who reported to the head of operations. The person in charge was supported by team leaders who were available on a daily basis. Regular staff meetings were held and there was good attendance by staff at these meetings. Minutes were available of these meetings for staff who were unable to attend to review. The team leader told the inspector that the person in charge was freely available in the centre and was supportive to staff. There were three staff on duty during the day and two waking staff at night time. An on call out of hour's roster was available and staff were aware of this and confirmed this service was easily accessible.

Monthly reviews were completed by the person in charge which included a review of restrictive practices, staff supervision, accident and incidents. A quality improvement plan was enacted post these reviews. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews, the most recent one was completed on the 21/5/2024 and an annual review which was completed 11/1/2024. Where any deficits were identified, a corresponding quality improvement plan was enacted.

Overall the findings of this inspection supported that this was a well-managed and well-run centre. Residents reported that were happy living in the centre and felt safe. They were supported by a staff team who were familiar with their care and support needs. The provider and the staff team were identifying areas for improvement and taking the required actions to bring about these improvements.

### Registration Regulation 5: Application for registration or renewal of registration

All of the required documentation to support the application to renew the registration of the designated centre has been submitted.

Judgment: Compliant

### Regulation 14: Persons in charge

The centre was being managed by an appropriately qualified person in charge who worked full-time and had the qualifications, skills and experience necessary for the duties of the post. They were on leave at the time of inspection but the team leader facilitated the inspection. The management structure consisted of a person in charge who reported to the head of operations. The person in charge was supported by team leaders who were available on a daily basis.

Judgment: Compliant

### Regulation 15: Staffing

The team leader confirmed that there was one team leader vacancy and no concerning turnover of staff. There were three staff members on duty by day and two waking night staff. The number and skill-mix of staff on the day of inspection was appropriate for the needs of residents. This meant that residents received assistance and support in a timely manner which supported their dignity and



respect. An actual and planned rota showing staff on duty during the day and night which was properly maintained supported that this was the usual staffing. An established staff team was in place which ensured that that residents received continuity of care and support.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the training records and noted that all mandatory training for staff was up to date. Training, in addition to mandatory training, included safe nutritional care and safe management of epilepsy. Where refresher training was required, this had been identified by the person in charge and staff had been listed to complete the training. Staff meetings were held on a regular basis and minutes were available. This ensured that staff that were unable to attend were aware of issues discussed. There was 15 minutes allocated at the change of each shift for handover. Staff received supervision from the person in charge on a monthly basis. This allowed staff time to discuss any areas of concern they had and the person in charge to assess any areas they wished to address.

Judgment: Compliant

### Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the specific regulation.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided was appropriate to the needs of residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support to residents. The provider had ensured that a rights based service was enacted in this service to ensure that the voice of the resident was paramount and residents were listened to and their rights to autonomy,

respect, dignity and fairness was upheld. There were good systems in place to ensure the service provided was safe and met the needs of residents. Regular monitoring and review of process and practice was completed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been recently revised. It accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector was notified of the occurrence of incidents in line with the requirement of the regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no complaints in process at the time of this inspection. A complaints policy was in place, however this was not centre specific and included information regarding other services rather than being specific to Castleview. There was access to advocacy services and details of this was available in the centre.

Judgment: Substantially compliant

## Quality and safety

This was a well-governed service that met the care needs of the residents. Residents' wellbeing and welfare was maintained by a good standard of evidenced-based care and support. The centre was homely and welcoming and met the needs

of the residents. The centre was in good decorative and structural repair. Residents had access to equipment to support their health needs, for example, a low profiling bed.

The health needs of the residents were well managed and robust health plans were developed and were regularly updated and adjusted as appropriate. There was adequate monitoring of the residents' health care needs and evidence of input from a variety of health professionals. The centre used the everyday living model plan of care which staff explained has a focus on human rights and recognises the strengths of residents. The personal plans focused around making life fulfilling and to ensure residents could reach their full potential. Personal goals were described as wish lists and included activities such as shopping for clothes, going on day trips, shopping for ornaments and items of the residents choosing. Personal goals which were reviewed regularly and included activities both in the home and in the wider community. Communication profiles and a description of the residents communication needs were detailed in the personal plans. The residents' rights were upheld in this centre. Residents' dignity and privacy was respected with each resident having their own room and staff spending time with residents in a relaxed and calm manner. The residents were offered choice in their food, daily activities and how they liked to spend their day. Food was home cooked and looked nutritious. The weekly residents' meeting ensured that residents were able to be involved in the running of the centre. The religious choices of the residents were respected with staff ensuring that residents could choose to attend Mass in person if they wished. Restrictive practices in the centre were assessed daily which showed that restrictive practices were utilised for very short periods of time. In addition, there were individualised risk assessments for residents. There were control measures to reduce these risks and the risk assessments were regularly reviewed. Incidents were logged and there was evidence that clear actions were taken to avoid re-occurrence.

## Regulation 12: Personal possessions

All residents had a financial capacity assessment completed by staff and were found to not have the capacity to retain control over their finances safely. The HSE had control over residents' finances. When a resident required money, staff of the centre applied to the HSE for a sum of money. Any monies that were managed by the centre were recorded with receipts available and two signatures of staff. Residents received an annual statement of their money from the HSE.

Each resident had a suitable place to store their belongings and clothing. Due to the assessed needs of residents, most residents required assistance with their laundry or staff carried out the laundry of residents' clothes. Residents' clothing looked well cared for and residents' linen was in good condition and well laundered.

Judgment: Compliant

### Regulation 17: Premises

The provider ensured that the premises provided was of sound construction, in a good state of repair and provided a comfortable clean home for residents. The centre provided a comfortable home for residents.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a residents' guide which detailed a summary of the services and facilities provided, the terms and conditions relating to residency in the centre, and the arrangements for resident involvement in the running of the centre. This guide also provided information on visiting arrangements, complaints and inspection reports. An easy to read version was available to residents.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Residents did not attend day services and the day time provision of meaningful activities was organised by the centre staff. Staff supported residents to attend medical appointments. Where a resident had to be admitted to another service for treatment or assessment relevant information about the resident was provided to the person taking responsibility for the care support and wellbeing of the resident. Additionally when a resident returned from being absent from the centre all relevant information was obtained to ensure a safe and orderly transfer back to the designated centre. A process for medication reconciliation was in place when a resident returned from the acute service.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The

provider had a system where adverse incidents were responded to and reviewed. Learning was identified following incidents, and supports were implemented to reduce the likelihood of re occurrence. The inspector found that individual risk assessments had been developed for the residents and focused on reducing the risk of harm to residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which reflected their needs and was reviewed annually.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of allied health care professionals, to include GP, psychiatry, physiotherapist and occupational therapy. The residents were supported and informed about their rights to access health screening programmes and vaccination programmes available to them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

One resident had a behaviour support plan in place. This was a very comprehensive plan which took a holistic approach and guided staff in the management of any episodes of responsive behaviour. Staff were complimentary and grateful to the behaviour support team for their support in enacting and supporting them in the management of behaviours of concern. Staff had undertaken training in management of behaviour of concerns.

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding plans in place at the time of this inspection. The

inspector reviewed a safeguarding plan that had been closed. This plan was developed in response to an incident that occurred in the centre recently. The inspector reviewed this plan and found that it was comprehensive and protected the resident. A sample of residents' intimate and personal care plans were reviewed and found to be suitably detailed to guide staff in the provision of person centred care. The safeguarding and protection policy was up to date and staff were provided with training. Staff spoken with were clear that they would report any safeguarding issues that they witnessed and were clear that the welfare of the residents was paramount.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Castleview OSV-0005825

Inspection ID: MON-0035798

Date of inspection: 06/09/2024

## 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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident’s age and the nature of his or her disability.	Substantially Compliant	Yellow	