



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

Issued by the Chief Inspector

Name of designated centre:	Manorview
Name of provider:	Praxis Care
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	10 December 2024
Centre ID:	OSV-0005884
Fieldwork ID:	MON-0036513

About the designated centre

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

Manorview is a centre operated by Praxis Care. It is registered to provide care to one adult with an intellectual disability. The centre comprises of a spacious two-storey house located in a rural location close to a busy town. A spacious bedroom is provided with en-suite facilities. In addition, there is a bathrooms, sitting room, conservatory, kitchen and dining area, utility, staff offices, staff bedrooms and large garden area. Staff support is provided by social care workers. Both a waking and sleep over night-time arrangement is in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

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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
Tuesday 10 December 2024	11:00hrs to 12:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). It was completed in order to inform a registration renewal application.

This centre had one registered bed, however, at the time of inspection it was vacant as the resident previously living there had moved to more suitable living accommodation. The registered provider had an admission plan in place which meant that a new resident would move into the designated centre in 2025. The specific time would be decided based on the success of a stepped transition plan and on the needs of the new resident and their family. The purpose of this inspection was to review the arrangements that the provider had in place to ensure that good quality care and support would be provided and that any resident admitted would be safe. In the main, the inspector was assured that the provider had the capacity to provide a good service, however, improvements to the fire safety systems were required which will be expanded on under regulation 28 below.

The inspector met with the person in charge who had the support of a person in charge from another centre. The inspector completed a tour of the designated centre. The premises provided was warm, bright and spacious. It was of sound construction throughout. It was painted recently and new floor coverings were fitted in some rooms. It was clean and tidy, although sparsely decorated due to the fact that it was not occupied. The registered provider had a plan for the new resident to agree on the hard and soft furnishings for their bedroom at a later stage if appropriate. A review of the fire safety arrangements found that the magnetic locks on the two doors on the first floor were not working effectively. This action taken to address this will be outlined later in this report.

Overall, this inspection found that the premises provided was suitable for the admission of a resident in line with the provider's statement of purpose, once improvements to fire safety arrangements were complete.

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

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a

safe service.

As this was a registration renewal inspection, the provider's insurance arrangements were reviewed. The insurance contract was up to date. The statement of purpose provided an accurate reflection of the service provided and met with the requirements of the regulation. Policies and procedures required under Schedule 5 of the regulation were prepared in writing and were available in the centre.

The person in charge described the governance of the centre. The management structure consisted of a person in charge who reported to the provider representative. The person in charge had responsibility for the governance and oversight of three designated centres at the time of inspection. They worked full-time and had the qualifications, skills and experience necessary to manage their work and for the requirements of the role. They told the inspector that the provider had a plan to recruit a new person in charge for Manorview which was in progress.

Planned staffing arrangements were reviewed. The plan included a team of trained staff that would provide a high level of care and support. If additional staff were required, the provider had an arrangement in place which would ensure that they were familiar with the needs of resident. Arrangements were in place to ensure that the staff team had access to training and some sessions were planned at the time of inspection.

Overall, the inspector found that there were clear governance arrangements in the centre with defined management systems to support the operation of the centre. Improvements to fire safety arrangements would further add to the good level of compliance found on this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for renewal of the registration of the designated centre to the Chief Inspector of Social Services which included the information set out in Schedule 2. Where updated information was required, this was submitted in line with the timeframes provided.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed full-time. They had the appropriate qualifications, skills and experience and the capacity to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

The provider and the person in charge had arrangements in place to provide an adequate number of skilled and experienced staff to meet with the assessed needs of any resident admitted. Where additional staffing were required a plan was in place to support this.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider ensured that staff were provided with access to a range of training and development options which were appropriate to the needs of the service.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of regulation 22.

Judgment: Compliant

Regulation 23: Governance and management

Governance arrangements were clear. The person in charge had the support of a centre manager and team leaders as part of the organisational structure. Formal management systems were used by the provider which included a system for auditing the safety of the service and the quality of care and support provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose which was reviewed and updated on 23 October 2024. It provided an accurate reflection of the operation of the service and met with the requirements of the regulation.

Judgment: Compliant

Regulation 30: Volunteers

A review of this regulation found that volunteers were not involved in the centre at the time of inspection and there was no plan for this to happen. However, the provider assured the inspector that if this were the case in the future that a policy was in place to ensure safe practice.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had written policies and procedures available on the matters set out in Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

Although the centre was vacant at the time of inspection, the inspector was assured that the provider had the capacity to provide a good quality and safe service. Improvements to fire safety arrangements were required which will be expanded on in this section of the report.

As outlined, the registered provider had an admission planned. The person in charge told the inspector that the admissions panel met recently and that a comprehensive assessment of the health, personal and social care needs of the new admission would be completed as part of this. In addition, arrangements were in place to support the healthcare needs of the new admission. This included referral to members of the multi-disciplinary team in line with their assessed needs. Where positive behaviour support was required, access to specialist support was provided

and a staff training plan was in place. A review of the premises found it provided a suitable home in an appropriate location. Recent decorative improvements added to the good standard of accommodation.

A review of risk management systems found streamlined processes and good guidance for staff. This included a centre level risk register and individual risk management assessment plans. However, a review of the fire safety arrangements found that not all of the fire doors were closing correctly and this caused concern in relation to the containment of fire in the centre. The person in charge told the inspector that the provider had secured the services of a new fire safety company. They said that a full review of all fire containment and fire safety arrangement would be completed prior to a new admission. Once completed, written assurances would be provided to the Authority.

In summary, the inspector found that while the provider was required to complete improvements to the fire safety systems, all other arrangements met with the requirements of the care and support regulations.

Regulation 11: Visits

While this designated centre was vacant at the time of inspection, the registered provider had a visiting policy which welcomed visitors to the centre where appropriate. Suitable visiting facilities were provided.

Judgment: Compliant

Regulation 17: Premises

The provider ensured that the house provided met with the requirements of this regulation. It was of sound construction, kept in a good state of repair and was clean and tidy.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place for the assessment, management and review of risk. These included a risk management policy which was up to date and service level and centre level safety statements. A plan for individual resident risk assessment management plans was in place for the new

admission.
Judgment: Compliant
Regulation 28: Fire precautions
<p>While the provider had fire safety management systems these required improvements as follows,</p> <ul style="list-style-type: none"> • To ensure that fire containment systems including fire doors in the centre were working effectively
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
The person in charge had plans to complete a comprehensive assessment of the health, personal and social care needs of the new admission which would be completed prior to their admission.
Judgment: Compliant
Regulation 6: Health care
The registered provider had arrangements in place to provide appropriate healthcare support to a new admission which was in line with their personal plan and would include the support of the multi-disciplinary team
Judgment: Compliant
Regulation 7: Positive behavioural support
Where support with behaviours of concern were required, access to specialist support was available. In addition, access to training in positive behaviour support was provided.

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	
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 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Manorview OSV-0005884

Inspection ID: MON-0036513

Date of inspection: 10/12/2024

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 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider shall ensure there are adequate arrangements for containing fires in the centre by ensuring all fire doors and systems are effective prior to any admission of a resident to the centre. To be completed by : 31.01.2025	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2025