

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Praxis Care
<b>Centre ID:</b>	OSV-0003417
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Praxis Care
<b>Provider Nominee:</b>	Irene Sloan Ringland
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
18 February 2015 10:30	18 February 2015 17:30
19 February 2015 10:30	19 February 2015 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an announced inspection and formed part of the assessment of the application for registration by the provider. This was the second inspection of the centre, this inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, untoward incidents and accidents, policies and procedures and staff files. The views of residents and staff of the centre were also sought and resident's confirmed they enjoyed a good quality of life.

Feedback was considered from resident pre-inspection questionnaires distributed by the Authority, one was received on inspection, and other residents told the inspector

that were in the process of completing them.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). Documents submitted by the provider for the purposes of application to register were found to be incomplete and some inaccuracies noted in the address of the designated centre and schedule of insurance. Evidence of compliance with fire and planning requirements was not received by the Authority prior to this inspection.

The main aim of this residential service is to provide care and support to "individuals experiencing / diagnosed with a learning disability" in order to "live as independently as possible in his/her own community". The designated centre is made up of one residential house located in the community in north Dublin..

The inspector met with staff and residents and reviewed governance arrangements with the person in charge and provider nominee. The governance of the centre had not changed since the time of the last inspection. The nominated person on behalf of the provider proposed to undertake this responsibility, and the fitness of the nominated person on behalf of the provider was also considered as part of this process. The provider nominee had completed a fit person's interview in November 2014 relating to her role and responsibilities for the ten centres she has responsibility for managing on behalf of the board of the limited company. The provider nominee confirmed the management and governance of the service and her responsibilities to report to the board of directors and chairman and was found fit to undertake this role.

All documentation submitted relating to the person in charge was complete and satisfactory. The fitness of the person in charge was also assessed throughout the inspection process to determine fitness for registration purposes. She completed an interview relating to fitness to undertake the role and was found to have satisfactory knowledge of her role and responsibilities, under the legislation and sufficient experience and knowledge to provide safe and appropriate care and supports to all residents.

The centre is located in a leased six bedroom detached house. Residents with intellectual and physical disability are accommodated. Care needs relate to social care where many residents are building on existing skills relating to living independently.

13 out of 18 outcomes inspected against were in compliance with the Regulations. Improvements were required relating to documentation to evidence insurance requirements, review of a personal evacuation plan for one resident, and provision of an annual review of quality and safety, and quality of life report.

The inspector observed some aspects of the premises required assessment for their ongoing suitability and accessibility to fully meet the requirements of all residents. The time frame for the lease on the rented premises was unsatisfactory for the purposes of proposed registration. Temporary measures and adjustments in place included use of wooden ramps to assist wheelchair users access the two doors to the

rear of the premises, a review of shower room on ground floor was also identified as required to evaluate if all assessed needs could be met within present accommodation.

The action plans at the end of this report identifies the six outcomes under which these improvements are required.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents confirmed they were consulted with, and participated in decisions about care supports and about the organisation. Residents had access to advocacy services and clear information about their rights. All residents who spoke with the inspector confirmed they were comfortable about voicing their opinions and thoughts freely in their own home. For example, one resident described self advocacy opportunities he had been involved in, which involved highlighting accessibility issues relating to access to a local business.

Residents were clear about their rights and confirmed that they were fully respected by others who lived at the centre and staff supporting their lifestyle. Each resident's privacy and dignity was respected, including receiving visitors in private. Each resident was enabled to exercise choice and control over his/her life in accordance with his/her preferences. For example, decisions to spend time with family members and planning for days out and holidays.

The complaints of each resident, his/her family, or representative were listened to and acted upon and there was an effective appeals mechanism. There had been no formal complaints since the time of the last inspection. Residents confirmed that they knew who to discuss any issues or complaints with should they arise in the future. The residents confirmed that any issues could be discussed at weekly house meetings with a view to service improvement. Residents at the service had lived together for a number of years and demonstrated a high level of respect for each other.

The inspector reviewed the systems in place to support residents with management of finances and found that they were clear and transparent, with receipts and the resident

retained control over their own monies which were available to facilitate social activities, outings and holidays. The inspector discussed the systems in place with a number of residents and staff which involved one resident managing finances independently and other residents with appropriate supports to manage their own funds. The current system was fully documented and found to be in line with best practice, there was a written policy to fully inform staff and residents in this activity.

**Judgment:**  
Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that resident's communication needs were fully met; most residents could clearly advocate for themselves and communicate their own needs and wants. In practice staff were aware of the different communication needs of residents. Individual communication requirements were highlighted in residents' personal plan and reflected in practice. A communications policy was in place to guide and inform staff. Resident's meetings were held regularly and minuted for action, and residents verbalised any concerns at this time. A residents meeting was planned to be held on the day of the inspection.

Full assessments were available as part of the admissions process, most residents had their abilities and communication requirements clearly outlined as they have transferred to community living from another part of the organisation providing services for children and young adults with visual impairment. Staff were fully aware of each residents individual communication needs. For example, the inspector observed that one resident took their medication, administered by staff in a quiet environment without any distraction from other residents.

The centre was part of the local community and residents have access to radio, television, social media, internet and information on local events. Residents enjoyed music and listening to radio and CD's of their own choice. The residents attended day service provision locally, and visited the library, local shops and other community events and confirmed they felt part of the local community.

Residents were fully facilitated to access assistive technology and aids and appliances where they were required to promote the residents' full capabilities.

<b>Judgment:</b> Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were supported to develop and maintain personal relationships and links with the wider community. For example, one resident regularly spent the weekend with family members and enjoyed the visits and time spent with close family.

There were no restrictions on visitors in place. Residents told the inspector that they had visitors of their choice in their home and invited them for lunch or dinner if they so wished, residents' also attended family events and occasions. For example, a resident's relative was invited for a birthday celebration later on the day of the inspection. Residents' could choose for their families or representatives to be involved with aspects of care provided. Meetings were held to update individual personal plans and discuss short and long term goals for each resident.

Residents used many of the facilities in the local community. They told the inspector they regularly visited the local supermarket, general practitioners (GP) surgery, coffee shops and hairdressers. Some residents enjoyed walking and visiting friends in the local community. They walked to the local shops to purchase groceries and items of their choosing for meal planning and any other personal toiletries. Hospital appointments and days services were attended using public transport (where available) or specialised accessible transport, and this was arranged independently by the resident to meet his own needs.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**  
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

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<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A formal contract of care inclusive of fees and additional charges payable was available for all residents. Each resident had a number of written agreements which detailed financial support, household bills and care and welfare of the resident. Details of service provision were clearly outlined and contracts of care had been signed just prior to this inspection.</p> <p>The procedure to be followed for an admission including the involvement of the person in charge, the resident to be transferred and his/her next of kin. The policy stated that any potential resident would be fully facilitated to visit, and spend time at the centre prior to their admission and assist with any proposed transition. The person in charge told the inspector about the process of admission and how this was managed from a governance perspective. Residents primarily had been admitted from one referral source the Health Service Executive. The person in charge confirmed that reviews of the service level agreements in place for each resident took place.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 05: Social Care Needs</b> <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.</i></p>
<p><b>Theme:</b> Effective Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector reviewed all resident's records which evidenced that the care, welfare and support needs of the residents were being met. Residents confirmed this and their involvement with completing individual support plans. One resident spoke to the inspector about the detailed pictorial support plan created and in place since the time of</p>

the last inspection. Residents, as far as possible, had meaningful lives, engaged with family and friends and partook in a variety of activities which staff supported them with.

Each resident had a key worker allocated and had a personal plan in addition to a working file where daily notes and a number of medical updates were recorded. Key working sessions took place and monthly reviews were fully documented; these were all fully documented and were informative. Personal plans were updated as resident's needs changed. Staff had the relevant skills training and experience to communicate and develop personal plans and residents communicated clearly their own goals to each key worker individually. The personal support plans available in both a written and pictorial format with residents clearly involved in the development and review of their personal plans. Personal plans identified seven outcome measures that residents, along with the support of staff, worked towards. The outcomes included, but were not limited to, quality of life, making a positive contribution, exercise of choice and control and improved health.

Care outlined in the personal plans was found to be evidenced based and the input from specialists, and community health services was evidenced as required. For example, updates about and reports relating to referrals and dental work completed following each appointment. Daily narrative records assisted with communication with all support staff at the centre and were comprehensive.

Three residents had arrangements in place for day service which they were supported to attend. Although one resident had decided to reduce the number of days attended from two to one per week. Close contact was maintained with day service providers. Community based transport arrangements were in place, along with public transport and also facilitated social and family contacts. Residents took part in a variety of personal hobbies and activities including music, shopping, visiting the library and involvements with the local community, and other activities of their choosing.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The designated centre is a detached six-bedroom two storey house. All four residents are accommodated in private bedrooms, one of which has a private en-suite shower room. The centre is located in close proximity to public transport links including bus and train services. Facilities nearby include a variety of shops, post office, library, theatre, pharmacy and restaurants.

Two rooms in the property were not accessible to the residents, and were used for storage, one large space on the ground floor and the smallest bedroom on the first floor. The premises are leased and at the time of the inspection the lease was in place until June 2015. The premises was modern and generally well equipped and decorated in neutral tones. The centre has central heating system in place and the gas boiler was being serviced at the time of the inspection. Good ventilation and natural lighting was evident. Access was via the front door, the side gate had level access a large rear garden which was laid to lawn, a garden shed, small decked area and level paving.

Each resident had their own bedroom, pictures and personal items were in place to personalise, and adequate storage for personal belongings was in place, mainly with built in furniture. One resident told the inspector he had new curtains and the window in his room had been repaired as it was draughty, he was happy about this, and showed the inspector pictures of his bedroom in his pictorial personal plan.

Three residents are accommodated on the first floor and have access to a shared large bath/shower room. The remaining resident has a bedroom adjacent to the kitchen and day/dining room, with a small shower room located beside this bedroom. The access to this room was not found to be easily accessible to the resident in this room, who was a wheelchair user. In day to day life the individual resident independently accesses the property via the side entrance gate where there is level access with a temporary wooden ramp in place to access the living space to the rear of the property. A similar wooden ramp allows access and egress from the ground floor bedroom, through patio doors. The inspector was concerned that access necessitated the resident to go outside to get to communal living space as the layout of the ground floor did not easily facilitate the independent use of the custom powered chair by the resident. The inspector discussed the findings relating to this bedroom with the person in charge and the provider nominee at feedback as the arrangements were not fully in line with Schedule 6 of the Regulation and in terms of accessibility required improvement.

The staff office is located on the first floor also and this room acts as the staff sleepover room. This room contains storage and en-suite shower/bathroom. Secure facilities for storage of resident records and medication are also in place at the centre. The kitchen was spacious, with a large dining table seating eight, and accessible to wheelchair users. A large sitting area with a corner sofa and relaxing chair was also in this area with a television and music system.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. However, some improvements were required relating to the specific plan to evacuate the resident accommodated on the ground floor, and mitigate risks associated with the residents mobility.

A risk assessment of the premises was completed on an annual basis, and the last detailed report was dated March 2014. The organisations' risk manager had reported on the findings of the environmental audit and had rated the risks identified. Written measures to mitigate risks identified had been put in place. The centre did not have access to any designated transport or vehicles, although some staff used their own cars to take residents to appointments and evidence of insurance and vehicle safety was on file.

There had been no accidents or incidents reported, but should an accident/incident take place they would be reviewed on monthly basis by the person in charge and the team leader during supervision if required.

There was an up-to-date localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event all potential emergencies. The inspector reviewed the risk management policy and found it met the legislative requirements. A written emergency plan for business continuity was in place. Maintenance of the house including electrical checks had taken place. The gas boiler was being serviced on the day of the inspection, and the mechanical hoist was also seen by the inspector to have its six monthly service and inspection.

A fire risk assessment had been completed. There were safe systems in place to protect from the risk of fire. The centre did not have a fire alarm installed but each room was observed to have mains smoke detectors, which were tested every week. Additionally a carbon monoxide alarm detector was observed in the utility room. Means of escape were kept clear, and residents were involved with any fire drills practices. There had been two fire drills since the time of the last inspection.

Records were available to confirm that all fire equipment including fire extinguishers, the fire blanket, and emergency lighting had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire.

Residents confirmed to the inspector that they were well informed about the appropriate

actions to take and the evacuation procedures planned for in case of emergency. Each resident has a health and safety personal briefing and fully engaged with their own personal evacuation plan. Staff confirmed that they carried the mobile phone with them at all times, and would contact the fire brigade or any other emergency service required, and had completed the fire safety training provided by an external provider.

The inspector saw that each resident had a written individual fire evacuation plan in place and records reviewed showed that fire drills were practised on a regular basis during the day and night by both staff and residents. The last fire drill took place on 22 November 2014, and a record of how long it took to evacuate premises. Smoke alarms were tested weekly and a heat alarm was in place in the kitchen.

A written personal evacuation plan relating to the measures in place should the resident on the ground floor require evacuation had not been fully practiced with regard to moving and handling requirements. All details had been discussed with the resident who was knowledgeable about what would happen in case of emergency. However, the specific details of the risk assessment and written detail of the arrangements for day and night procedures relating to any potential evacuation from the bedroom were not specific or detailed enough to sufficiently reflect the actions the staff informed the inspector they would take if for any reason it became necessary to evacuate.

An external door in the residents bedroom (staff carried the keys) could be opened in an emergency to evacuate the resident on the bed frame via a ramp to the rear of the premises. However, this had not been practiced and as there was only one staff member on duty overnight the staff have been instructed to check resident in bed, reassure and close the door to await assistance from the fire brigade. The actions to take were not fully documented or clear on the written on the residents personal evacuation plan.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents' living at the centre. A policy on protecting vulnerable adults from all forms of abuse was in place to guide and inform staff.

One resident lived part-time at the centre on a respite basis, and had their own room allocated. The remaining three residents had lived in this centre and a previous location for a number of years and knew each other very well.

There four residents living in the house, although one resident only spent two nights a fortnight at the service. Residents confirmed they had front door keys. A resident spoken with told the inspector the centre was a safe and secure home to live in, with a house alarm in place. Residents had access to an enclosed rear garden space with a decking area. All the exit/entry doors could be secured by locking. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had privacy locks in place and there were curtains and blinds on bedroom windows.

Communication between residents and staff was observed to be very respectful of each other. It was identified that since the last inspection one resident had a behavioural support plan in place at the time of the inspection. The plan in place detailed the triggers to behaviours of concern and guided staff in supporting the resident at these times.

The person in charge outlined one incident which had taken place early on in the placement, and described this as being related to setting in. A record was reviewed by the inspector of details relating to safety measures implemented which restricted the residents access to some sharp kitchen items, which had been placed in the utility room area to avoid any potential risks associated with ready access to these items. This had also restricted other residents access to this kitchen equipment and the restrictive measures put in place had not been adequately reviewed since being put in place. The person in charge confirmed the reasons for this were related to the limited time spent at the service and that the resident's review was due to take place the following week, and the restrictive measure would be reviewed in full at this time. Although this aspect was found to be fully documented, it had not been included in a statutory notification required by the Authority as outlined in Outcome 9 of this report.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The statutory nil return received from the person in charge was reviewed by the inspector. A review of the incident and accident log on the day of the inspection indicated a low level of incident reporting. The inspector found that the centre had notified the Authority appropriately. The person in charge was aware of her responsibility to notify the Authority of specific incidents, accidents and events. However, as outlined in Outcome 8 a restrictive measure in place was not notified as part of a quarterly statutory return, this was discussed with the person in charge to clarify this requirement.

**Judgment:**

Substantially Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Resident's opportunities for new experiences, social participation, education and training were facilitated and supported by staff. For example, one resident was involved with voluntary work and was actively seeking more opportunities in employment and independent living. The inspector noted that assistance with this was part of a personal plan and updates documented.

The person in charge confirmed that three residents' attended different training and education facilities 1-2 days per week. Each resident whether attending work or training had their own weekly activity schedule which also included personal development and life skills within the house. For example shopping, preparation and cooking meals, housework/chores, sorting and attending to washing of personal clothing, ironing, answering the telephone (including the use of mobile phones). Residents were been facilitated to develop their areas of interest including cross-stitching, shopping, cinema, musical interests, travel and gardening.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the health care needs of residents were being fully met. All residents had full assessments completed prior to coming to live at the centre and multi-disciplinary team members had been involved in these assessments'. Supports to monitor health care included visits to the GP, dentist, practice nurse and public health nurse inputs to healthcare.

The inspector reviewed residents' files and saw evidence that they were facilitated to access their GP and to seek appropriate treatment and therapies from health care professionals when required in a timely manner. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Records of health care appointments were available for review in residents' files and written evidence of relevant reviews were also available to inform any changes to health care plans. For example, one resident had attended the GP who had recommended a review and staff had facilitated appropriate contact with community mental health services in the locality to support this review.

One resident spoken with told the inspector they had a choice of food and it was planned for each week. Staff facilitated mealtimes and cooking however, as mentioned under Outcome 10 residents' assisted with the shopping and the preparation of meals. A resident told the inspector they were fully involved with planning of the weekly meal menu, each resident chose meals. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Staff actively promoted healthy food choices and residents were facilitated to enjoy a balanced diet.

Staff had a good knowledge of foods enjoyed by each resident. For example, a resident prepared his own breakfast and lunch and this was reflected in the written personal plan with regard to increasing independence with meal preparation. The inspector also saw their knowledge was reflected in the resident individual assessment records.

Snacks were available and residents could visit the nearby supermarket to shop for their food choices. Birthday and special occasions were celebrated, and one resident was planning to bake a cake for a resident's birthday with a staff member to have at the



resident meeting later on the day of the inspection.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. The inspector was satisfied that the practices relating to medication management were robust and protected each resident.

The inspector observed administration of medication by staff, and this was fully in line with policy and procedure. Storage arrangements and disposal of medication were in line with the policies in place to inform staff. One resident was receiving medication which required additional special storage measures was documented in line with best practice. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. The inspector reviewed actions taken following an untoward event relating to an omission of medication and actions taken to prevent recurrence and was satisfied with the measures taken to mitigate the risk.

Staff had up-to-date medication management training in place and detailed training took place on induction. Staff confirmed that the pharmacy provider delivered the medication to the centre on a monthly basis. It was supplied for administration in a blister pack format. One resident was collected their own medication from the local pharmacy, other prescribed medications came in blister form as described above.

The inspector saw that each of the residents had their prescribed medications reviewed by the GP. For example, medication to control seizures which required blood tests to monitor therapeutic levels was considered as part of this review. Residents were knowledgeable about their medication and actions.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose contained all of the information required by Regulations, and described the services provided at the centre. The person in charge was requested to submit details of the size of each bedroom and include as an addendum to the statement of purpose, and this was received following the inspection.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge who manages two centres in the region and has the authority, accountability and responsibility for the provision of the service. She was the named person in charge and was employed full-time in this role. She was completing an internal leadership programme and held a degree in psychology. The person in charge has shared responsibility between this centre and another centre operated by the provider and she visited the centre on a weekly (or more frequent) basis.

The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she was involved in the admission process, and the supervision arrangements in place for all staff. Residents knew her well. She confirmed that enough management time was allocated to her to ensure she could carry out her role as person in charge in a number of centres.

The centre was managed on a daily basis by a suitably qualified, skilled and experienced team leader who was working during the registration inspection. During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was committed to her own professional development and was supported in her role within the centre by a the team leader and a team of social care workers and health care assistants consistent with information in the statement of purpose.

The inspector was informed by the person in charge and saw evidence that regular scheduled minuted staff meetings took place.

The provider nominee was also known as the director of care and she has responsibilities at other locations and designated centre. Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. However, no detailed written review of the health and safety and quality of life of residents' had been completed in the centre to date. Unannounced inspection of the service took place according to the person in charge. The inspector was informed that the methodology to inform an annual review of the service, was to be further developed in an appropriate format by management.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority) relating to fire and planning compliance. This was not received and correspondence issued to the provider to highlight this non-compliance to the Registration Regulation. Some aspects of the documents submitted by the provider was inaccurate and this was discussed in relation to the address of the service. As outlined in Outcome 18 the evidence of insurance arrangements in place for the buildings was not available for inspection. The person in charge undertook to follow up on this aspect and submit when available.

**Judgment:**

Non Compliant - Major

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The Chief Inspector had been notified of the proposed absence of the person in charge of the centre for one year and a proposal for the person nominated by the provider nominee in the application to register to cover this absence. The inspector was satisfied that arrangements were in place for the management of the centre during her absence, this was based on the findings of the last inspection and this registration inspection.

As described this is a shared role as person in charge. As mentioned under Outcome 14, the team leader demonstrated an excellent knowledge of residents' and had the required experience and qualifications to manage the centre in the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose. The inspector discussed the fact that the lease agreement for the premises was a short term arrangement until June 2015, and did not allow for security of tenure for residents in line with the contracts of care and statement of purpose. The provider nominee and person in charge confirmed they were actively trying to resolve this issue with the owner of the premises.

The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents'. For example, the person in charge ensured that there was enough staff allocated to the centre to meet the individual and collective needs of residents'.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The numbers and skill mix of staff were adequate to meet the needs of the four residents. This was determined by feedback from residents, review of staff files and interviewing social care staff. All staff were supervised and supported in their role by the team leader and person in charge.

Education and training and support was provided to staff, including medication management. The inspector viewed a sample of staff files which included training sign in sheets, training received included mandatory training and personal safety. Staff reported a recent team meeting where any issues are discussed and reported to line management for action if required.

One staff member is present at all times. The shift pattern varies relating to the needs of the residents. At some times three staff are present. The staff team is the team leader, who provides leadership and support, to four support staff. In addition there are regular relief support staff who also provide cover on the staff roster.

The recruitment process in place was safe and robust informed by a written recruitment policy. Two staff files reviewed included all the required documents outlined in Schedule 2 of the regulations.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational*

*policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

A schedule of insurance was submitted as part of the registration process. The inspector sought clarification prior to the inspection as the schedule did not reflect the address of the designated centre. The revised schedule submitted clearly showed that the contents of the centre were adequately insured against accidents or injury to residents, staff and visitors. However, as the premises was not owned by the provider, evidence of buildings insurance was requested by the inspector as it had not been submitted and was not available on inspection. The person in charge undertook to follow up on this matter to provide the evidence requested.

There was a directory of residents available which included all the required information. The centre had in place written operational policies as outlined in schedule five available for review, and overall found to be satisfactory.

**Judgment:**

Non Compliant - Major

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Leone Ewings



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Praxis Care
<b>Centre ID:</b>	OSV-0003417
<b>Date of Inspection:</b>	18 February 2015
<b>Date of response:</b>	25 March 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The premises do not provide for best practice in terms of promoting accessibility, and the provider has not reviewed the temporary arrangements relating to the use of wooden ramps and carried out the required alterations to ensure it is accessible to all.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.



to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**

The Person in Charge is in liaison with Occupational Therapy services to determine how accessibility and mobility may best be improved. The provider is constrained in making immediate physical adaptations to the property as the owner's permission is required for structural changes but as an interim measure, options for the use of mobile hoisting equipment have been made available to those residents who require support with mobility.

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The shower room on the ground floor requires review relating to meeting the assessed needs of the resident, and was used to store assistive equipment.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**

The downstairs shower room is assigned for the sole use of the single place within the Centre that is available for residents requiring mobility support. Any equipment stored within the shower room is now limited to that which is required by individual needs of the occupant at that time.

**Proposed Timescale:** 18/03/2015

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Review and clarify written arrangements for the evacuation resident on the ground floor of the designated centre.

**Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**

The person in charge has drawn up revised Personal Emergency Evacuation Plans to aid the evacuation in an emergency situation to reflect the staffing available.

These plans are clear and concise and are detailed to include scenarios that may present themselves. Staff have completed a fire drill in line with revised evacuation plans to ensure they are realistic and safe. One staff member per shift has a key for the patio doors out of the downstairs bedroom, so that it can be opened from the outside, and also there is a key hung up on the wall in the bedroom by the patio doors to ensure accessibility from the inside. The Health and Safety Officer has reviewed these plans.

**Proposed Timescale:** 30/03/2015

### **Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A restrictive measure was not reported in the last quarterly returns.

**Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**

The person in charge will ensure that all restrictive practices are notified to the Health Inspectorate and Quality Authority as outlined in the notification procedures. All future restrictive practices will be notified via the quarterly returns to HIQA as they fall due and these are reviewed on a monthly basis through the organisations internal audit processes.

**Proposed Timescale:** 18/03/2015

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Evidence of compliance with fire and planning was not received as part of the application to register.

**Action Required:**

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007

(Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**

As per notification from the Health Inspectorate and Quality Authority dated 15th January 2015, it is our understanding that there is not now an immediate requirement to have Fire and Building compliance certificates in place.

The provider will continue to seek to secure these and in the interim, the Person in Charge will ensure that the building in which residents reside meets all health and safety standards while awaiting further HIQA guidance in this regard. Annual fire risk assessments and monthly and weekly fire and health and safety checks are completed in line with organisational policy.

**Proposed Timescale:** 30/04/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Annual review of quality and safety methodology requires review to include inputs from residents and relatives.

**Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**

Person in Charge will amend the current operational scheme evaluation to meet requirements of an annual review. Person in charge will ensure that all elements of the designated centre's operational plan are reflected upon clearly to include service user surveys, complaints, compliments and a break-down of the untoward events which occur in the designated centre. These annual reviews will be completed once a year. All residents and their representatives will be consulted in relation to the quality and safety provided in the designated centre.

**Proposed Timescale:** 30/04/2015

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The current short term lease arrangements do not fully support security of tenure in line with the contracts of care in place for residents.

**Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**

The current lease is in place until July 2016 for the premises inspected. The organisation aims to have a long-term lease or purchase a property and to have it registered within the next year. A working group chaired by the nominated person has been set up to review all possible options. The provider clearly understands that if new premises are secured, a new application for registration would need to be made and registration of the current premises surrendered at the point of transfer of residents.

**Proposed Timescale:** 30/04/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The schedule of insurance for the buildings was not available for inspection.

**Action Required:**

Under Regulation 22 (1) you are required to: Effect a contract of insurance against injury to residents.

**Please state the actions you have taken or are planning to take:**

Praxis Care has in place "public liability" insurance which covers any liability for injury to residents. The Person in Charge has forwarded relevant certification to the HIQA inspector. A separate request has been made to the owner to ask for sharing of copies of "buildings" insurance.

**Proposed Timescale:** 22/03/2015