

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0003415
Centre county:	Monaghan
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Irene Sloan Ringland
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	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:
09 February 2016 11:00	09 February 2016 19:00
10 February 2016 09:30	10 February 2016 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 inspection took place following an application to register the designated centre under the Health Act 2007 (as amended). The application was to provide services for 9 adults in one community house.

The community house had previously been inspected in May 2015. At that time the house was one of three houses in a larger designated centre. Following on from this, the provider restructured the service. As a result, the community house became a standalone designated centre.

The inspector met with residents and staff, observed practice and reviewed documentation. The inspector found the centre to be a homely environment. Residents communicated that they were very happy with their home. Staff were observed to engage with residents in a dignified and respectful manner.

Notwithstanding these observations and feedback, action was required by the person in charge and the registered provider to ensure compliance with the Act and associated regulations.

Compliance was identified in eight of the eighteen outcomes inspected. Breaches in regulation were identified due to inadequate assessments of residents' needs in areas such as:

- Residents' ability to participate in decisions regarding the care provided to them
- Residents' wishes for maintaining links with the wider community
- The specific supports residents' required for access to training, education and employment.

The assessment and management of risk did not adequately account for the needs of all residents and deficits were identified in the fire management systems.

Staffing levels were also identified as inadequate by the provider prior to the inspection, however the inspector found that there was an absence of appropriate assessment to support the staffing levels required to meet the residents' individual and collective needs.

These findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end of the report.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were policies and procedures in place for the receipt and management of complaints. A record of all complaints was maintained by the nominated person. The inspector reviewed the complaints and found that they were managed in line with Regulation 34.

The inspector observed staff to engage with residents in a dignified and respectful manner. Each of the bedrooms was single occupancy. This enabled personal activities to be undertaken in private.

In the main, residents' personal documentation was stored in a secure location. However, the inspector observed that medication prescriptions and administration records were located on the kitchen counter. This did not promote residents' privacy due to the nature of the information maintained in these records.

The inspector reviewed a sample of minutes from residents' weekly meetings which was a forum for planning the week ahead.

There was access to an advocacy service for residents. The inspector was informed that management had contacted the service and were awaiting an appointment for the independent advocate to visit.

Evidence did not support that residents were consistently involved in decisions regarding the care and support provided to them. There was evidence that a resident had made the decision to refuse medical treatment, however the same resident was also

documented for not having the capacity to agree the terms in which they would reside in the designated centre. There was no assessment to determine if these variances were in line with the resident's individual needs.

Residents' families were kept informed regarding the wellbeing of their loved one. Family members had formally signed that they had received copies of residents' support plans and risk assessments.

Financial records demonstrated that residents had purchased furniture for their bedrooms. However these items were not recorded on the records maintained of residents' personal belongings.

The inspector found that the systems in place to safeguard monies maintained on behalf of residents were adequate and in line with the policy of the designated centre.

The supports residents received to engage in recreational activities varied. Some residents had access to a formal day service. Other residents were supported by residential staff. Activities included walks, bus drives, massage or eating out. There was an external provider available to provide music within the centre. The inspector observed staff to support residents to bake during the course of the inspection.

Judgment:

Non Compliant - Moderate

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 communication needs of residents were identified in their personal plans. However, there was an absence of referrals to appropriate Allied Health Professionals to ensure that residents received support in line with their needs. For example, if a resident was identified as requiring the use of pictures to communicate, there was an absence of guidance to inform the method in which these pictures should be used. The inspector observed staff to be aware of both the verbal and non verbal communication of residents. There was a policy in place on communication with residents as required by Schedule 5.

There was a television, radio and telephone available for the use of residents. The inspector observed one resident to have an electronic reader.

Judgment:

Non Compliant - Moderate

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:

Families confirmed that they were kept informed of the wellbeing of their loved ones. There was a visitors' policy in place which contained the necessary procedures to encourage visiting, in line with the needs and wants of residents.

Evidence showed that residents' links with the wider community involved activities such as eating out in local restaurants or going for a pint. Staff informed the inspector of the likes and dislikes of residents. However, a review of the personal plans and activity records of residents, demonstrated that residents' links with the wider community were not always in line with their interests.

Judgment:

Non Compliant - Moderate

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.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There had been no admissions to the designated centre since the commencement of regulation in November 2013. There were policies and procedures in place if this was to occur.

There were written agreements in place which outlined the terms and conditions for residents living in the centre. It also outlined the fees to be paid. However, of the sample of written agreements reviewed, the inspector found that they were not signed by the resident and/or their representative.

The written agreements stated that it was the responsibility of residents to decorate and furnish their own bedrooms. This practice is not in line with the Patient Private Property Guidelines published by the Health Service Executive. The provider informed the Authority that this practice would cease with immediate effect.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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.

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector reviewed a sample of personal plans and found that they addressed the health and social care needs of residents. Assessments had been conducted and if a need was identified, a subsequent plan of care was created. The assessment addressed all areas of daily living inclusive of eating, drinking, sleeping, communication and personal care.

Goals had also been created for residents. The inspector found that the goals did not consistently reflect residents' likes as stated by staff. Goals were also largely short-term. Positive examples observed in both the personal plans and in practice included residents being supported to participate in activities such as laundry or making a cup of tea. However, other goals included going for dinner or to the chapel. The inspector found that these goals were reflective of day to day activities as opposed to promoting a sense of accomplishment for residents.

A review of records also demonstrated that residents were not consistently supported to achieve their goals. For example, not having the opportunity to go shopping in line with the timelines specified in personal plans.

Notwithstanding the need for referrals to support residents to communicate in line with their identified needs, there was evidence that residents were referred to Allied Health Professionals and recommendations from Allied Health Professionals were maintained in the personal plan as required by Regulation 5 (6)(a).

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The designated centre was a bungalow and an adjoining apartment. The bungalow contained eight bedrooms, five of which had an en suite toilet and shower. There was also one sitting room, one activity/living room, a sunroom, one kitchen/dining room, a utility room, an outside storage area and a staff office. The apartment contained one bedroom, a kitchen/dining/living area and a bathroom.

The inspector found the centre to be clean and personalised. However there were areas where paint was chipped and marks were on the walls.

There was sufficient heat and light internally in the centre.

The kitchen contained all of the necessary appliances required. There was appropriate assistive equipment present.

There were external grounds available for residents to access and following on from the monitoring event in May 2015, the inspector found the appropriate adaptations had occurred as stated by the provider at that time.

A review was required of the external lighting in the car park and from the apartment. External lighting was provided around the perimeter of the building however the

pathway from the apartment to the road was dark. The inspector found it challenging to navigate.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were systems in place to promote the health and safety of residents, staff and visitors. This included a Safety Statement and Risk Management Policy. The inspector reviewed the assessment of collective and individual risks conducted. The inspector noted that hazards such as staffing had not been identified and therefore were not adequately assessed. Control measures identified were not consistently implemented in practice, particularly regarding the individual supports some residents required.

There were appropriate procedures for the prevention and management of infection. There was a colour coded system in place for the preparation of food. Cleaning schedules were in place. The inspector observed the centre to be clean.

There were procedures in place for the prevention, detection and response to fire. Staff had received training on the actions to be taken in the event of a fire. Staff were able to inform the inspector of the procedure to be followed in the event of a fire. There were two residents assessed as requiring the use of specialised equipment. This equipment was available within the designated centre. However staff had not received training on how to use this equipment and it was not included in the record of fire drills maintained.

Fire drills had been completed at regular intervals. Records did not evidence that the highest number of residents could be evacuated to a place of safety with the lowest complement of staffing. This had previously been identified by an external expert in June 2015. There was no evidence that this recommendation had been acted upon.

Records were maintained to demonstrate that the emergency equipment was reviewed and serviced at appropriate intervals.

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:

There were policies and procedures in place for the prevention, detection and response to abuse, including reporting concerns and/or allegations of abuse to statutory agencies. This policy had been updated in August 2015. Staff had received training in the protection of vulnerable adults and were knowledgeable of the actions to be taken in the event of a suspicion or allegation of abuse.

Inconsistent practice was noted in the reporting of allegations and suspicions of abuse. The inspector noted an entry in daily progress notes of one resident which should have been reported to management and progressed through the safeguarding procedures; however it had not been.

There were procedures in place for the provision of positive behaviour support and restrictive practices. There was evidence of input from appropriate Allied Health Professionals to support residents who exhibited socially inappropriate behaviours. Incident report forms demonstrated that there had been a reduction in incidents for residents based on the supports provided.

The inspector reviewed a sample of positive behaviour support plans and found they identified supports to be provided to meet residents' identified needs. However they did not identify all areas of need. Therefore there was an absence of supports. Personal records and staff informed the inspector of a significant need of one resident which was socially inappropriate. This had not been identified as such in the positive behaviour support plan. Therefore the supports the resident required to alleviate that behaviour had not been identified.

There was a record of restrictive practices maintained.

Judgment:

Non Compliant - Major

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a record of incidents/accidents maintained in the centre. Of the sample reviewed, the inspector confirmed that the Chief Inspector was notified of adverse events at appropriate intervals.

Judgment:

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:

Residents were provided the opportunity to engage in activities both internally and externally to the centre. Some residents had access to a formal day service. They informed the inspector that they enjoyed this.

Personal plans demonstrated that residents were supported to participate in activities within their home. A review of a sample of activity records demonstrated that this was not consistent. For some residents activities were primarily passive. All residents were not assessed and therefore supported to avail of opportunities for training, education and employment.

There was a policy in place for access to education, training and employment dated November 2015.

Judgment:

Non Compliant - Moderate

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 found that residents had regular access to their general practitioner (GP). Residents also received support from Allied Health Professionals inclusive of Chiropractic, Physiotherapy, Occupational Therapy (OT) and Dieticians. Personal plans also demonstrated that assessments had been completed to identify residents' health care needs, such as if a resident required support regarding their nutritional intake or risk of falls. This resulted in plans of care being developed.

Some plans of care provided sufficient information of the supports residents required. In other instances, they did not provide sufficient information or match the information verbally provided to the inspector by staff. This included the supports residents required for needs such as:

- Dementia
- Mobility
- Breathing
- Pressure Sores

Daily records were maintained of the care provided to residents. Whilst, the records were reflective of the standard of care provided to residents, they did not account for the extraordinary supports residents received if acutely unwell. The inspector was informed that clinical observations would occur at appropriate intervals in the event of resident sustaining a head injury. However the inspector found that these were not recorded.

Food diaries were maintained to demonstrate that residents were provided with food in line with their dietary needs. Residents' weights were recorded, however they were not consistently recorded in the time frame stated in the personal plans of residents. In some instances there were significant time periods in which this had not occurred.

Meal times were observed to be a social experience in line with the wishes of residents.

Judgment:

Non Compliant - Moderate

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 policies and procedures relating to the ordering, prescribing, storing and administration of medications. The inspector found that the system in place for the receipt and return of medications contained appropriate safeguards.

The inspector conducted a spot check and found that the stock maintained was in line with the records maintained.

Medication was stored securely.

Of the sample of prescription medications reviewed, the inspector confirmed that they contained all of the necessary information, in line with policy, inclusive of the name, date of birth and address of the resident, a photo of the resident and the name of the resident's GP.

The administration records matched with the times prescribed.

Staff adequately outlined to the inspector the actions to be taken in the event of a medication error.

Regular audits of medication were completed by the person in charge. The area manager also reviewed medication management practices on a monthly basis.

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:

As part of the application to register the provider submitted a Statement of Purpose to the Chief Inspector. The inspector reviewed the document and found that it contained all of the items as required by Schedule 1 of the regulations. However, due to a change in the governance arrangements, this document required review prior to the registration of the centre proceeding. This was as the people listed as participating in management were in the process of changing.

The document also states that the centre is for male residents only with a specific age range of 21 to 71 years of age. The inspector was verbally informed by members of the management team that the centre can also accommodate females and that the age range is adults over the age of 18.

Therefore the Statement of Purpose is not in line with the admissions procedure.

Judgment:

Substantially 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspection was facilitated by the person in charge who was named on the application to register. However, following on from the application, the Chief Inspector was notified that there was to be a change to the person in charge role. This transition had not occurred as of the day of inspection. However, it has occurred by the time of writing this report. Therefore, the fitness of the person in charge has yet to be ascertained and will be assessed prior to a decision being made regarding the registration of the designated centre.

The registered provider has implemented a clear management structure which involves the person in charge reporting to the assistant director of nursing. The Assistant Director of Nursing (ADON) reports to the Director of Care. The Director of Care reports to the Chief Executive Officer (CEO) who was the person nominated by the provider for the purposes of engaging with the Authority.

Two months prior to the inspection, an unannounced inspection had been conducted by the provider which identified significant deficits in practice. This had resulted in a series of additional unannounced visits being conducted and a quality improvement plan being developed. The inspector found that work was in progress to address the deficits.

Judgment:
Compliant

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 person in charge has not been absent from the designated centre for more than 28 days. Therefore it has not been necessary to notify the Chief Inspector as required by regulation. The provider was aware of the requirement to do so and has arrangements in place if this were to occur on an emergency basis.

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:

Inspectors found that the centre was adequately heated; there was sufficient food available and transport available for residents' use. There was also regular input from Allied Health Professionals.

Judgment:

Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a planned and actual staff roster present. The inspector was verbally informed by both management and staff that the provider had identified staffing levels to be insufficient. There was a plan in place to recruit an additional staff member. The inspector could not determine if this was sufficient to meet the needs of residents. This was due to the absence of appropriate assessment which identified the specific supports residents required to meet their social care needs and develop links in the wider community.

Inspectors found that the person in charge completed staff supervision sessions. The records of these meetings demonstrated that they identified staff competence and areas of improvement.

From the records of staff training reviewed, the inspector found that the training in manual handling and fire safety did not adequately meet the needs of the current residents due to their mobility requirements.

Judgment:

Non Compliant - Moderate

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 inspector reviewed a sample of staff files and found that they contained all of the items as required by Schedule 2.

The records as required by Schedule 3 and 4 were also maintained in the designated centre.

The policies and procedures as required by Schedule 5 were also maintained and had been reviewed within the past three years.

Judgment:

Compliant

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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0003415
Date of Inspection:	09 February 2016
Date of response:	29 April 2016

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Evidence did not support that residents were consistently involved in decisions regarding the care provided to them.

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability,

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

participates in and consents, with supports where necessary, to decisions about his or her care and support

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

1) The Registered Provider will ensure that all residents are consistently involved in decisions regarding the care provided to them.

The Person In Charge has assigned each resident a key-worker to oversee that monthly key-working meetings take place and are effective to ensure residents are in all decisions relating to the care they receive. 16/02/2016

2) A multi-disciplinary meeting was convened to address a resident decision to refuse medical treatment 03/03/16; The Community Mental Health team were engaged to review capacity of the resident in this instance, 31/03/16 & 14/04/16. A follow up multi-disciplinary review is scheduled for 09/05/16. This review will assess capacity in relation to all aspects of the individual's life to ensure consistency in relation to all matters.

3) The Person in Charge in conjunction with each resident and their multi-disciplinary team will assess each resident's ability to participate in decisions in relation to the care provided to them, this will be fully documented within their individual care plan 02/09/16.

4) A capacity assessment will be reviewed in relation to all residents 31/05/16.

Proposed Timescale: 31/07/2016

Theme: Individualised Supports and Care

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

The location of medication prescription and administration records did not promote residents' privacy.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1) The Registered Provider will ensure that the medication prescription and administration records are stored safely and securely in a locked cabinet to maintain the resident's privacy and dignity at all times. 16/02/2016

2) This has been addressed with all staff members in team meetings. 16/02/2016.

Proposed Timescale: 01/03/2016

Theme: Individualised Supports and Care

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

Records of residents' personal belongings were not accurate.

3. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

1) The Person In Charge has reviewed the resident personal inventory records, adding their omitted furniture purchased to their records 30/04/16.

2) The Person in Charge will ensure that all future personal property purchased and belongings of residents are recorded in line with the policies and procedures of the centre and in line with patient private property accounts guidelines.

Proposed Timescale: 30/04/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

There was an absence of appropriate assessment to identify the supports residents required to communicate.

4. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

1) The Registered Provider has ensured that referrals have been submitted to appropriate Allied Health Professionals, Speech and Language Therapist input requested on 27/04/2016, referral submitted on 29/04/2016.

2) The Registered Provider will ensure appropriate assessments are completed to identify and specify the supports residents require to communicate. 30/06/16

3) The Person in Charge has requested further training for staff to support them in working with residents with communication difficulties. 30/06/16

Proposed Timescale: 30/06/2016

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Residents' links with the wider community were not always in line with their wishes.

5. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

1) The Registered Provider will ensure that residents are linked with the wider community in line with their wishes. The registered provider will review assessments of residents' needs to ensure this is appropriately identified and recorded 31/05/16.

2) The wishes of residents will be reviewed and updated regularly through monthly key-working meetings, weekly residents' meetings, and individual multi-disciplinary review meetings in a manner that is person centred. Outcomes will be set in line with individual's personal choice.

Proposed Timescale: 31/05/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Written agreements were not signed by residents and/or their representatives.

6. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The Registered Provider will ensure that all written agreements are signed by each resident and/or their representative as deemed appropriate.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

The written agreements were in conflict with the service level agreement between the registered provider and the funding body.

7. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Registered Provider has reviewed the written agreements in place as confirmed with The Authority, to ensure they are in line with the Patient Private Property Guidelines as issued by the Health Service Executive.

Proposed Timescale: 31/03/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents were not consistently supported to achieve their personal goals.

8. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

1) The Registered Provider will ensure the residents are consistently supported to achieve their personal goals including both long and short term goals.

2) The Person in Charge will review all current assessments to ensure all needs are clearly described and personal goals captured are in line with residents individual likes and choices thus promoting a sense of accomplishment for residents. 20/05/2016

3) The Person in Charge will complete a comprehensive assessment to assess the health, personal and social care needs of all residents 20/05/16

4) The person in charge will implement a system to ensure all goals are overseen and achieved within the specified timeframes documented within the plan.

5) The resident's wishes will be obtained and evidenced through monthly key-working meetings, weekly residents' meetings, and individual multi-disciplinary review meetings.

Proposed Timescale: 20/05/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Areas of the designated centre required redecoration to ensure that they were in a good state of repair.

9. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

1) The Registered Provider will ensure that the designated centre is painted and redecorated as required. This is currently being actioned.

2) The Person in Charge has made arrangements for the redecoration of the centre in line with resident's wishes.

Proposed Timescale: 06/05/2016

Theme: Effective Services

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

The lighting in the external grounds was not adequate.

10. 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 Registered Provider will ensure that additional external lighting on pathway is in place. This is currently being actioned, quotes obtained 19/04/16

Proposed Timescale: 31/05/2016

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:

Not all risks within the designated centre were adequately assessed. The control measures identified did not adequately account for all circumstances.

11. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1) The Registered Provider will ensure that all risks within the designated centre are adequately assessed and documented including staffing 10/05/16.

2) The Registered Provider will review all control measures identified and ensure the appropriate systems are in place to ensure that they are consistently implemented at all times as appropriate 10/05/16.

3) The Person in Charge commenced a review of all risk assessments on the 20/04/16 based on individual needs of each resident. All risks and control measures will be reviewed to ensure all circumstances are adequately assessed and addressed including responding to emergencies.

Proposed Timescale: 10/05/2016

Theme: Effective Services

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

Staff had not received training in the use of specialised equipment required by some residents in the event of a fire.

12. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

The Registered Provider has organised training in the use of specialised equipment required in the event of a fire as identified by the Authority. This will be completed on 11/05/2016

Proposed Timescale: 11/05/2016

Theme: Effective Services

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

Records of fire drills did not evidence that the highest number of residents could be evacuated to a place of safety with the lowest compliment of staffing.

13. 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 Registered Provider requested that a fire drill be completed to ensure that the highest number of residents can be evacuated safely from the centre with the lowest compliment of staff working in the centre. This was completed on 28/04/2016.

Proposed Timescale: 28/04/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Positive Behaviour Support Plans did not identify all areas of need for residents.

14. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

1) The Person in Charge has reviewed the positive behaviour support plan in question. A comprehensive review of this positive behaviour support plan and risk assessment will be carried out by a joint multi-disciplinary team on 09/05/16. Currently assessment information is being populated to form the basis of the review of all documents.

2) All staff will receive training on all areas of the behaviour support plan by the multi-disciplinary team to ensure a consistent approach to this plan is effective.

3) The positive behaviour support plan of each resident will be revised to ensure they identify all areas of need and that appropriate supports are in place in each instance 10/05/16.

Proposed Timescale: 09/06/2016

Theme: Safe Services

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

Inconsistent practices were noted in the reporting of allegations or suspicions of abuse.

15. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

1) The Person in Charge has taken all appropriate measures to ensure all allegations and disclosures are screened in line with safeguarding procedures in the centre. Discussed with the staff team on 16/02/2016.

Proposed Timescale: 16/02/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Residents were not consistently supported to avail of opportunities for training, education and employment.

16. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

1) The Person in Charge has requested further education, training and/or supported employment on behalf of the residents as appropriate and in line with their choices, request submitted on the 26/04/2016. This is to ensure all opportunities are explored to support residents to achieve social participation and new experiences.

2) The Person in Charge will convene a review in respect of each resident to ensure all opportunities explored are assessed as most appropriate to their needs 01/09/16.

Proposed Timescale: 01/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Personal plans and daily records did not evidence that the healthcare needs of residents were being met.

17. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- 1) The Registered Provider will ensure that current assessments clearly describe needs of all residents and evidence how these needs will be met including in the event of an emergency 30/5/16.
- 2) Comprehensive assessments will be completed to assess the health, personal and social care needs of all residents. Date commenced 20/04/16
 - The Waterlow Pressure Area Sore Risk Assessment tool is now in place to assess risk factors for residents at risk. Completed on 15/03/16
 - Occupational Therapy mobility assessment reviews carried out on the 15/03/2016
- 3) The Person in Charge will review daily records to ensure they capture the support provided by staff on a daily basis is appropriately evidenced.
- 4) The Person in Charge has ensured that all records of residents' body weights are now recorded in kilogram and their individual plans reflect their current and ideal healthy body mass index. All weights are recorded on a monthly basis within individual plans for residents.
- 5) The Registered Provider will ensure all residents are fully assessed by allied health professionals as required to ensure all needs are met.

Proposed Timescale: 30/05/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose required revision to ensure it accounted for the actual circumstances within the designated centre.

18. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

- 1) The Registered Provider has updated the Statement of Purpose regarding the governance arrangements, including the Person in Charge and Person Participating in Management on the 27/02/2016
- 2) The Registered Provider reviewed the Statement of Purpose updating same to reflect that that centre can accommodate adults over 18 with intellectual disabilities and complex needs.

Proposed Timescale: 27/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing levels were not sufficient to meet the needs of the residents.

19. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

1) The Registered Provider has reviewed the staffing levels.

2) The Person in Charge has ensured that there are appropriate staffing levels in place based on clinical assessments for all residents residing in the centre. All risk assessments identify the needs and supports of each resident and control measures are now in place to ensure the identified needs of the residents are being met. Staff skill mix and rota planning has been reviewed to ensure they are sufficient to the need of the residents.

3) Individual support needs are reflected in each resident's individual plan. This need has been assessed to ensure appropriate supports are in place to meet residents social care needs and maintain links in the wider community. Further training has been sourced to provide staff with the skills to support residents with mobility needs and fire safety requirements. Manual Handling training is provided for moving and handling of people booked for 06/05/2016.

Proposed Timescale: 06/05/2016