



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

Issued by the Chief Inspector

Name of designated centre:	Cornerstones
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	03 December 2019
Centre ID:	OSV-0001909
Fieldwork ID:	MON-0025077

About the designated centre

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

This is a service providing residential care and support to four men with disabilities. The centre comprises of a large five-bedroom single-storey detached house in Co. Louth and in close proximity to a number of large towns and villages. Each resident has their own large bedroom (all en-suite) which are decorated to their individual style and preference. Communal facilities include a spacious fully furnished sitting room, a large well-equipped kitchen cum dining room, a utility facility, an entrance lobby, communal bathrooms and a staff office/sleepover room. There is also an additional small TV room provided. The centre has a large private parking area to the front of the property and a spacious well maintained private garden area to the rear of the property for residents to avail of. Private transport is provided to residents so as they can avail of trips to town, go on holidays and social outings. Systems are in place so as to ensure the assessed needs of the residents are comprehensively provided for and as required access to GP services and a range of other allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a full-time person in charge who is supported in their role by three team leaders and a number of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 December 2019	10:00hrs to 14:30hrs	Raymond Lynch	Lead
Tuesday 3 December 2019	10:00hrs to 14:30hrs	Liam Strahan	Support

What residents told us and what inspectors observed

The inspectors met and spoke with one of the residents who use this service. Residents communicated through multiple mediums to include use of pictures, objects of reference, hand signals and verbally. The resident that spoke with the inspectors appeared very happy living in the service. They spoke about their job outside of the centre, volunteering work they were currently undertaking and things they like to do around the house. The resident also informed the inspector that they took care of the back garden and it was observed that it was beautifully maintained. They also spoke about their holiday to Lanzarote earlier in the year, reporting that they very much enjoyed the trip and were looking forward to other holidays next year.

The centre was observed to be homely, warm and welcoming and very much provided for a home-like environment for each resident. It was observed that the one resident met with had a very good sense of humour and appeared relaxed and comfortable in the presence of staff members. While staff were observed to enjoy some banter with the resident, their interactions were at all times professional, warm, caring and respectful.

Supports were in place to ensure the assessed needs of each resident were comprehensively provided for. For example, each resident was supported to engage in community-based activities of interest, volunteer in their local community, go to work and/or avail of a day service placement. Residents were also supported to go on holidays and one resident had recently been to Lanzarote and another to Manchester as part of their person-centred plans.

Written feedback from family members on the service was very positive. For example, one family member reported that their loved one was very happy in the centre and that they were very well supported. Another family member reported that they were very appreciative of the care provided and were very happy with the accommodation.

Throughout the course of this inspection the inspectors observed that staff understood the needs of each resident very well (to include their communication preferences). The one resident met with as part of this inspection were seen to interact with staff in a relaxed and comfortable manner and they appeared very much at home in the centre.

Capacity and capability

Inspectors found that this centre was very well managed and that systems were in

place to comprehensively provide for the assessed needs of the residents. This was evidenced in the very good levels of compliance found across the regulations assessed as part of this inspection. Some minor issues were identified with regard to regulation 15: staffing which is discussed in more detail later in this report.

The provider had ensured that there were suitable management structures and persons employed to direct and oversee the care provided to residents. A suitably qualified and experienced person in charge was employed on a full-time basis within the centre. She was supported in her role by a number of team leaders and a staff team of support workers. Throughout the inspection the person in charge, team leader and support staff demonstrated that they were knowledgeable about residents, their preferences and assessed needs.

The person in charge was a qualified social care professional (who also held a qualification in Management) and provided effective leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being comprehensively provided for as required by the regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents. However, some documentation as required by Schedule 2 of the regulation was not available on some staff files at the time of this inspection.

Of the staff spoken with the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications (in psychology and/or healthcare) and all had undertaken a suite of in-service training including safeguarding, fire training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way.

The person in charge also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, an audit on the centre identified that staff would benefit from additional training in diabetes awareness and the premises required updating. This training had been provided to staff at the time of this inspection and the centre had recently been refurbished.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the centre. For example, residents were involved in the running of the centre, chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans and appeared satisfied as to how their needs were being provided for

There were also policies, procedures and systems in place to record and respond to any complaint arising in the service. However, it was observed that there were no

recent complaints on file and feedback from family members on the service was observed to be very complimentary. Residents also had information on and access to independent advocacy services if required.

Overall, from spending time with and speaking directly to one of the residents, from reviewing written feedback on the service family representatives and from speaking with management and staff during the course of this inspection, the inspectors were assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents appeared with their living arrangements, got on very well with the staff team and appeared happy and content in their home.

Regulation 14: Persons in charge

A suitably qualified and experienced person in charge was in post. Staff were aware as to whom the person in charge was and the person in charge was knowledgeable about residents, staff, regulation and their own responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The number, qualifications and skill mix of residents was appropriate to meet the needs of residents. Continuity of care was evident throughout the centre and rosters matched the needs of residents and the staffing arrangements outlined in the statement of purpose.

However, some of the documentation as required by Schedule 2 of the Regulations was not available on some staff files on the day of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were found to have access to a range of training to meet the assessed needs of residents. A system was also in place to ensure delivery of refresher training, as required. Appropriate supervision arrangements were in place, both in terms of daily supervision on duty and formal supervision and appraisal.

Judgment: Compliant

Regulation 23: Governance and management

A clear management structure was in place to ensure accountability and delivery of care in accordance with the assessed needs of residents and the statement of purpose. Lines of accountability were evident. A range of audits was conducted on a routine basis and these were reviewed to ensure completeness of audits and the implementation of any resultant actions. The provider ensured unannounced inspections on a six-monthly basis were provided for, as required by regulation. A strong resident-centred focus ran through the management oversight processes.

Judgment: Compliant

Regulation 3: Statement of purpose

A suitable statement of purpose was available within the centre. This was kept under regular review. Practice was found to match the description of the service in that statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of accidents and incidents found that notifications were being submitted to the chief inspector, as required by regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Suitable processes were in place for the resolution of complaints and for oversight of the complaints process. The complaints process and complaints officer were identified on the house notice board. Access to independent advocacy services was on offer to the residents if required.

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for.

The provider had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences and the individual social care needs of each resident was being supported and encouraged. From viewing a sample of files, the inspectors saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community.

Residents were also being supported to achieve personal development goals such as attending work, going on holidays overseas, work experience placements and learning independent living skills. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents frequented community-based amenities such as local sports and health clubs, swimming pool, bowling alley, shopping centres, hotels and beach.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied healthcare professionals formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, dietitian and optician. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and where required, had access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a knowledgeable, professional, calm and competent manner if required. There were a number of restrictive practices in place in the centre however, the inspectors observed that they were only in use to promote a safe environment for the residents. The person in charge kept them under regular review and where appropriate and safe, reduced and remove some restrictions.

Systems were in place to ensure that each resident was safe in the centre. Staff also had training in safeguarding of vulnerable adults and from speaking with three staff members, the inspectors were assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. There were also systems in place to manage and mitigate risk and keep residents safe in the centre.

All fire fighting equipment (such as, fire panel and emergency lighting) was serviced

quarterly. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in April and July 2019. A sample of documentation informed the inspectors that staff undertook regular checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill, conducted in November 2019, informed that all residents left the premises promptly when the alarm was sounded. From a sample of files viewed, the inspectors observed that staff also had training in fire safety awareness.

The premises were observed to be modern, well maintained and laid out in a way to meet the aims and objectives of the service. Some minor issues were observed with some interior walls however, the person in charge was aware of this and had commenced plans to address it.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicines, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre.

Overall, residents appeared happy with the service provided and on completion of this inspection the inspectors observed that their independence was being supported and encouraged and their health and social care needs were being comprehensively provided for. Written feedback from family members informed that residents had a good quality of life and they were very well looked after.

Regulation 10: Communication

There were systems in place to ensure that the communication style and preference of each resident was respected and their communication needs were detailed in their personal plans. Staff also understood the communication style of each resident very well.

Judgment: Compliant

Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. An issue with some of the internal walls was on-going at the time of this inspection however, the person in charge was aware of this and had commenced the process of addressing it.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors were satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspectors informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into residents' personal plans.

Residents were also supported to attend school and enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required. Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to behavioural support therapy and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to promote the residents' overall health and wellbeing.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults. From speaking three staff members, the inspectors were assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise their rights and were facilitated to participate in and consent to decisions (with support where required) about their care. Residents also had control over their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cornerstones OSV-0001909

Inspection ID: MON-0025077

Date of inspection: 03/12/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered Provider will ensure that all information as required by Schedule 2 of the regulations is available in staff files. Information which was not available on day of inspection is now available in files. This information pertained to employment history for one staff to be updated and one reference to be sourced from Human Resources. The registered provider will audit staff files on a monthly basis to ensure information as required is available in files. The registered Provider has also liaised with Human Resources to ensure that references received are in line with regulations. Staff files contain all information as per regulations as at 08.01.2020.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	08/01/2020