

# eDeposit Ireland

## A designated centre for people with disabilities operated by Praxis Care, Louth

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**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-0001909
<b>Centre county:</b>	Louth
<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>	Ciara McShane
<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:
11 November 2014 10:00	11 November 2014 17:00
12 November 2014 09:30	12 November 2014 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 the centre's second inspection. The inspection was as a result of the provider's application to register the centre. At the time of the inspection the Provider had failed to submit a complete application to register along with necessary documentation including building and fire compliance.

As part of the inspection, the actions from the previous action plan were reviewed to which the inspector found improvements had occurred. As part of the inspection, documentation, policies and procedures were reviewed, the inspector spoke with staff, family members and residents and observations were made. For the most part

the inspector found that residents had good quality lives, had meaningful days and were involved in their community and maintained strong links with their families. Residents were well supported by staff and staff were knowledgeable of the resident's wishes.

Areas of improvements are outlined in the report. There were a total of two major non compliances, seven moderate non compliances and four minor non compliances. The risk register required review as too the evacuation plan to ensure it was clear detailing the fire zones within the centre. The centre had two residents with environmental restraints in place which were impacting all residents living there and as discussed with the person in charge at feedback this required an immediate review. Personal plans required development to ensure that all assessed needs of residents were met and staff had clear care plans in place to guide their practice. These non compliances and further areas for improvements are outlined in the body of the report and in the action plan at the end.

**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:**

The inspector found that the centre had policies and procedures in place to ensure resident's rights and dignity were protected. The centre had a complaints policy, a personal care policy in place and the inspector observed staff being respectful to residents. Residents were involved in the running of the centre and were informed of the names of staff coming on duty to support them.

The complaints policy was available in an accessible pictorial format for residents; there was also a complaints leaflet that summarised the complaints procedure. The inspector found the policy was sufficiently detailed, included an independent appeals process and highlighted the potential need for advocacy services. The inspector saw a picture and contact details for the complaints officer displayed in the centre. The centre had a complaints log but had not received any complaints since 2009. The inspector spoke with family members who were aware of the complaints policy and were confident that should they have a complaint it would be addressed.

Resident's meetings occurred frequently at the centre which were participative and inclusive of residents, the inspector reviewed the minutes of a recent resident's meeting that took place 29th October 2014.

Resident's were afforded the opportunity to make choices about how they spent their day. The inspector saw a pictorial activities board that residents completed in the morning along with their preferred choice of meal for that day, which was also selected using pictures. The inspector saw residents making choices for example making snacks they prefer and they were able to make themselves a cup of tea. Staff also told the inspector they were very familiar with each resident's likes and dislikes which were

reflected in their personal plans.

Systems were in place to ensure resident's monies were protected. The inspector reviewed the accounts for some residents and saw that they were well managed and transparent. Families spoken with also confirmed the monies were well managed and they could access the accounts should they wish. Family members received banking statements for residents and reviewed these, ensuring effective governance regarding money management. Residents had access to their money when they wished and restrictions were not place on residents accessing pocket money or the need to account for same.

Each resident had their own bedroom, which were all ensuite and they had adequate space for their personal possessions. Bedrooms were personalised to reflect individual preferences and were well kept. Laundry facilities were in place for residents and where residents wished they helped with the laundering of their clothes.

The inspector saw evidence that residents had access to a wide variety of activities and went on holidays. Activities included attending music concerts, sporting events both local and national, swimming, trips to hotel and going out for meals and to the cinema. Residents birthdays were acknowledged, the inspector saw a video of a birthday party that was held for a resident, the resident was proud to show the inspector this.

The inspector found areas for improvement regarding the rights and dignity of residents. In the driveway of the centre there was a large charity clothes bin with a large logo of the provider placed on it. This was at the centre during the last inspection and was also reported on, however it had not been removed. The person in charge made a commitment to the inspector to have it removed.

One of the resident's bedrooms had a peep hole that had historically been used and was no longer needed, this was required to be removed.

There was a significant breech placed on resident's liberties of freedom due to an environmental restraint that was in place for one resident but impinged on all other residents living at the centre. When the environmental restraint was in use, all other residents living at the centre were unable to access the kitchen or living area and were restricted to their individual bedrooms. On the most recent occasion residents had to eat a takeaway meal in their bedrooms as they had no access to the kitchen and living room for a period of four hours. This required immediate review and action.

**Judgment:**

Non Compliant - Major

**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 a diverse range of communications needs for residents living at the centre were met and staff were aware of the resident's communication needs.

The inspector saw that pictures, a tablet, communication boards and Lámh were all used to assist residents effectively communicate. Residents, with communication needs, had plans to reflect these needs in their personal plans which had also been recently reviewed. Staff communicated well with residents and understood their needs.

The inspector saw that residents had access to radio and televisions. Some residents had their own televisions in their bedrooms.

The centre did not have a policy on communication with residents, this is further outlined in outcome 18.

**Judgment:**

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:**

The inspector found that residents were supported to maintain and develop relationships with their family and community.

The inspector saw evidence that residents were involved and connected to their community. Residents were part of the local residents association and had befriended their neighbours. Residents used the local barbers and supermarkets in addition to using the local restaurants, cinema, hotels and public houses as documented in their daily notes and evident in photographs.

Residents were able to receive visitors and family members told the inspector they always felt welcomed at the centre and could arrive announced or unannounced to visit their family member. Family members were also involved in the review of resident's personal plans and were updated on any changes in care as documented in personal plans and daily records. The inspector was told that residents were supported to visit their families and maintain their social roles in particular at weekends. At the time of inspection a resident told the inspector of their plans to visit a family member that evening for dinner, supported by staff, which was a frequent event. Residents were also

supported to buy celebratory cards and gifts for significant family members.

**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.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that residents had numerous contracts of agreements with the provider however improvements were required.

The inspector reviewed the personal plans of residents and saw that each resident had a transport agreement, bills agreement, rent agreement, license agreement and a service user handbook. The inspector reviewed each of these and found that both collectively and individually they did not meet the requirements of the Regulations. The contracts failed to address all aspects of the services being provided to residents in addition to the facilities they could avail of. The inspector was told by staff and by the person in charge that on occasion a resident may incur a cost as a result of staff supporting them such as holidays and cinema amongst other activities and costs incurred for tolls and parking. This was unclear from any of the aforementioned agreements and contracts. The agreements and contracts required a review to ensure it met the Regulation regarding a contract of care and support for the provisions of services.

The centre had an admissions policy that was clear and transparent. The inspector saw, in resident's personal plans, an action plan prior to the resident moving to the centre that outlined visits to the centre and opportunities to spend time with the staff that would be working with them prior to moving in.

**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):**

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

**Findings:**

The inspector saw that each resident had a personal plan that outlined in parts their social care needs however improvements were required to comply with the Regulations. The actions from the previous inspection were met, it was evident that residents were afforded the opportunity to participate in their personal plans and a process of making a version of resident's personal plans accessible to them had commenced.

The inspector saw that each resident had a personal plan and that family members were involved as seen in the annual review of the personal plan which also had multi agency and multi-disciplinary input. The inspector saw evidence in resident's daily progress notes incidents where family members were contacted regarding a change in the resident's needs and plan of care. Elements of the personal plans were reviewed, for the most part when changes occurred.

The inspector identified areas for improvements. The personal plans required improvement to ensure that all needs of residents were competently assessed and that care plans were then developed to ensure that staff were sufficiently guided in meeting these assessed needs. From a review of sample care plans, due to the layout and the manner in which information was recorded, it was difficult to understand all the needs for residents and the plan of care and support that staff had to provide. For example a resident had been assessed as requiring to lose weight and maintain a healthy diet however there was no clear plan of care identified in the care plan to guide staff on how this could be achieved. On review of the menus and the resident's daily notes it was also evident that this need was not being fully met or addressed at the time of inspection. The manner in which resident's needs were recorded posed a risk as the information was disjointed and difficult to decipher. The inspector found that as a whole the care planning process required a significant review to ensure that all residents had their needs comprehensively assessed and met.

**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):**

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

**Findings:**

The actions from the previous inspection were satisfactorily addressed as evidenced on the day of inspection.

The centre had adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation. There were five bedrooms in the centre which accommodated four residents and a staff sleepover room. There was a large lounge room, a kitchen come diner and each bedroom had an ensuite. There was also a well maintained large garden that surrounded the house. Resident's bedrooms were found to be nicely decorated and personalised to reflect the individual preferences of residents. There was a secure entry system at the front door and the centre was equipped with a fire alarm and fire fighting equipment. There was sufficient ventilation, heating and lighting suitable for residents in all parts of the designated centre.

Some improvements were required; a wall behind the door in one bedroom was damaged and one bedroom had an odour of mildew that required further attention. The person in charge had previously addressed this issue but it continued to be problematic as found on inspection.

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

The inspector found that the actions from the previous inspection were implemented. On review of the incident and accident log the inspector saw that learning had been identified and recorded for incidents where this was applicable, this information was then filtered through at staff meetings. The inspector also saw that fire drills were sufficiently logged and detailed.

Through observations, reviewing documentation and speaking with staff the inspector found that, for the most part, systems were in place to ensure the service was safe and risk was identified and appropriately addressed, however some improvements were required to comply with the Regulations.

The centre had fire fighting equipment in place, the fire extinguishers were within service at the time of inspection and there was a fire blanket in the kitchen and routine servicing took place of the emergency lighting. The centre also had a fire panel, smoke

detectors and carbon monoxide detectors. The inspector saw the centre followed the policy regarding fire and emergency evacuation carrying out fire drills at least twice yearly. There was an evacuation plan in place in the instance of a fire however further detail was required should the fire alarm sound and detail the immediate steps that staff should take such as check the fire panel for the location of the fire as oppose to an instant evacuation that may not be necessary. In addition each fire zone in the centre was not detailed as part of the evacuation plan. On the day of inspection two fire doors in the centre were wedged opened which required a review. A fire exit in the lounge room was locked and there was no break-glass unit for staff to avail off should there be a fire. The centre also had a risk register in place however it was not entirely centre specific for example it referenced a risk with stairs to which there were no stairs in the centre. The provider had a dedicated health and safety manager that completed annual health and safety audits, as reviewed by the inspector, together with an action plan of areas that the person in charge had to amend.

The service had their own transport. The inspector reviewed the maintenance records and saw that the vehicle was regularly serviced and weekly checks were completed to ensure the vehicle was in good working order.

There were adequate food hygiene systems in place including colour coded food preparation equipment, temperature control checks which were recorded for the main meal and weekly safety checks also took place.

Infection control for the most part was well managed; colour coding was in place for mops. However there was a shared towel in a shared bathroom, predominantly used by staff, increasing the risk of infection being spread.

**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):**

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

**Findings:**

The inspector found, for the most part, that adequate measures were in place to protect residents from being harmed or suffering abuse. Staff had received training on the protection of vulnerable adults and spoke knowledgeably about the types of abuse and

how they would support residents should they receive an allegation of abuse or witness abuse. The staff spoken with were aware who the designated officer was and how they could be contacted. The centre had a policy on safeguarding in place; further development was required to ensure that the indicators of abuse were outlined as to guide staff. The centre had received no allegations of abuse at the time of inspection. Resident's family members stated they were assured their relative was safe in the centre.

The centre had a policy to guide staff on the management of behaviours that challenged which outlined that the least restrictive method should be used for the shortest period of time. However, the inspector found no evidence to support this as there was no restraint register in the centre that documented and outlined the least restrictive practice was used for the shortest period possible. This required a review to ensure the centre followed their policy and adhered to evidenced based best practice.

The inspector reviewed the centre's policy on restrictive practice procedure which was reviewed August 2014. It stated where restrictions were in place that impacted on others it should be explained in the resident's guide. For this centre, where there was an environmental restraint, impacting on all residents, it was not outlined in the resident's guide. This is further outlined in Outcome 18. The policy also stated that any environmental restrictions must be reviewed frequently. The inspector found that the two environmental restraints in place had not been regularly or formally reviewed. However the inspector saw that the centre had recently developed a restrictive practice file which detailed the type of restrictions in use, who they were in use for and were signed off by the resident's general practitioner and family representative and agreed with the input of a multi-disciplinary team. The inspector saw from a review of staff files, incident and accident reports and from speaking with staff members that staff had appropriate training in the management of behaviours that challenged.

**Judgment:**

Non Compliant - Moderate

**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:**

From a review of the accident and incident log on the day of inspection, the inspector found that the centre had notified the Authority appropriately. The person in charge was also aware of their responsibility to notify the Authority of specific incidents, accidents and events.

**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:**

While the inspector found evidence that residents participated in their community and were engaged in regular activities there was no evidence to support that staff had assisted residents to explore opportunities of education, training and employment. Residents did have day services, but training was limited to this. The personal plans also failed to capture how this could be explored as a meaningful part of each resident's life. The person in charge stated this would be explored.

**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):**

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

**Findings:**

The inspector spoke with staff and reviewed resident's personal plans and saw since the last inspection that improvements had occurred to meet resident's health care needs however further improvements were required.

The inspector saw that some residents had been referred to specialists such as dieticians, psychiatry and opticians to name a few. However, all necessary referrals at the time of inspection had not been made including a dietician referral. The person in charge stated they were aware of this and would do it. Where healthcare needs were in place, it was unclear what the plan of care was to address these and specific care plans were not in place to address these needs. For example residents had needs such as foot-care, bowel-care and weight loss but there were no clear care plans available to

guide staff in how these healthcare needs should be consistently addressed and met.

The inspector was told and saw that a number of residents had increased weight, this was also recorded in their monthly weight charts. The inspector reviewed the menus and saw that improvements were necessary to ensure that residents were assisted to make health food choices and were given healthy food options. This was also evident from a review of resident's daily notes, which outlined resident's daily food and drink intake. Significant improvements were required to ensure residents received nutritious and wholesome food.

**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:**

The inspector found that the systems to manage medication were safe and appropriate to the needs of the residents.

From a review of staff files the inspector found that staff had up to date training in the safe administration of medication, this was also apparent from speaking with staff who were knowledgeable of the medication management process in addition to understanding what the medication was treating. The centre liaised with a local pharmacy for their medication and used a blister pack system. Medication was safely secured in the centre with the team leader on duty having responsibility for medication administration. At the time of the inspection the centre had no control drugs. The inspector reviewed the contents of the medication cabinet and saw that medication was in date and the quantities stored were sufficient. Improvements regarding the storage of medication were required as medications such as topical creams that had been opened were not labelled to indicate what date the seal was broken.

The centre had adequate systems in place, any expired or unused medication was documented, returned to the pharmacy and signed off by the pharmacist. The centre held a record of their returns which the inspector reviewed. All staff working at the centre were trained in the safe administration of medication, where an error was made this was recorded and logged. For staff that made a medication error their competency was re-examined by their team leader. Learning from medication errors was apparent and documented on the medication error form. Medication audits were completed monthly by the person in charge, the inspector reviewed these audits. Team leaders also carried out a weekly count of medication which too was documented and reviewed.

The inspector reviewed the medication administration records and prescription records and found they were sufficiently detailed and met the requirements of the Regulations.

**Judgment:**

Non Compliant - Minor

**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 centre had a statement of purpose which was made available to the inspector on the day of inspection but also submitted with the centre's application to register. The statement of purpose was not in compliance with the Regulations and did not sufficiently describe the service provided to residents. Areas where improvements and further clarity were required included:

1. The specific care needs the centre intends to meet.
2. The description of the accommodation available specifically relating to the size of the rooms.
3. The total compliment of staffing including the whole time equivalent.
4. Details of the therapeutic techniques used in the centre and the supervision arrangements of same as this was not clear in the statement of purpose reviewed by the inspector.
5. The actual organisational structure of the centre is not clarified.
6. The arrangements for respecting the privacy and dignity of residents.
7. The arrangements for residents to engage in social activities, hobbies and leisure interest.
8. The arrangements for residents to access education, training and employment.

**Judgment:**

Non Compliant - Moderate

**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:**

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

No actions were required from the previous inspection.

**Findings:**

The person in charge commenced their role as person in charge of the centre in 2010, having worked with the provider since 2002. Their post is full time and they are based predominantly at the centre. The person in charge made themselves available for the inspection, was informed of the centre and spoke knowledgeably about the residents. The person in charge was supported by three full time team leaders who were present at the centre on both days of inspection and met with the inspector. The inspector found them to be committed to their role, responsive to regulation and knowledgeable of the residents and their needs in addition to have an insight into the centre's policies and procedures.

Management systems were in place at the centre. Team leaders had clear lines of responsibility such as daily checks of finances and weekly checks of the medication stock. Team leaders were also delegated the responsibility of administering medication to the resident's. The centre had an out of hours on-call service. There were two layers to this, the first being a layer consisting of the persons in charge who were available outside normal working hours including weekends to support the centres. There was also a layer of senior management available should the persons in charge require further support. The inspector saw the on-call systems itemised on the agenda for management meetings where the number and type of calls, received by the oncall team, were reviewed. The person in charge was supported by an assistant director of care and attended monthly management meetings with the persons in charge working with the provider. Each staff member received yearly performance appraisals in addition to supervision which occurred at a minimum, ten times per year. The inspector reviewed documentation to reflect this.

The centre received monthly unannounced visits, during these visits managers audited the centres regarding their compliance to the National Standards. Action plans were then developed, the inspector reviewed the minutes from the most recent audit, October 2014, and saw recommendations were including but not limited to the centre's risk register. The centre also developed a yearly report on the quality and safety of care and support. The report was an accurate reflection on the developments of the centre and looked at staffing levels and reported on the resident's highlights. Further detail regarding quality data indicators such as number and type of incidents, use and frequency of restraint amongst other indicators were required to ensure a robust report that was reflective of the entire quality and safety of care and support provided in the centre as outlined in the Regulations.

As at the time of inspection, the provider had failed to submit a complete application to register in line with the Regulations regarding the registration of designated centres for adults with a disability. The Provider failed to submit building compliance and fire compliance as outlined in the registration application. This was a significant breach. The provider first received official communication of the centres registration in August 2014.

<b>Judgment:</b> 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 person in charge was aware of their responsibility to notify the Authority of an absence greater than 28 days. There was a system in place to ensure the person in charge was replaced in the interim. The assistant director of care was the person highlighted to fill this role, they were also aware of this appointment.

**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 inspector found the centre was sufficiently resourced to provide the service as outlined in the statement of purpose and as told to the inspector. The centre had a vehicle which staff used to assist residents attend activities, appointments, their day service and visits to meet friends and family. The inspector found that staffing levels were sufficient and included a sleepover staff and a waking night staff member. The inspector saw that residents were supported by staff to enjoy activities of their choosing.

**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:**

Recruitment processes were in place to ensure that staff were employed in line with the centres policy on recruitment. Recruitment was facilitated by the human resource department based in the service's head office. The inspector reviewed a sample of staff files and noted that they did not contain all documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Person (Children and Adults) with Disabilities) Regulations 2013; there were gaps in employment for a number of the staff files reviewed. There was insufficient documentary evidence of any relevant qualifications for one employee. Not all staff files contained two references or details of the work the person performs at the centre. There was also one staff file which had unexplained gaps in their employment history. The person in charge was made aware of these and stated they would be addressed.

Training records were held in a central information system, the person in charge made the requested training records available to the inspector. The inspector, from a review of these records and the certificates placed in staff files, found that staff had sufficient training to carry out their role.. The person in charge had a training schedule developed for the remainder of this year and for early next year, 2015.

Staff meetings were frequently held, the inspector reviewed a sample of the staff minutes, the most recent staff meeting was held October 2014 and attended by seven staff members.

**Judgment:**

Non Compliant - Minor

**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 the operating policies and procedures as outlined in Schedule 5. The inspector found those reviewed were up-to-date. However, the centre did not have a policy on communication with residents as required as reported to the person in charge at feedback.

The centre had a roster, a statement of purpose and a resident's guide. The inspector also reviewed the directory of residents, further development was required to comply with the regulations and subsequent guidance communicated by the Authority. The roster reflected the staff on duty during both days of inspection and the residents were informed of same. The residents guide required further detail to ensure it was reflective of the actual services provided for at the centre and details of restrictive practices, in particular, environmental restraint, is outlined in the guide as outlined in their policy. This is further outlined in Outcome 8.

The inspector reviewed a record of food, the staff maintained records of previous menus and each resident also had their meals logged in their daily notes.

**Judgment:**

Non Compliant - Minor

**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:***

Ciara McShane  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## 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-0001909
<b>Date of Inspection:</b>	11 November 2014
<b>Date of response:</b>	14 January 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 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:**

Improvements were required to ensure the privacy and dignity of residents was maintained:

- There was a large charity clothes bin with the Provider's logo prominently displayed on it in the driveway of the centre.

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

- One of the resident's bedroom had a peep hole on their bedroom door that was not required.

**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:**

Action 1 The company who provided this bin have given guarantee that it will be removed prior to 31/12/2014

Action 2 This peephole has now been removed from the door in question.

**Proposed Timescale:** 31/12/2014

**Theme:** Individualised Supports and Care

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

There was a significant impingement of resident's liberties of freedom as a result of an environmental restraint that was implemented, on occasion, for one resident. This required immediate review and action.

**Action Required:**

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

This episode of environmental restraint was reviewed with a H.S.E representative on the 14/11/2014. Following consultation with the H.S.E it was agreed that the kitchen and dining area will not form part of the environmental restraint area which will reduce the impact for the three other service users within the unit.

**Proposed Timescale:** 14/11/2014

**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:**

Although residents have numerous forms of contracts and agreements they do not fully outline the services to be provided or include full information regarding fees charged for services and activities.

**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:**

A new document allied to the bill of charges document to be devised which will identify all costs and charges that any resident may expect to accrue as part of their support, care and welfare.

**Proposed Timescale:** 31/01/2015

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Personal plans, as reviewed by the inspector, did not adequately reflect the assessed needs for all residents.

**Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The organisation is currently piloting a new assessment and plan document. The scheme manager has requested that the scheme can implement this document for all service users resident in the centre. This has been authorised to be implemented by the Director of Care. This document by its nature clearly identifies the assessed need the support/care required and the viable outcomes for the individual service

**Proposed Timescale:** 28/02/2015

**Theme:** Effective Services

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

Where residents needs had been identified the care support plans to meet these needs and guide staff in the delivery of care were not always developed and/or sufficiently detailed.

**Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

As stated for Outcome 5 and in keeping with Regulation the implementation of a newly devised assessment and plan document 5 (4) (b) will clearly identify the assessed need the support/care required and the outcomes for each individual service user. This has been authorised to be implemented by the Director of Care

**Proposed Timescale:** 28/02/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

A damaged wall in a resident's bedroom required repair and the odour of mildew in another bedroom required attention.

**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:**

The damaged wall has been repaired since the date of the monitoring visit.

The service user's bedroom is to be redecorated with a de-humidifier fitted to eliminate excess moisture the causation factor of existing mildew.

**Proposed Timescale:** 31/01/2015

**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:**

The centre had a risk register which identified some risks at the centre however it was not entirely centre specific and required a review.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The present risk register has been completed following holistic assessment of all apparent and specific risks to and within the centre .

**Proposed Timescale:** 14/11/2014

**Theme:** Effective Services

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

There was a shared hand towel in a bathroom.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

This has now been replaced with a paper hand towel dispenser.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

A fire exit was locked and without an emergency break-glass unit for staff/residents to access a key in an emergency.

Two fire doors were being held open by wedges.

**Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Break Glass unit to be fitted to living room patio doors.

Magnetic holders to be fitted to two doors

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

The evacuation plan required further information as detailed in the body of the report.

**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:**

A new scheme specific evacuation plan detailing the individual fire zones is now in

place. This scheme specific evacuation plan has been signed off by all staff members.

**Proposed Timescale:** 13/11/2014

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

As with best practice the use of restrictive practices were not formally reviewed regularly and nor was there documentary evidence of a review.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

All restrictive practices to be reviewed on a three month basis or more regularly if required and all reviews to be formally minuted.

**Proposed Timescale:** 14/11/2014

**Theme:** Safe Services

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

Although the centre had recently developed a restrictive practice file the centre did not have a restraint register in place. It was therefore unclear if the least restrictive practice was first trialled. Where restrictive practices were used it was also unclear if they were used for the shortest duration necessary.

**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:**

Restraint register now in place.

Previous documentation (Untoward Event Reports) provides evidence that a lesser restrictive previously used proved ineffective leading to a conclusion that the higher level of restrictive practice is used.

All future occurrences of restrictive practice to clearly identify staff interventions in regards to ending the period of restriction

**Proposed Timescale:** 14/11/2014

### **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:**

It was not evident from a review of documentation and speaking with staff members that residents were supported to access opportunities for education and employment.

**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:**

Service users to be afforded enhanced opportunities in relation to education and employment within their residential setting.

To form part of the agenda of future service user meetings One service user has requested to learn to play the guitar. This is now part of his support plan with lessons to commence in January

**Proposed Timescale:** 27/11/2014

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

As seen from a review of resident's personal plans there was insufficient care plans in place to guide staff meet the individual assessed health care needs of all residents.

**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:**

The organisation is currently piloting a new assessment and plan document. The scheme manager has requested that the scheme can implement this document for all service users resident in Cornerstones. This document by its nature clearly identifies the assessed need the support/care required and the viable outcomes for the individual service user . This has been authorised to be implemented by the Director of Care

**Proposed Timescale:** 31/01/2015

**Theme:** Health and Development

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

All necessary referrals had not been made to the relevant allied health professionals such as a dietician.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Two services users have attended the dietician in November and December.

**Proposed Timescale:** 17/12/2014

**Theme:** Health and Development

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

From a review of menus, resident's information and daily notes, it was evident that the food consumed by residents was not consistently wholesome and nutritious. The menus required a review and specific food and nutrition plans were required for specific residents.

**Action Required:**

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

New menu plans have been devised for all service users with greater emphasis placed on wholesome and healthier foodstuff. Two service users now have a food diary completed. All service users have had assessment and plan updated accordingly.

**Proposed Timescale:** 17/12/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Medication such as topical creams and eye drops were not appropriately labelled to reflect the date in which the seal was broken therefore they were inappropriately stored.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

All staff within the unit have been advised of this requirement under regulation 29 (4) (a) and in keeping with the centre .

**Proposed Timescale:** 13/11/2014

**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:**

As outlined in the body of the report, significant improvements were required to ensure the statement of purpose met the requirements of Schedule 1 to accurately reflect how the centre operated.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of purpose to be reviewed taking into account the identified significant improvements to meet the requirements of Regulation 03

**Proposed Timescale:** 31/12/2014

**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:**

The provider failed to submit a completed registration application along with proof of fire compliance and building compliance. As of 28 November 2014, this documentation remained outstanding.

**Action Required:**

Under Regulation 5 the Health 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 the Health 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:**

All documentation to be forwarded as soon as collated. An external report of building and fire compliance issues has been completed as was shown to the inspector on the 12/11/2014. A number of minor works as recommended in this report are now under way. When these are completed the certificate will be signed off by the appropriate officer and a copy forwarded to HIQA

**Proposed Timescale:** 28/02/2015

**Theme:** Leadership, Governance and Management

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

The centre had an annual review of the quality and safety of care and support however further development to ensure that all quality indicators were reviewed and evaluated such as number and type of incidents and medication errors to name but a few.

**Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The annual review for 2014/5 to be completed April 2015 to identify all areas of quality included in operational plan document and subsequently to form part of the scheme annual evaluation/review.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

All documents as required per Schedule 2 of the Regulations were not available in staff files, on the day of inspection, as outlined in the body of the report.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Staff files to be reviewed in respect of any outstanding documents or gaps in employment as per Regulation 15 (5)

Staff files have been reviewed by the person in charge

**Proposed Timescale:** 31/12/2014

**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 centre did not have a policy on communication with residents.

**Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

A specific communication policy for our service user group is currently being formulated within Praxis Care, Quality and Governance Department.

**Proposed Timescale:** 31/01/2015

**Theme:** Use of Information

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

Further information was required to ensure it met the requirements as outlined in Schedule 3.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The current residents guide to be updated to include all information as required as per Schedule 3 of the Health Act 2007 (Care and support of residents in designated Centres for Persons (Children's and Adults) with Disabilities) Regulations 2013

**Proposed Timescale:** 31/12/2014

**Theme:** Use of Information

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

The resident's guide failed to outline the environmental restrictive practices used at the centre as detailed in their policy.

**Action Required:**

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

The use of environmental restrictive practice to be documented in the service user guide.

**Proposed Timescale:** 31/12/2014