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

Issued by the Chief Inspector

Name of designated centre:	Pinewoods
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	15 October 2019
Centre ID:	OSV-0005806
Fieldwork ID:	MON-0026238

About the designated centre

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

This centre provides residential respite to children diagnosed as having a physical or learning disability and complex needs, aged between eight to eighteen years of age. The centre is a two storey detached building situated in a large town in Co. Meath. It can accommodate a maximum of five residents at a time and each resident will have their own bedroom and en-suite. The centre comprises of five en-suite bedrooms, a kitchen, utility room, dining area, sitting room, sun room and staff office. Staffing arrangements consist of a person in charge, team leaders and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
15 October 2019	14:30hrs to 18:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In response to the needs of residents the inspector did not engage verbally with residents for any extended time. The inspectors judgments in relation to the views of the people who use the service, relied upon brief observation of residents, documentation, brief interactions with a residents and discussions with staff. On the day of inspection, the inspector met with one resident who used the service.

The inspector noted during the inspection that there was a positive atmosphere within the centre. Residents appeared comfortable with staff and staff engaged in a supportive and caring manner with residents.

Capacity and capability

The purpose of this inspection was to assure the Chief Inspector that actions were being taken by the provider to address previous failings and to ensure a safe service was being delivered to residents. Furthermore, this inspection was used to assess the providers application to increase the footprint of the centre, to include a individualised apartment. Overall, the inspector found that the capacity and capability of the centre was enhanced through the strengthening of governance and management arrangements which had ensured the provider was adhering to the submitted compliance plan. Furthermore, the inspector found that the proposed increase in the footprint of the centre would positively enhance the configuration of the centre to better meet the needs of residents.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. There were arrangements in place to monitor the quality of care and support in the centre, which included a suite of audits to identify service deficits. Monthly governance audits were conducted by the head of operations and the person in charge, these meetings were used to ensure the implementation of the compliance plan and identify areas requiring improvement. The provider ensured that time bounded action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement, which promoted quality outcomes for residents.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who lived in the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. The provider had ensured that staff

recruitment complied with Schedule 2 requirements, this ensured safe recruitment practices were adhered to. The inspector observed staff interacting in a very positive way with residents and this contributed to the positive atmosphere within the centre.

The registered provider and person in charge had ensured that incidents were appropriately managed and reviewed as part of continuous quality improvement. This enabled effective learning and reduced the recurrence of incidents.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. All appropriate schedule 2 information was in place.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

Quarterly reports were provided to the Office of the Chief Inspector to notify any incident set out in regulation 31(3) (a) to (f).

Judgment: Compliant

Quality and safety

Overall the inspector noted significant improvements since the last inspection. Residents received a good quality and safe service within the designated centre. There were systems and procedures in place to protect residents, promote

their welfare, and recognise and effectively manage the service when things went wrong.

The premises was suitable for its intended purpose. It was warm, clean, inviting, child friendly and homely. The living environment was stimulating and provided opportunities for rest and recreation. In keeping with the providers compliance plan, an appropriate external recreational area had been created for residents and the lack of storage had been addressed with the purchase of a large external shed. Furthermore, the provider had designed and built a suitable stand alone apartment which it proposed to incorporate into the current designated centre. The inspector reviewed the proposed arrangements associated with this extension and found them to be appropriate. Once registered for use, this extension to the centre would positively impact the lived experience of residents by ensuring that all residents within the centre had appropriate living arrangements.

Residents were helped to prepare for adulthood and had opportunities to learn life skills, in line with their age, ability and stage of development. Transition plans were in place to support the transition of residents to adult services. However, the documentation relating to these transition required some improvement to ensure they were planned effectively.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy. The provider had a robust recruitment, selection, training and supervision process in place for all staff. This ensured staff were knowledgeable about their role in safeguarding residents and that they understood the systems that were in place.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. Any incidents that did occur were reviewed for learning and where appropriate additional control measures were put in place to reduce risk.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

Medicines were used within the centre for their therapeutic benefits and to support residents with their health and wellbeing. The inspector observed good medicine management systems in place. There was a clear system in place for the reporting of administration errors and any such errors were suitably investigated and appropriate measures were taken to reduce the likelihood of a recurrence.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There were suitable outside areas for children to have age appropriate play and recreational facilities.

The proposed extension to the current footprint of the centre will comply with the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

While there were policies, procedures and appropriate practice in place, some gaps in documentation were evident. There was a lack of specific time bounded plans in place to ensure transitions were managed effectively.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a system in place for the effective assessment, management and on ongoing review of risk within the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. There was an adequate means of escape, including emergency lighting and there was an appropriate procedure for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, prescribing, storing, including medicinal refrigeration, disposal and administration of medicines was appropriate.

Judgment: Compliant

Regulation 8: Protection

The person in charge has initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident is harmed or suffers abuse.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Pinewoods OSV-0005806

Inspection ID: MON-0026238

Date of inspection: 15/10/2019

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 25: Temporary absence, transition and discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: The provider will ensure that the admission pathway is adhered to for each new resident.</p> <p>The admission pathway includes the following 1. Referral received by provider 2. Joint HSE & Provider assessment process 3. Admission panel will be convened 4. Admission panel meeting chaired by a representative of the provider 5. Determine placement based on adherence to Admission & service delivery process 6. Final sign off by Provider.</p> <p>After stage 6 a transition plan will be developed through meetings with HSE representatives, Multidisciplinary professionals, family, relevant stake holders and the Provider. The transition plan will be structured to meet the individual's needs and time bound. The duration of the transition will be agreed in the multi-disciplinary meeting with key dates confirmed and reviewed on a weekly basis by the provider. The admissions pathway will commence for all referrals by 30.11.2019</p>	

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 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Substantially Compliant	Yellow	30/11/2019