



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

## Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	12 February 2020
Centre ID:	OSV-0005687
Fieldwork ID:	MON-0024421

## About the designated centre

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

Woodlands is a full-time residential service, providing care and support for four adults with an intellectual disability. Woodlands has four en suite bedrooms. There are two living rooms, a kitchen and a dining room, a sun room, a laundry room, a communal bathroom, a storage area and a large garage. Woodlands is situated within a short walking distance from a large town in Co. Monaghan. Residents have access to amenities such as shopping centres, restaurants, bars and cafes. Woodlands has a team of support workers. Residents receive support on a twenty-four hour basis from a team of support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## How we inspect

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
Wednesday 12 February 2020	09:15hrs to 16:15hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

On arrival, the inspector was greeted by a resident and a member of staff. Residents were being supported to engage in their morning routines and some residents were being supported to prepare to attend their day services.

The inspector was introduced to all four residents throughout the course of the day. Two of the residents sat and spoke with the inspector individually. Both residents spoke positively of the support they receive from the staff team and that they are happy living in their home. One resident chose not to interact with the inspector and this was respected. The fourth resident was supported to interact with the inspector by a member of the staff team. The resident appeared comfortable in their environment and when interacting with those supporting them.

The house was homely and well maintained. There were pictures of the residents throughout the house and there was adequate space for residents to relax in and also take time away if they wished to do so. The residents bedrooms were spacious and also designed and laid out to their preferences.

## Capacity and capability

Residents were receiving effective care and support. The centre was well resourced and had a clearly defined management structure. There were auditing systems in place, that for the most part were leading to the effective monitoring of the centre's and residents' information and there were clear recording practices in place.

Monthly audits of practices in the centre were being carried out by senior management and the centres management team. There was effective information sharing in the centre in relation to the communication between the person in charge, the staff team and the senior management. This practice was ensuring that all those supporting the residents were aware of actions following audits and support plans in place for the residents. This, in turn, was leading to positive outcomes for residents.

The provider had ensured that unannounced visits had been carried out as per the regulations. A written report had been prepared following each visit that reviewed the safety and quality of care and support provided in the centre. The inspector observed that a plan had been put in place regarding actions raised in the report and that these were being addressed.

An annual review of the quality and safety of care and support provided in the centre had been carried out. Residents and their representatives were being

consulted regarding the service being provided and there was evidence of the provider meeting with the residents' representatives to discuss systems in place to support their loved ones. However, the provider had failed to add these consultations to the annual review and this was highlighted during the feedback process of the inspection.

A review of the residents' monthly meetings highlighted that they were being provided with the opportunity to raise any issues they were experiencing in relation to the running of the centre. Residents had recently raised an issue and there was evidence that this had been addressed by the provider.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations. There were systems in place to respond to adverse incidents and the provider's multidisciplinary team were involved in the review of incidents.

There was a staff team in place that was appropriate to the number and assessed needs of the residents. The staff team was made up of a person in charge, house manager and support workers. The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre. A review of the planned and actual roster highlighted that there was a consistent staff team supporting the residents. Residents spoken to on the day of inspection, said that they knew the staff team working in the centre. A sample of staff members' information was reviewed and was found to include the information and documents as specified in schedule two of the regulations.

Staff members spoken to during the inspection were knowledgeable in relation to the residents' plans and needs and aided the inspector to interact with residents who required support. Staff members referenced the systems in place in the centre and the supports they were receiving in regard to monthly team meetings and regular supervision.

Residents had received contracts for the provision of services that included the information as per laid out in the regulations. Residents or their representatives had agreed to these and a copy of the agreement was stored on residents' files.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. A review of a sample of staff members' supervision notes showed that they were receiving bi-monthly supervision. This practice was promoting learning and seeking insight from staff members regarding the quality and safety of the care and support provided to residents.

There was an effective complaints procedure that was accessible to residents. There were no recent complaints but a review of information identified that residents had raised concerns, and that these had been addressed in relation to the centres facilities. Residents had been supported to meet with an independent advocate at a recent resident meeting and the complaints process was addressed at residents

meetings.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

### Regulation 14: Persons in charge

The person in charge was experienced and had the relevant qualifications necessary to manage the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place that ensured that the staff team supporting the residents had access to appropriate training, including refresher training as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

Residents had received contracts for the provision of services that included the information as per the regulations. Residents or their representatives had agreed to same and a copy of the agreement was stored on residents' files.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure in place and that it was presented in a manner that was accessible to residents.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and was seeking to support residents to develop their independence. A review of the centres information did, however, highlight that attention was required in relation to the documentation of fire drills.

There was a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm system, and emergency lightening. The inspector found that the provider had ensured that personal emergency evacuation plans were in place and that they adequately reflected the support needs of each resident. Whilst fire drills were taking place in the centre regularly, a review of drills from the latter part of 2019 highlighted that there was attention required in relation to the documentation of the drills. The inspector noted that improvements had been made in relation to



the most recent drills in 2020. These drills clearly identified which residents had been supported to evacuate and the time it took to complete.

A review of a sample of residents' daily notes highlighted that they were receiving an individualised service and were being encouraged to be active members of their community. An appraisal of further information highlighted that comprehensive assessments of resident's health and social care needs had been completed. These assessments were under frequent review and there was evidence of the assessments and residents' personal plans reflecting changes in needs and circumstances for the residents.

The personal plans that were reviewed highlighted that residents were being supported to achieve goals or engage in activities of their choice. Residents were receiving a person-centered approach with weekly individualised activity plans. Residents were being supported to engage in groups or clubs in their community and the development of some residents' independence and independent living skills were being prioritised. Some residents were being supported to attend day services and individualised programs had been put in place for those that chose not to. Residents were also being supported to develop and maintain relationships with persons in the local community in accordance with their wishes.

Residents were receiving a service that was promoting and respecting their rights as individuals. There was evidence of residents exercising choice and control over their daily life as they were either leading or being supported to plan their daily activities. Residents' views and preferences were respected and a review of documentation highlighted that residents had refused to attend certain appointments or declined to engage in certain practices and that this had been respected by the staff team supporting them.

Residents were being assisted and supported to communicate in accordance with their needs and wishes. A review of a sample of residents information highlighted that communication support plans had been developed. The inspector also observed staff members interacting with residents and found that those supporting the residents were aware of the residents' communication abilities.

Residents were supported to develop knowledge around self-awareness, understanding, and skills needed for self-care and protection. Residents were receiving training and information in relation to keeping safe and this was a consistent topic as part of the residents' monthly house meetings. There were systems in place to respond to safeguarding concerns and the staff team supporting the residents had received appropriate training.

There were systems in place to ensure that residents received adequate positive behavioural support when necessary. A review of the centres untoward events log indicated that there were low instances of challenging behaviour occurring in the centre. The residents' assessments of needs and individual risk assessments outlined how to best support residents and there was evidence of staff members receiving training in the management of behaviour that is challenging. Restrictive practices in the centre were under regular review by the local and providers senior management

and there was clear reasoning for their use.

Residents were supported to access therapeutic interventions when necessary and there was evidence of reviews and input from allied healthcare professionals when required.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to identify, record, investigate and learn from adverse incidents. The inspector reviewed individualised risk assessments and found them to be detailed. The risk assessments were linked to residents' behaviour support plans and there was a detailed local risk register in place that was under regular review.

There were systems in place to ensure the safe ordering and storage of medicines. These procedures met the requirement of the regulations. Staff were trained in the safe administration of medications and there were appropriate procedures for the handling and disposal of unused and out-of-date medicines. Audits of medication management and administrations were being completed by the centres management team.

Overall, residents were receiving a service that was tailored to their needs and was promoting their rights and independence.

#### Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

#### Regulation 13: General welfare and development

The residents had opportunities to participate in activities in accordance with their interests, capacity and ability.

Judgment: Compliant

#### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider was ensuring that regular fire drills were taking place. There was, however, attention required in relation to ensuring that all information was captured following the completion of drills.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place relating to management and administration of the residents' medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the

residents.

Judgment: Compliant

### Regulation 8: Protection

Residents were being supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and respected.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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 Woodlands OSV-0005687

Inspection ID: MON-0024421

Date of inspection: 12/02/2020

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider will ensure that all information required is captured in fire drill documentation going forward. The Person in Charge will ensure that all documentation is reviewed to ensure it contains all information as per regulations. The Registered Provider will monitor this going forward in monthly monitoring visits to ensure accuracy in completion. This will be completed by 28/04/2020.	

## 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 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	28/04/2020