

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001914
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Carol Breen
Lead inspector:	Orla Murphy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 July 2014 09:30 To: 03 July 2014 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

The inspection of this four bed residential centre was announced and was carried out by one inspector over one day. As part of the inspection, the inspector met with the centre manager, a staff member, the parent of a young person and two young people. A range of documentation and policies were reviewed such as young people's care files, administration records, daily log records, audits, personal plans, fire safety records, policies and procedures and staff files.

Two young people were living in the centre at the time of the inspection. Both young people had complex needs, which included medical and high support needs. In addition, one of the young people had significant behavioural needs that challenged the service provided by the team. Both young people required high staffing levels to support them, which were in place in the service. Both had lived in the centre for a considerable period of time and had very good levels of family support and contact.

The centre had been in operation since 2012. In day-to-day practices the inspector found that the staff team were caring for the young people effectively. The young people were held in a very positive regard by the staff team, and there were several supports in place to enable the young people to live a full and active life as part of their local community. Staff were committed to the wellbeing of young people and valued and supported their family relationships and ties. Family members were supported to visit the centre frequently and be involved in activities there. Young

people had preferred routines and these were respected and accommodated by staff. Consultation with young people about daily care practices, rules and their opinions was of a high standard.

The centre had a range of records, procedures, policies and quality assurance systems to underpin day to day care practices. Notifications to the Authority required improvement, and while there were systems in place to audit records and processes in the centre, more oversight was needed in evaluating the quality and safety of the service overall, particularly in relation to one specific time period and the impact on young people. While the inspector found that behaviour that challenged was managed sensitively and consistently by staff, there had been concerning periods where behaviour had escalated and impacted significantly on all of the young people living there at that time. Risk to young people and staff was mostly well considered and mitigated in many respects. However, the legitimacy of the centre's admissions procedure was questionable, as a referral that was not deemed to be appropriate for several reasons, was reconsidered following representations from the purchasing body.

There was evidence of good leadership within the centre in many respects, however aspects of managerial oversight required improvement. There was insufficient consideration by managers on the impact that previous admissions had on the young people, and what should be put in place to prevent a repeated negative impact.

Staff recruitment was robust and a wide range of training was provided to staff. All staff received formal supervision and communication within the team and external managers was good. A number of staff vacancies had recently been filled and although posts were covered by regular relief and agency staff, this uncertainty and change had an impact within the service.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found that the centre's admissions procedure was not robust. Prior to the inspection, a young person had been admitted and the introduction of a new resident had resulted in escalated behaviour that challenged young people and the staff team. Although the young person's move to the centre was managed over a period of time and incorporated several visits, the admission led to a period of crisis in the centre. This period meant that there were risks to young people and staff, and despite a range of interventions, the situation deteriorated. A decision was made to move the young person most recently admitted to another service managed by the same organisation to reduce the risks posed to each resident and ensure successful placements for all involved. This decision was made with the young people's social workers and minutes of meetings reflecting this were viewed by the inspector.

Just prior to this inspection, a new referral was made to the centre and this admission was considered and risk assessed as an unacceptable risk at that time. However, the inspector found that this decision had been revisited and overturned. It was not clear to the inspector what had changed to mitigate the identified risks. The Authority wrote to the provider to seek assurances regarding this issue and the provider responded, putting in place a plan relating to the admission, which was underpinned by close monitoring by the provider and social workers for all of the young people concerned. Part of this close monitoring involved frequent review of the progress of the admission and formal meetings between all social workers and the centre manager to identify and act upon any concerns in a timely way.

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):

This was the centre's first inspection by the Authority.

Findings:

Young people's needs were comprehensively assessed, and assessments and plans adequately addressed their wishes, preferences and needs in a range of aspects in their lives. There was consultation with professionals involved with the young people, and with their families in the assessment process. This was reflected in the care plan and personal plan. However, some minor improvements were needed. Each young person had a statutory care plan, a placement plan, a version of their personal plan for their use and a more comprehensive personal plan drawn up by the staff team. The staff team provided the young people with a wide range of frequent activities that were tailored to meet their needs and wishes, and these were reflected in their personal plans and recorded routines.

Each young person had a social work assessment, and the staff team also carried out an assessment to inform the personal plan upon admission. These assessments identified the young person's social, emotional, familial, health and behavioural needs, and in turn these informed the centre's personal plans and placement plans. As the placements had progressed it was clear that assessments had been refined and the result of this was that young people's personal plans were better informed regarding the needs of each young person. The inspector found that assessments were comprehensive, and accurately reflected the identified needs of both young people. Centre records and interviews with staff demonstrated that the team were very cognisant of these needs, and were well informed about the care and support the young people required.

Each young person had their own easy to read version of their personal plan called "My Support Plan". This plan was both pictorial and written in easy to read language. It described the young person's needs and wishes in areas such as health, diet, transport, communication, routine and spirituality. The inspector found that the format and structure of these plans were accessible to young people and reflected the actions needed to support them. However, the inspector found that the detail in one of these individual support plans was not specific enough and this was communicated to the centre manager. Overall, both plans examined by the inspector reflected the more in depth personal plan that was used by staff to support the young people, focussing on the key points that were important to them. The plans identified the goals for each young person and the steps required to achieve those goals. Each young person had two keyworkers who drew up their plans in consultation with young people, families and other professionals. Outcomes in relation to these plans were recorded briefly within the

document and elsewhere in the young people's files, and the inspector found that the recording in this regard was not fully accessible or reflective of the work carried out. Overall, the inspector found the full version of the personal plans to be comprehensive, and they addressed all areas of need and activities of daily living for both young people.

In addition to these plans, both young people were in the care of the Child and Family Agency (CFA) which meant that they required an allocated social worker and also required a statutory care plan. Both young people in the centre had allocated social workers and care plans, which were examined by the inspector and found to be comprehensive.

Personal plans were found to be reviewed every six months and statutory care plans were reviewed annually. In the case of one young person, the care plan and personal plan had identified an urgent need for therapeutic support eighteen months prior to this inspection. Despite several requests from the staff team, this had not yet been provided and this was reported to be due to negotiations between the Child and Family Agency and Health Service Executive (HSE) disability services. The inspector found that this identified need had been raised in the previous two statutory care plans for this young person, yet had still not been addressed. Records of email correspondence and meetings were examined by the inspector which reflected that despite ongoing requests by the staff team, it remained outstanding

The inspector found that the staff team were responding to both young people's needs on a day-to-day basis, and had supported them well in many of these areas. It was evident through a review of records and interviews that the young people had progressed and developed during their time living in the centre. The staff team maintained detailed daily records regarding the wellbeing of young people. These records included details of activities, support provided, educational progress, and health of the young people. Young people had fixed routines recorded such as night time routines, and these outlined the support that young people wanted and were most effective for them.

Transitions were managed well and at young people's pace to meet their needs. In the twelve months prior to this inspection, two young people transitioned to different services. One young adult transitioned out of the centre to an adult disability service within the same organisation. This transition was managed by the staff team in this centre and the staff team in the new placement, with the support of the young adult's social worker. In an interview with the centre manager, the transition process was described as having been taken at the young person's own pace and involved visits to the centre, joining in activities and progressively longer stays until a final move to the new placement.

Records examined by the inspector showed there were programmes in place for the young people in the centre to develop their skills to become as independent as possible in areas such as self care, household tasks and finances. This was part of their development as teenagers and for their future adult life. Due to the level of support needed by the young people these goals were incorporated into their plan and broken down into achievable steps. The inspector found that these programmes were effective in allowing young people to achieve levels of independence in a range of areas which

worked towards their move into adulthood.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had detailed and up to date health and safety statement, policies and a risk assessment policy and procedures in place. Staff members were required to sign to commit to uphold the health and safety practices in the centre. This inspection found that the health and safety of children, visitors and staff was promoted and protected through a focus on managing risk and legislative awareness. However, there were issues regarding some risk assessments in the centre.

The health and safety statement and policy of the centre was examined by the inspector and was found to be comprehensive and robust. There was a wide range of procedures that supported the policy which guided staff in their work practices in areas such as food safety, manual handling, and infection control, clinical waste disposal, cleaning schedules, first aid and disability awareness. All staff had undertaken health and safety training, and systems that were in place supported the implementation of procedures.

This inspection found that the service had a number of good systems in place for the identification and management of risk within the centre. The risk management policy and associated procedures were found to mostly meet the requirements of the regulations. However, there were some deficits. The centre followed a policy relating to risk management and the service provider was reported to be in the process of developing a risk register. However, this was not yet in place. As a result, while most individual risks were assessed and mitigated against, there was insufficient oversight of corporate and clinical risks.

The risk assessment policy was examined by the inspector and this outlined that there were requirements for general, regulation and task specific risk assessments to be undertaken on all hazards in the centre. Examples of some of these assessments were examined by the inspector. These were found to be of a good quality and outlined the risks and actions taken to mitigate risks. Monthly health and safety checks were carried out by the centre manager, and following these checks a monthly report was submitted to the health and safety department within the organisation. In addition to this, annual health and safety audits were undertaken by a designated safety officer who produced

action plans in relation to risk and safety. The monthly and annual audits were examined by the inspector and found to be detailed, up to date and there was evidence that actions had been progressed at the time of this inspection by the centre manager. Weekly visual checks of the environment within the centre were undertaken by centre staff, and annual electrical equipment testing was undertaken by an external contractor.

The inspector found that while environmental and individual risks to young people and staff were adequately managed, there was insufficient attention paid to the cumulative impact of behaviour that challenged the team on the wellbeing of the young people as a group. The centre manager informed the inspector that the key risks in relation to the provision of the service locally included fire safety, the mobility of one young person, and the impact of behaviour that challenged on young people and staff. The centre manager described a clear process in place to monitor, manage and trend internal "untoward events" and adverse incidents through an accident and incident report system. In addition, significant events relating to young people were reported to the Child and Family Agency monitoring officer, and notifications were made to the Authority for specific incidents. The inspector found that both untoward events reported internally and events reported to the monitoring officer produced responses with actions identified. The inspector found that the key issues reported were behaviour that challenged the team and other young people, and incidents such as young people being absent and accidents. The external line manager of the centre visited the centre monthly and undertook an inspection, which included an examination of accidents, incidents and events, and ensured all actions had been followed up in a timely manner. The inspector found that while each incident was evaluated, assessed and acted upon; sufficient evaluation was not carried out on the impact of behaviour that challenged the team over a longer period and its impact on new admissions for example.

An adequate emergency plan was in place for the centre which was detailed and instructive. The plan outlined the response and arrangements in place in the event of, for example, staff absences, communications, utilities or adverse weather. A checklist with guidance was included for staff to follow and complete and young people's contacts and key medical and social information were included. The plan included an evacuation plan in the event of an emergency. All children had personal emergency egress plans and these were updated yearly or more frequently if the child's circumstances changed. Two places of safety outside the centre were identified, should an emergency evacuation be required and accommodation was required elsewhere.

This inspection found that there were adequate precautions in place against the risk of fire. All staff had received fire safety training and this was found to be up to date. The inspector reviewed detailed records of weekly and monthly checks carried out by designated staff to promote fire safety. The records in place in the centre included a fire register, daily inspection records of fire exits, weekly inspections of fire extinguishers, fire alarms, emergency call systems, emergency lighting and automatic door releases. The inspector observed that fire instructions were prominently displayed throughout the centre and there were pictorial displays advising young people about fire safety. A fire risk assessment had been undertaken by the organisation's fire safety officer in the weeks prior to the inspection and this had highlighted that additional equipment was needed to aid one young person exit from the building in the event of a fire. This equipment was purchased and staff had received instruction in its use which was viewed

by the inspector. A fire evacuation plan was also in place for each individual resident. The inspector found that five fire drills had been undertaken in the five months prior to the inspection, and four of these included both staff and young people. There were adequate fire extinguishers and glass break boxes at strategic points in the centre and all extinguishers had up to date checks carried out by an external contractor. A statement of fire compliance for the centre had been issued by a qualified engineer and this was held in the centre and examined by the inspector.

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place in the centre to safeguard children and protect them from the risk of abuse. There was a policy in place which reflected the Children First National Guidance for the Protection and Welfare of Children (2011). However, more formal oversight regarding how behaviour that challenged the service had impacted upon young people was required.

There were adequate policies, procedures and systems in place in the centre to safeguard young people in the centre. The policy in relation to abuse was examined by the inspector, and outlined the types and impact of abuse and the procedure to follow in the event of a disclosure of alleged abuse. In addition there was a safeguarding policy in place. The procedures referred staff to Children First (2011) and their obligations under that guidance and a copy of the guidance was held in the centre. The policy also outlined safeguarding procedures to protect children. The inspector found from an examination of records and interviews that the centre manager and staff were clear about acceptable and unacceptable practices to ensure children's safety. Guidance regarding best practice in child protection was reflected in staff meeting minutes and supervision notes seen by the inspector. Systems were in place to mitigate risks to young people through their placement plans and individual risk assessments. The inspector found that these were clearly documented, implemented and monitored by staff.

Safeguarding practices were robust in the centre and young people were supported to communicate their wellbeing and wishes. Documents examined during the inspection, and staff interviews, showed that robust daily practices were in place to safeguard children, such as the rationale for staffing ratios, monitoring young people inside and outside the centre, personal care, activities and an awareness of where children and staff were throughout the day. There were formal systems and guidance in place such as risk assessments for young people who displayed behaviour that made them vulnerable, and detailed procedures for the management of behaviour that challenged the team.

Frequent visits and audits of the centre by the external line manager of the service were examined by the inspector and these had identified and addressed a range of safety concerns regarding the management of behaviour. Actions from these concerns had been acted upon by the centre manager. Staff and the centre manager were aware of what constituted abuse and all demonstrated a keen awareness of the specific vulnerabilities of children with disabilities. Daily records reflected that staff closely monitored young people living in the centre.

For the two young people living in the centre, staff used a range of communication techniques to ascertain their wellbeing. Additional communication guidance was detailed in their personal plans, which described their methods of communication, behaviour and mannerisms. Both young people in the centre could communicate their needs through a variety of means and from the inspector's observation it was evident that staff were much attuned to them during the inspection. Both young people had complex needs and although the provision of care was challenging at times, throughout the inspection staff demonstrated warmth and a very high regard for both young people. The inspector observed staff and young people interacting positively and the parent that spoke to the inspector said that he/she felt their child was safe and cared for to a high standard.

There were barriers to self-protection for both young people living in the centre, in different ways. Staff had identified this and measures were put in place to protect young people, however incidents had an impact on young people and staff responded to this in a timely way. One young person's mobility was completely dependent on staff support and therefore he/she could not remove themselves from a threatening situation for example. In addition, his/her ability to be confident in challenging situations was limited. Another young person's understanding was limited in some respects, and he/she displayed behaviours which were challenging to the team and other young people. This made them potentially vulnerable to restrictions and interventions. As a result, both young people received significant one to one staff support and this was evident from records examined by the inspector.

Staff interviewed demonstrated a good knowledge of the more subtle indicators of the wellbeing of the individual young people and care records, observation and guidance showed that staff were acutely aware of the need to protect both young people. Each young person's plan addressed the support they required. The inspector spent time with both young people and observed their interaction with staff and surroundings. Young people were at ease and responded positively to staff during this time.

There were two complaints made by young people relating to the behaviour of another young person in the year prior to the inspection and these were managed as child protection concerns, as the complaints highlighted their vulnerability. The inspector examined a range of records relating to this period such as meeting minutes, correspondence and incident records. A strategy meeting was held involving the organisation and the social workers of all young people, and further meetings and interventions to mitigate risks were put in place. In one intervention, two young people went away for a break to get some time away from escalating incidents in the centre. These events signalled a time of significant crisis for both young people and staff. The incidents reduced following the move of one young person, but the inspector found that there remained serious incidents of behaviour that challenged the team, albeit reduced in frequency. This continued to impact upon a young person in the centre who described the effect of it to the inspector and this is described further in Outcome 14 of this report.

Behaviour that challenged the team was a significant issue and overall it was managed appropriately. However, the review of restrictive practices and impact of incidents on the peer group was not robust enough. One young person in the centre with complex needs displayed behaviour that challenged staff on a frequent basis. From care files examined by the inspector, it was clear that the young person had progressed well in the placement and that the centre had implemented a positive behaviour support programme with the young person with some success. Staff that spoke to the inspector demonstrated a very good understanding of the triggers to and underlying causes of the young person's behaviour.

The centre manager and staff described the model of behaviour management as a positive reward model, which engaged in a limited range of physical interventions, but only where there were safety concerns for the young person or others. The inspector found that staff were managing overall incidents consistently and positively, and any physical interventions were recorded separately and notified to young people's social workers, the monitoring officer and parents. Training records reflected that all staff were trained to undertake physical interventions and were trained in the organisations model of behaviour management.

The inspector found there were some restrictive practices in place. Risk assessments were in place for both young people with regard to restrictions on the front door of the centre, but not in relation to times where one young person was confined to their room with staff, due to another young person's behaviour. The times when one young person was confined to a room with staff due to safety concerns regarding another young person's behaviour was a safeguarding intervention, however it also restricted their access to the rest of the centre and was not recorded in this way. The front door of the centre opened electronically with the aid of a tag. This meant neither young person could leave or enter the building without staff support, due to their vulnerability. While risk assessments were in place and were signed off by the young people's social workers regarding the front door, the inspector found that there was insufficient emphasis on recording and reviewing risk in relation to all practices that restricted free movement around the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

Not all notifications had been submitted to the Authority. The centre had experienced a period of time where behaviour that challenged the team increased significantly, and this led to several incidents and significant events. On review of a range of records relating to these incidents and events, the inspector found there may have been incidents that should have been notified to the Authority, but were not. The inspector was not assured that all notifications as required by the regulations had been submitted to the Authority within the required timelines.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place that supported staff in the protection of residents in relation to medication management. The centre had written policies and procedures related to the administration, prescribing, storage, disposal and transfer of medications. This suite of policies and procedures were clear and accessible to staff. Storage of medication was secure and was accessed safely. Staff were aware of these policies and procedures and their competency had been assessed. The processes in place for handling medication were in line with current guidelines and legislation.

The inspector examined the storage and administration records in the centre and found that all medication was prescribed by a general practitioner and stored in a secure, locked cabinet in a locked room. There were controlled drugs in use in the centre and the storage and administration of these fully complied with legislative requirements. These medicines were recorded separately in a register, reconciled at each administration time and stored in a locked box inside the locked cabinet. The inspector observed that medication in the cabinet was in date and clearly identified the person it was prescribed to. Prescription sheets were in place for each resident and there was a system to check received medication to ensure it was assigned to the correct resident. The keys to access the medication cabinet were held securely. Administration sheets were in place for each resident and these were found to be up to date and accountable, in line with the centre's procedures. Two staff administered and signed for medication and the exact times of administration were in place on each administration sheet. Each resident had a set of medication records that included any assistance they may require to take their medication. These records were well maintained and photographs of residents were attached to medical records for easy identification and prevention of administration errors.

There was a robust system in place for recording, reporting and reviewing medication. The centre manager informed the inspector there had been no errors in the administration of medication in the two years prior to the inspection. The centre manager undertook daily visual medication checks and weekly audits, examining the administration, storage and disposal of medicines. In addition the external line manager undertook monthly checks of the same processes as part of their monthly service audit. All staff had received training in the administration of medicines and had undergone competency assessments on an annual basis to ensure their skills remained effective. A sample of staff files examined by the inspector showed that these assessments had taken place.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a statement of purpose and function for the centre which contained most of the information as required by the regulations, however some minor deficits were

identified.

The statement was detailed and described the age range and gender of children it catered for, and it also described the ethos of the organisation and the services provided. The statement described the facilities in the centre and local area, the building policies and procedures of the centre. It also contained the staffing compliment, management arrangements for the centre and an organisational structure. However, the inspector found there were minor deficits in the statement, for example the section addressing the termination of placements had an inaccurate age range described. The arrangements for dealing with complaints were not explicitly outlined in the centre's statement. The statement also contained information regarding seeking residents and representatives views. The statement was written in easy to read language and was accessible to families and professionals. Key information from the statement of purpose was contained within a service user guide, which was available in pictorial version for resident's that required reading support.

The inspector found from interviews that staff and a parent were aware of the purpose of the service and the children it catered for, and the inspector was assured that the children, their families, staff and the organisation had a clear understanding of the specific purpose of the centre from the information contained within the statement.

Judgment:

Non Compliant - Minor

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The centre had a defined management structure in place and there were clear lines of accountability for staff. Management systems were adequate and there was regular and formal monitoring and review of the quality and safety of care, and staff demonstrated a good knowledge of the National Standards and regulations. The centre manager was the person in charge of the centre, and he was responsible for this centre only.

Praxis Care was responsible for the operation of the centre and the organisation

operated a range of services in Northern Ireland and the Republic of Ireland. The centre manager was identified as the person in charge of the centre and the inspector met with him as part of the inspection. Social care staff reported to a team leader, who reported to the centre manager. The centre manager reported directly to the assistant director of care. The assistant director of care reported to the director of care.

The inspector found that the centre manager was suitably qualified and experienced for the role. The centre manager had worked in high support residential services for five years and had worked as a team leader in respite services for a further two years. The centre manager demonstrated considerable knowledge about the young people, was in the centre full time, and participated in shifts weekly which was reflected in the duty roster examined by the inspector. When interviewed by the inspector, the centre manager was clear about his roles and responsibilities, the reporting structure within the organisation and had a good knowledge of the Standards and the Regulations. Staff informed the inspector they were clear about their roles, and the expectations of providing good quality care to the young people from the centre manager and provider.

The centre manager was present in the service for five days per week. The manager was supported in the centre by three team leaders, and the centre manager and team leaders supervised staff. The centre manager provided oversight of day-to-day practice issues and led practice when on shift. The inspector found there was a team leader or the centre manager on each sleepover (24 hr) shift. Team leaders deputised for the manager in his absence. The inspector met with the newly appointed assistant director of care at the end of the inspection, and both managers were responsive to the inspection and committed to addressing any deficits identified, to ensure compliance with the standards and legislation. There was a comprehensive annual performance management system in place in the organisation and records reviewed by the inspector reflected that this made staff accountable and was supportive to them.

There were several processes undertaken by the team leader's and manager to monitor the quality and safety of the care provided. The centre manager undertook daily and weekly audits of records and systems such as administration of medicines, young people's finances and daily care records. The centre manager also reviewed incidents and untoward events and reported the analysis of these to the assistant director of care who supported the manager to take any actions necessary from this analysis. Records were signed to indicate they had been examined, and the inspector saw evidence in supervision records and staff meeting minutes that any deficits identified by the centre manager were raised with staff and in some incidences, influenced changes in practices. For example, during a time of increases in behaviour that challenged the team, there were different initiatives and practices introduced to try to manage behaviour more positively, and there was increased support for staff on duty from the centre manager and team leaders.

There were monthly audits and analysis undertaken on a regular basis by the external line manager that demonstrated the monitoring of the quality of care, the implementation of policies and procedures, risks and safety issues in the centre. The monthly visits and audit by the assistant director produced action plans for the centre manager to address. In addition an annual audit was carried out by a representative of the organisation and additional action plans were produced. Managers stated these

would inform practices and policy in the organisation. Overall, the inspector found this monitoring was of a good standard, with clear follow up procedures in place to ensure actions were completed. However, the inspector found that much greater analysis could have been carried out regarding the overall impact on young people of a period of crisis in the centre.

The inspector found that while individual events relating to behaviour that challenged the team were analysed by senior managers during their monitoring of the centre, the longer term effect on young people had not been adequately considered and acted upon. There was insufficient review of this period in the centre, including the impact on those not displaying such behaviour but who were at risk because of it. While this situation had improved with the movement of one young person, another young person remained exposed to some unacceptable behaviour. In addition, the inspector found there was insufficient assessment by managers of how future admissions to the service would be managed to ensure the situation did not reoccur. As a result, there was a chance this would escalate again with the introduction of a new resident.

The centre manager and assistant director of care met formally for supervision on a monthly basis and more frequently when needed. In addition, the centre manager attended core group meetings frequently with the assistant director of care, the training officer and other centre managers. The centre manager described their supervision as of a good quality, supportive and accountable. Staff meeting minutes and supervision records were examined by the inspector and reflected that these systems were comprehensive, accountable and child centred. Staff meetings were held monthly. Attendance by staff was high and the meeting minutes examined were detailed and of a good quality. The content of staff meetings addressed areas such as the quality of care provided to young people, routines and forthcoming plans, organisational procedures, and reviews of young people's crisis management plans. In these minutes young people were ascribed a unique code, which meant their confidentiality was protected in records which may be accessible to others. Staff were knowledgeable around how to raise a concern about the quality and safety of the care and support provided to children.

There was a formal on call system in place for the centre which comprised of a roster of centre managers from the organisation's centres, and the centre manager participated in this system. Staff informed the inspector that this system was accessible and worked effectively. The inspector examined the on call information held by the centre manager and saw that records were provided to each on call manager which included key information about residents, each centre's emergency plan and relevant contact details. A senior management on call system was in place to support the centre manager led system, and this comprised of senior organisational staff.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There were sufficient staff with the appropriate qualifications, skills and experience to meet the needs of the number of children placed in the centre at the time of inspection. Safe recruitment practices were in place and a range of training had been provided to staff and further training was scheduled. Staff supervision was provided regularly by the centre manager, and frequent staff meetings supported the delivery of good quality care in the centre. The support and management of the workforce was robust and effective.

There were sufficient numbers of staff in place in the centre to meet the needs of the young people. There were eight staff employed in the centre at the time of this inspection and a further two staff were reported to have been recruited in the weeks prior to the inspection. In addition there were five relief staff that covered the periodic shifts for vacant posts or staff leave. The centre had a roster which was examined by the inspector, and it showed there were a minimum of three staff on duty during waking hours, one of whom was always a team leader or the centre manager. This meant there was a senior staff member in the centre at all times. Two staff members worked for 24 hours, which incorporated a sleepover shift, and an additional staff member was on duty from morning until early evening.

The roster examined reflected the staff on duty each day, and any leave or changes to the planned roster were also recorded. The centre manager worked shift duty in the centre for fifty percent of their hours, and this was reflected on the roster examined by the inspector. Both young people in the centre required high levels of support and supervision. At the time of the inspection, there were sufficient staff on duty to meet the needs of the young people and to facilitate their activities and their attendance at summer clubs.

Recruitment practices in the centre were effective and were managed by a human resources department in the organisation with input from the centre manager. The inspector examined three staff files and found that all of the required checks, vetting and documentation were in place. Three written references were sought for each staff member and those viewed were all satisfactory. Files reviewed held contracts of employment and full employment histories. All staff had a relevant or related qualification in health or social care and copies of their qualifications were on file. Employment histories were also on file and these showed that while some staff had less experience than others, these staff were supported by team leaders on shift. All staff files and copies of agency staff vetting and checks were held by the centre manager in a secure cabinet in the centre.

There was an induction policy for all staff which incorporated a four week course in Northern Ireland featuring core training and induction into the organisation's policies and procedures. The centre had a procedure for inducting agency staff into the service, and agency staff received supervision with their agency and within the centre. One staff member informed the inspector that the four week induction was very detailed and comprehensive, and he/she had completed this prior to any shifts commencing in the centre. Once this was completed, staff would work day shifts over one week as a supernumerary staff member to get to know the young people and familiarise themselves with centre records and routines.

There was a training programme in place for 2014-2017, and this had been informed by core training required and a formal needs analysis of the requirements of the service. The centre manager carried out the analysis, and this was then incorporated into the training plan for the wider organisation. The centre manager maintained a spreadsheet with the support of the training officer in the organisation which the inspector examined on the day of the inspection. This spreadsheet was accessible to all staff and it alerted the centre manager and individual staff when core training was due to expire. The inspector also examined the training schedule for the centre and found that in the six months prior to this inspection, the staff had attended a range of core and relevant training such as induction training, emergency first aid, child protection, manual handling, person centred planning, care of medication and administration assessment, confidentiality, infection prevention and control, food safety, fire safety and the model of behaviour management. Staff also attended an information day on the National Standards and undertook e-learning in good hygiene practices and Control of Substances Hazardous to health (COSHH). Training planned in the schedule included core training for new starters, managing service user's money, and further behaviour management training, specific to the needs of the young people in the centre. Training certificates and records were held on the staff files examined by the inspector.

The supervision policy of the organisation was examined by the inspector and this reflected that staff should be supervised no less than ten times annually. The policy was comprehensive and outlined guidance for supervisors and supervisees about the purpose, content and quality of supervision. The centre manager was trained to carry out supervision. The inspector examined supervision records for three staff members in the centre who were supervised by the centre manager and found these were detailed, instructive and covered areas such as care of young people, training and development, changes in policies/procedures and any areas of concern. Actions were identified and followed up in subsequent supervision sessions.

All staff had attended briefings on the National Standards for Residential Services for Children and Adults with Disabilities (2013) and the inspector found in interviews with the centre manager and staff that there was an awareness of the standards and legislation and a willingness to ensure these were fully implemented in the centre.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Orla Murphy
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 report¹

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001914
Date of Inspection:	03 July 2014
Date of response:	29 September 2014

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 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 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:

The admissions procedure for the centre was not robust or effective.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

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

The Admission Panel Policy is currently being reviewed by Praxis Care Governance Department to reflect the needs to protect residents from abuse by their peers. The updated Admissions Policy will include details of the additional process of a Multi Disciplinary Team Collective Risk assessment meeting prior to the admission panel Procedure. The Admissions Policy will be updated to reflect these amendments by 11th of September 2014. The Admissions Policy will state that all professionals of the Multi Disciplinary Team need to be in agreement that risks to both the current residents in the service and any new young person being referred to the service can be managed reasonably. Praxis Care will liaise with the placing authority to ensure that all risks are identified and plans put in place to protect the safety of all residents in the service. No further admissions have been made to the centre since the inspection.

Proposed Timescale: 11/09/2014

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:

The recording of ongoing monitoring of outcomes within personal plans was not adequately detailed to inform the review of the plans.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The residents' personal plans are completed in consultation with the residents and identifiable outcomes are discussed with the residents at resident's monthly meetings. Each resident identifies areas of independent living skills that they wish to improve on with support and oversight of the staff team. Each outcome is recorded and measured on a weekly basis as each resident completes their identified outcome. The outcomes are evaluated on a step by step measurable programme that is clearly assessable to the residents in a pictorial format. If the needs of the residents change staff will support the residents in achieving their outcome by identifying further supports were necessary. All outcomes are documented within the resident's personal plans and outcomes workbooks which are reviewed three monthly at team meetings, and statutory reviews for the residents.

Proposed Timescale: 25/09/2014

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:

There was no risk register in place to identify ongoing or cumulative risks on a corporate or local level.

Action Required:

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

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

Praxis Care has put systems in place in the designated centre to ensure the ongoing review of risk. A scheme level Risk Register has been developed on the 20th of August 2014 and will be reviewed regularly to identify issues that are not currently accounted for in the corporate risk register or the risk assessment of individual young people. Actions will be put in place to mitigate risks. This is a live document and all staff members are aware of its purpose and will be reviewed on an ongoing basis by the centre manager and formally at staff meetings at 3 monthly intervals. Additional risks will be entered as they are recognised and assessed

Proposed Timescale: 20/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Interventions that restricted resident's free movement were not formally considered and reviewed to ensure they did not prevent residents exercising their rights.

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:

The Manager has reviewed all restrictive procedures in the service that impact on young people residing in the centre. A Restrictive Practice Register has been developed to ensure the least restrictive options are adopted to ensure the safety of young people in the service. All restrictive practices will be recorded in this register. This register will be reviewed on a three monthly basis to ensure effective oversight of any restrictions that may impinge on exercising young people's rights, and will be reviewed more frequently when risks posed or needs change.. Any restrictions that have been implemented has been signed by social workers and Manager of the service and will be reviewed at professional meetings and statutory meetings for each young person.

Proposed Timescale: 20/08/2014

Outcome 09: Notification of Incidents

Theme: Safe Services

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

All relevant notifications had not been submitted to the Authority.

Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

All notifications had been resubmitted to Chief inspector on the 21st of August 2014 as requested. The Manager will continue to notify the Chief Inspector of all notifiable incidents including any further allegations of suspected or confirmed abuse of any resident within the centre and this will be done within 3 working days.

Proposed Timescale: 21/08/2014

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:

The arrangements for dealing with complaints were not sufficiently explicit within the statement of purpose.

The detail regarding termination and moving on from the centre was inaccurate.

Action Required:

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

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

1. The Statement of Purpose has been amended to reflect the arrangements for dealing with complaints and clearly outlines the procedures in place to make or Deal with a complaint by a young person or family member.

2. The Statement of Purpose within the service has been amended to clearly identify the transition period for young people in Care of the service. Praxis Care in conjunction with the Health Care Executive (after care Worker) will identify a suitable placement for the young person to Transition too prior to their 18th birthday. At the age of 16 years the young person's Social Worker will begin planning for the young person's transition into an adult service and an After Care Plan will be implemented to identify the Transition Plan. The Current statement and Purpose has reflected all of these changes

and will be revised if any changes are to take place.

Proposed Timescale: 20/08/2014

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:

There was insufficient attention paid to the impact of behaviour that challenged on the group of young people living in the centre, and no specific measures were planned for to prevent similar occurrences for any future admissions to the centre.

The provider had not conducted a review of the period of crisis in the centre, to examine the impact of this period of time upon young people and address any deficits identified.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A review of the period is underway, carried out by the centre manager and external line manager, and will be completed by 15/10/14. A process has been put in place to reconsider from first principles the needs of each young person and the interactions between each young person in the centre. This process has involved Praxis Care management and the identified Social Worker for each young person and Senior Management from the placing authority and currently meets on a monthly basis. Part of the decision making process was that a decision was made not to proceed with an admission that was scheduled for July 2014. Decisions have also been made around increased staffing levels during periods that are identified of high risk periods within the service. This ensures that when one young person who displays Challenging behaviour that two members of staff are available to deal with this presenting behaviour, while another member of staff ensure that safety and emotional support of the other more vulnerable individual is attended too. It has been agreed by all professionals that that changing needs can be reviewed on an emergency basis if required. This process will be considered for all admissions and implemented if appropriate. The Management of the centre will clearly notify all Professionals and the Chief inspector of any notifications in relation to the impact of presenting behaviours impacting on peers within the service.

Proposed Timescale: 15/10/2014

