<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Praxis Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003417</td>
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<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Praxis Care</td>
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<tr>
<td>Provider Nominee:</td>
<td>Irene Sloan Ringland</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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: 11 September 2014 10:30  To: 11 September 2014 19:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the first inspection of the centre and was announced. The inspector ascertained the views of residents and staff members, observed practices, and reviewed documentation relevant to the legislation/regulations during the one day inspection. The centre was supported by staff 24 hours a day, a sleepover and waking night staff was on duty to meet the assessed needs of the residents. The centre forms part of the Praxis Care group. The inspector reviewed eight outcome statements.

There was a written statement of purpose in place which accurately describes the service provided in the centre and the manner in which care is provided, to reflect the diverse needs of residents. The inspector met with the person in charge and staff at the centre and outlined the inspection process and methodology and provided feedback at the end of the inspection.

The designated centre is a two storey 6 bedroom detached domestic home and accommodation is provided for 4 residents one of whom lives at the centre on a part time basis. Although not purpose built or fully wheelchair accessible, the premises is currently meeting the needs all the residents. A staff sleepover room/office is located on the first floor. The centre provides facilities and services for a range of residents including people with physical and intellectual disability. The age range of residents being accommodated is from 18 years to 40 years of age.
The Authority was notified of a temporary change in person in charge, and the provider submitted all relevant information. The fitness of the nominated person in charge was determined during the inspection process and interview. She has management responsibility for a number of centres in the region and demonstrated an in-depth knowledge of staff and residents living at this centre, and provides appropriately supports. Throughout the inspection the person in charge demonstrated knowledge of the legislation and standards, person centred approach and awareness of pertinent issues relevant to the designated centre. She reports to the Assistant Director who in turn reports to the provider.

The inspector met some of the residents being accommodated. In the main, the residents were aware of the inspection process and this had been communicated by staff at the centre. Residents expressed their satisfaction in respect of living at the centre and were satisfied with the accommodation and the routine day to day life of the centre.

The inspector saw that residents’ rights, dignity and consultation were upheld, and a very good standard of communication demonstrated. Service provision and care practices was respectful and appropriate, and maintained each residents’ privacy and dignity.

There is an admissions and discharge policy and procedure. There was evidence that residents were supported on an individual basis to achieve and enjoy the best possible health as residents had access to the general practitioner (GP) and allied health professional services.

The inspector saw that person centred care was promoted and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities. Personal support plans were drawn up with residents involvement and their guidance.

From an examination of the staff duty roster, communication with and observation of residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

The provider and person in charge were found to be in substantial compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Residents' rights and dignity were respected. Residents' were consulted with about the running of their home and their care. Residents had a monthly meeting where they discussed their weekly plans, planned their menu, requested staff support and planned for visitors/friends calling. One of the resident spoken with told the inspector he was always given choice in relation to how he wanted to live his life and his choices were respected.

There was a complaints policy in place; it was accessible in a format readable to residents. The inspector was informed there were no complaints. The complaints policy met the requirements of Regulation 34. The nominated person to investigate all complaints was identified, and the appeals person. Staff interviewed were clear on how to escalate any dissatisfaction with service throughout the line management system.

Residents could receive visitors to their home and there was a small private sitting room available to them to use if they wished. Each resident had their own private room and could decorate with personal effects as wished. Privacy blinds were in place on the ground floor bedroom, and doors kept closed.

Residents retained autonomy of their own life. The inspector met two residents' as the remaining resident was out, and further resident lives at the centre on a part time basis. Residents were able to take risks within their day to day lives; they were not impeded from participating in anything they chose to do. The inspector saw residents had control of their own personal possessions including finances and this was facilitated with the assistance of staff where required.
Judgment:
Compliant

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:
The inspector reviewed a sample of resident's files which evidenced that the care, welfare and support needs of the residents were being met. Residents confirmed this and their involvement with completing individual support plans. This was also evident from speaking with the person in charge. Residents, as far as possible, had meaningful lives, engaged with family and friends and partook in a variety of activities which staff supported them with.

Each resident living at the centre had a key worker allocated and had a personal plan in addition to a working file where daily notes and a number of medical updates were recorded. Personal plans identified seven outcome measures that residents, along with the support of staff, worked towards. The outcomes included, but were not limited to, quality of life, making a positive contribution, exercise of choice and control and improved health.

Key working sessions took place and monthly reviews were in place; these were completed and were informative. Personal plans were updated as resident's needs changed. Personal support plans were seen to be in a written and pictorial format with residents clearly involved in the development of their plans and their review of their plans. Care outlined in the personal plans was found to be evidenced based and the input from specialists was evidenced as required. Staff had the relevant skills training and experience to communicate and develop personal plans and residents communicated clearly their own goals to each key worker individually.

For the most part residents had a day service they were supported to attend. Community based transport arrangements were in place and also facilitated social and family contacts. Residents took part in a variety of activities including music, shopping, visiting the library or local beach and involvement with the local community, and other appropriate activities of their choosing.
Judgment:
Compliant

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 inspector formed the view that the health and safety of residents, visitors and staff was promoted and protected. The person in charge completed risk assessments on a monthly and annual basis. The organisations' risk manager had reported on the findings of the environmental audit. There had been no accidents or incidents reported, but should an accident/incident take place they would be reviewed on monthly basis by the person in charge and the team leader during supervision if required.

There was an up-to-date localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event all potential emergencies. The inspector reviewed the risk management policy and found it met the legislative requirements. A written emergency plan for business continuity was in place. Maintenance of the house including electrical checks had taken place.

A fire risk assessment had been completed. The centre did not have a fire alarm installed but each room was observed to have mains smoke detectors, which were tested every week. Records were available to confirm that all fire equipment including fire extinguishers, the fire blanket, emergency lighting had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practised on a regular basis during the day and night by both staff and residents.

Means of escape were kept clear, and residents involved with the fire drills, the last one which took place on 21 August 2014. Measures were in place and robust particularly relating to the evacuation plan for the resident on the ground floor with regard to moving and handling requirements. Staff confirmed that they carried the mobile phone with them at all times, and would contact the fire brigade, and had completed the fire safety training provided by an external provider.

Judgment:
Compliant
<table>
<thead>
<tr>
<th><strong>Outcome 08: Safeguarding and Safety</strong></th>
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<tr>
<td>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.</td>
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**Theme:**
Safe Services

<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<tr>
<td>This was the centre’s first inspection by the Authority.</td>
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**Findings:**
Measures were in place to protect and safeguard residents which included a policy and procedure on the prevention, detection and response to abuse. Staff had up to date mandatory safe guarding vulnerable adults training in place and those spoken with had a clear understanding of how to safe guard residents'.

There four residents living in the house, one resident confirmed he had been offered his own door key. A resident spoken with told the inspector the centre was a safe and secure home to live in. Residents had access to a large enclosed garden space with decking area. All the exit/entry doors could be secured by locking and the house was alarmed. Residents could lock their bedroom door if they wished. The inspector saw bathroom and toilet doors had secure locks and there were curtains on bedroom windows.

Communication between residents and staff was very respectful. It was identified that none of the residents required detailed behavioural support plans at the time of the inspection. One resident lived part of the week on a respite basis, and had their own room allocated. The remaining three residents had lived in this centre, and a previous location for a number of years and knew each other well.

**Judgment:**
Compliant

<table>
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<tr>
<th><strong>Outcome 11. Healthcare Needs</strong></th>
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<tr>
<td>Residents are supported on an individual basis to achieve and enjoy the best possible health.</td>
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**Theme:**
Health and Development
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The health care needs of residents were being met to a high standard. The inspector reviewed a residents’ file and saw evidence that they were facilitated to access their GP and to seek appropriate treatment and therapies from allied health care professionals when required. Most residents visited the GP in a local town, where they had been previously located in a house, and had maintained the relationship with the local GP. The inspector was satisfied that the allied health services were availed of promptly to meet residents' needs. Feedback from a resident confirmed referral to the Centre Remedial Clinic for specialised seating moulds had taken place and ongoing review of seating assessment took place. A resident also described that they had regular visits from the local Public Health Nurse. Routine medical care was well managed, and staff could access the D-Doc service out of hours should the need arise.

One resident spoken with told the inspector they had a choice of food and residents could make menu decisions, which were flexible to all residents likes and disliked. Staff and residents did most of the cooking. Residents’ often assisted with the shopping and the preparation of meals. A resident told the inspector they planned the weekly evening meal menu, each resident choose an evening meal. The chosen menu was then posted onto the fridge. The inspector saw that residents’ had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Staff had a good knowledge of the different food consistency required by the residents' and the inspector saw their knowledge was reflected in the resident individual assessment records.

Judgment:
Compliant

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 written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. The inspector was satisfied that the practices relating to medication management were robust and protected each resident.
The inspector observed administration of medication by social care staff, and this was fully in line with policy and procedure. Storage arrangements and disposal of medication were in line with the policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. An audit of each resident’s medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the team leader and person in charge.

The inspector saw that each of the residents had their prescribed medications reviewed by the GP. Residents were knowledgeable about their medication and actions.

Staff had up-to-date medication management training in place, and had received an update at a recent staff meeting. Staff confirmed that the pharmacy provider delivered the medication to the centre on a monthly basis. It was supplied for administration in a blister pack format.

All residents had the medication as prescribed and not in any other format.

Judgment:
Compliant

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:
There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed on a daily basis by a suitably qualified, skilled and experienced team leader. However, she was not on duty on the day of the inspection. An interview took place with the person in charge who manages a number of centres in the region and has the authority, accountability and responsibility for the provision of the service. She was the named Person in Charge (PIC) and was employed full-time in this role.
The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she was involved in the admission process, and the supervision arrangements in place for all staff. Residents knew her well. She confirmed that enough management time was allocated to her to ensure she could carry out her role as person in charge in a number of centres.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. She was committed to her own professional development and was supported in her role within the centre by a team of social care workers and health care assistants. She reported directly to a Service Manager who reported to a Regional Director. She had scheduled minuted meetings with the team leader every 4-6 weeks, and visited the centre on a weekly (or more frequent) basis.

**Judgment:**
Compliant

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**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:**
The numbers and skill mix of staff were adequate to meet the needs of the four residents. This was determined by a review of staff files and interviewing social care staff.

Education and training had been provided to staff within the past twelve weeks, including medication. The inspector viewed staff training sign in sheets, training received included mandatory training and personal safety. Staff reported a recent team meeting where any issues are discussed and reported to line management for action if required.

All staff were supervised and supported in their role by the team leader and person in charge. One staff member is present at all times. The shift pattern varies relating to the needs of the residents. At some times three staff are present. The staff team is the team leader, who provides leadership and support, to four support staff. In addition there are regular relief support staff who also provide cover on the staff roster.
The recruitment process in place was safe and robust informed by a written recruitment policy. Two staff files reviewed included all the required documents outlined in Schedule 2 of the regulations.

**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:**

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority