**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:** Irene Sloan Ringland

**Lead inspector:** Orla Murphy

**Support inspector(s):** Nuala Ward

**Type of inspection** Unannounced

**Number of residents on the date of inspection:** 1

**Number of vacancies on the date of inspection:** 3
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>20 May 2015</th>
</tr>
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<tr>
<td>To:</td>
<td>20 May 2015</td>
</tr>
</tbody>
</table>

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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</thead>
<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This was the third inspection of this centre by the Authority. The purpose of the inspection was to follow up on actions from a previous inspection which took place on 26 and 27 November 2014. At that time an immediate action plan was issued due to a significant risk identified from water temperatures of 50 degrees from taps. In addition there were other regulatory non compliances such as governance, safeguarding, risk management and quality assurance systems. On this inspection, Inspectors found that all of previously identified non-compliances had been addressed.

During the visit inspectors interviewed one staff member, the person in charge and the line manager for the designated centre. The inspectors also met with the child and their parent as part of the inspection to gather their views about the centre. Inspectors also observed staff interactions with the child. A number of documents were reviewed on site including individual care plan, behaviour management plan, policies and procedures and other key documents.

Praxis Care Ltd is the provider of this centre and has applied to register the centre which provides three placements to children in state care up to the age of 18 years. The centre is a large semi-detached comfortable house in a suburb of Dublin. The centre can cater for a maximum of three children but at the time of the inspection
there was one child living in the centre.

In the last inspection there were significant concerns about the well being of one child due their exposure to aggressive outbursts by another child living in the centre. It raised concerns about the effectiveness of the admissions process to ensure children are not placed at risk upon their placement in the centre. Inspectors found that there was now only one child residing in the centre and that a collective risk process was in place with due regard the safety of any future admissions. While the amended admissions policy and procedure appeared sufficient to protect children it had not yet been tested as there had been no new children placed in the centre since the last inspection.

Oversight of the quality of the service by the Board of Management had also improved. In the previous inspection there was insufficient oversight by the Board of Management to be assured about the safety and quality of the service to children. Inspectors found that operational reporting systems to the Board had improved including a new risk escalation process following serious incidents. Most recently a member of the Board had visited the centre in response to a notification of a serious incident. Risk management systems had also significantly improved with a detailed risk register that was regularly reviewed to ensure actions had been taken to mitigate any risks. Inspectors found that the management of controlled drugs was also now fully compliant with the regulations and staff members had attended additional training in medication management.

The person in charge had introduced an advocacy service for children in care, EPIC, to the child in the centre. The residents guide was in an accessible form for children living in the centre and all complaints were now appropriately recorded. Deficits in some policies had been addressed such as the management of children that go missing from the centre. Recording of financial arrangements for children placed in the centre had also improved. Inspectors viewed a revised contract and financial agreement for the current child living in the centre and confirmed it provided transparency and oversight of financial arrangements.

Inspectors found significant improvements in the centre in this inspection and appropriate actions had been taken to address previously identified non-compliances. The centre was complaint under all of regulations.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
At the time of the last inspection, improvements were required in the provision of advocacy services to children, protection of the dignity of a child due to their exposure to the behaviour of another child and in the management and recording of complaints and finances. These had all improved on this inspection and complied with the regulations.

One of the concerns from the last inspection was the impact on a child's dignity due to their exposure to aggressive behaviour from another child living in the centre. This child had subsequently returned home to the care of their parent and at the time of this inspection, team members were on-going support to the child in the family home.

The provider was also required to provide access for children to independent advocates. The person in charge told inspectors that EPIC, the advocacy service for children in care had visited the centre had met with the children and with team members. From the review of records inspectors found that EPIC had attended a children's meeting and team meeting in March 2015. The person in charge told inspectors that he hoped that the current child living in the placement would avail of this service if they so choose but would consider a disability advocacy services if that proves more appropriate for this child or future children placed in the centre.

Inspectors observed staff providing choices to the child during the inspection and their interactions with the child were respectful and led by their wishes.

The management and recording of complaints had also improved. There was revised policy to ensure a nominated person was available to hear complaints. Inspectors examined the complaints register and found that complaints previously identified in the
last inspection had been retrospectively recorded and addressed appropriately. There was evidence on file of monitoring and reviewing of complaints by line management to drive improvement in the service. The person in charge and staff member interviewed had a clear understanding of the revised complaints process. The child living in the centre told inspectors that they would talk to the person in charge or their keyworker if they were worried or wanted to make a complaint. They told inspectors that staff regularly asked if they were ok or worried about anything. Inspectors observed the child being at ease with staff and in the centre during the inspection.

Financial oversight of children's finances had improved and inspectors viewed new financial arrangements and contracts that provided greater transparency about finances and this had been agreed with the child, their parent and their social worker.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
Previously inspectors found that the contract of care did not sufficiently detail the care, support and services to be provided to each child or the fees that were charged. Inspectors reviewed the revised contract and noted that it now complied with the regulation 24(4)(a) and provided a detailed breakdown of charges and services provided to the child on a weekly basis.

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

Findings:
During the last inspection, inspectors recorded water temperatures of 50 degrees which exceeds the maximum temperature of 43 degrees to prevent scalds or burns. The inspectors viewed the report of an external consultant that had been commissioned by the provider to complete a health and safety audit of the water temperatures in the centre and improvements had been made to ensure temperatures no longer posed a risk. Inspectors tested the temperature from the water taps during this inspection and found it was 43 degrees and therefore no longer a risk.

The risk management policy had been amended to ensure all risks were adequately identified and addressed by the provider. Inspectors reviewed both the policy and risk register and noted improvements such as a comprehensive policy on the management of children missing from the centre. The management of aggression and self-harming incidents by the child in the centre was being addressed through a multi-disciplinary approach. Both the person in charge and team member had a good insight into the functions of these behaviours and the well being of the child. Inspectors met with the child and observed positive interactions and re-direction interventions by staff members. The child expressed satisfaction with different aspects of his life in the centre such as visits with his parent, activities and his contact with extended family members.

The person in charge and staff member interviewed had a good understanding of the revised policies.

Judgment:
Compliant

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

Findings:
In the previous inspection, there were significant concerns about the safety and the well-being of one child due to the aggressive outbursts of another child. Inspectors were
concerned that the previous admissions process had not been sufficiently effective to protect children.

The child previously at risk was no longer living in the centre but the person in charge advised inspectors that the admissions policy had been amended and now included a collective risk assessment to ensure that all children were not at risk due to their placement in the centre. Inspectors reviewed the revised admission policy and noted it had been amended to reflect this commitment and discussions were on-going with the commissioning service, the Child and Family Agency about same. The Director of the service confirmed to inspectors that any future admissions would have due regard to the safety and well-being of all children. While this admission policy and procedure appeared sufficient to protect the safety of future admissions it had not been tested as there had been no admissions into the centre since the last admission.

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

Findings:
In the previous inspection the records for the reconciliation of controlled drugs was not fully completed on two occasions. Inspectors interviewed a staff member on the process of administration, recording and management of controlled drugs and found their knowledge matched the policy and was evident on records. Inspectors also reviewed the controlled drugs register and administration records and these were found to be fully completed and reconciled. Inspectors observed a staff member obtain controlled drugs from a well secured cabinet and the recorded quantity reconciled with existing stock.

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

### Findings:
Inspectors reviewed the statement of purpose and found that it now included all of the information required by regulation 03(1). A children’s version of the statement and a service user guide was on display in the centre and was accessible to the child.

### Judgment:
Compliant

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

### Findings:
A number of deficits had been identified from previous inspection in governance arrangements and management systems such as risk management systems and quality assurance mechanisms. During this inspection there was significant improvement in the governance arrangements between the Board of Management of Praxis and operations. Inspectors also found improved systems for identifying and managing risk and quality assurance systems.

In the previous inspection the governance arrangements between operations and the Board of Management of Praxis were not clear. Inspectors met with the Chair of the Board following the last inspection and found that there was no formal reporting mechanism to the Board on the quality of care and support provided to children. This meant that there was no system whereby the Board could be assured about the quality of care provided to children.

During this inspection, inspectors reviewed the revised risk escalation policy which included notification to the Board of serious incidents of concerns about children in the
centre. The person in charge described a recent serious incident by the young person and how this policy was subsequently implemented. Inspectors reviewed the records and found that the incident had been appropriately escalated to the Board of Management and a member of the Board promptly visited the centre in response.

There was also significant improvement in examining and reporting on the quality of the service to children as required under the regulations. Previously, no annual review of six monthly review had been carried out by the provider. During this visit the person in charge told inspectors he now had accountability since the last inspection for completing the annual reviews. He provided a copy of the report to inspectors from the review he carried out on the 19 February 2015. Inspectors reviewed the report and noted that it identified areas of good practice as well as deficits and actions had been implemented to address these deficits. From records, inspectors found that family members and children had contributed to this report as required by the regulations.

The six monthly unannounced visit had also not been completed and this remains an outstanding issue for attention for the provider to order to assure themselves about the quality of the services provided to children and for full compliance with regulation 23.

Judgment:
Non Compliant - Minor

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

Findings:
In the previous inspection the provider was required to provide continuity of staff due to the use of temporary staff at that time. The person in charge told inspectors that this had since been addressed and temporary agency staff were now rarely used. Inspectors reviewed the staff roster since the last inspection and this reflected that there was continuity in care to children through the provision of a stable staff team and infrequent use of temporary agency staff. Inspectors found that only one agency staff had been used in the previous two months.
The child that spoke to inspectors said that the staff were "good", "kind" and supported them in lots of ways inside the centre and with school and activities. Inspectors observed supportive and effective relationships between the child and the staff during
the inspection.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
In the last inspection a number of policies did not comply with the requirements of the regulations including the complaints, risks management and missing children procedures. The children’s guide to the centre also required improvement as it was not in a form that would be accessible to children in the centre.

Updated versions of these Inspectors reviewed these policies during the inspection and found that they now complied with the regulations. All risks had been included including the new escalation policy. The children missing from care policy reflected the current protocol agreed between An Garda Síochána. The guidance for children was personalised to the young person in the centre and was appropriate to their age and understanding.

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
Centres 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 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Six monthly unannounced visits on behalf of the provider had not been undertaken.

Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
The Provider completed the six monthly unannounced service review in June in compliance with Regulation 23. The person in charge of the centre will ensure that all future six monthly service reviews are completed within the centre in the allocated timeframes.

**Proposed Timescale:** 16/06/2015