Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Praxis Care 1 (Navan)
Centre ID:	OSV-0001907
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Mary Clarke
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Maureen Burns Rees
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

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

The inspection took place over the following dates and times

From:	To:
25 July 2017 09:30	25 July 2017 17:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Summary of findings from this inspection
Background to this inspection:
This was the third inspection of this residential designated centre carried out by the Health and Information Quality Authority (HIQA) having been inspected twice in 2014. The purpose of this inspection was to monitor against ongoing regulatory compliance. This designated centre is one of a number of designated centres within Praxiscare.

Description of the Service:
The designated centre referred to in this report two two storey dormer style homes situated in Navan, County Meath. Each resident had their own bedroom. All bedrooms were decorated according to the wishes of the resident taking into account their taste and preferences.

The centre is registered since 2015 for a maximum capacity of 11 residents at any one time. As per the centre's Statement of Purpose, 'the service aims to empower

adults with multiple needs, including intellectual disability and challenging behaviour, to enjoy everyday living irrespective of the complexity of their needs'. Residents were receiving a good service, but there were some improvements required.

How we gathered our evidence:
The inspection took place over one day. Inspectors observed pleasant interactions between residents and staff during the inspection. Inspectors introduced themselves and greeted all residents but spoke in a more in depth way with three residents for short periods of time. Some residents did not wish to engage with the inspector and this was respected at all times.

Overall judgment of our findings:
Residents living in the centre presented with varying ranges of complex needs related to mental health, physical health and behaviours that challenge which required comprehensive intervention and supports from staff and associated allied health professionals involved in residents' care. Overall, inspectors found residents' needs were well managed and continuously monitored and reviewed.

12 outcomes were inspected against. Of the 12 outcomes inspected, one was found to be majorly non-compliant, outcome 7; health and safety and risk management. Outcome 14: Governance and Management was found to be moderately non compliant. All other outcomes were found to be compliant or substantially compliant.

The previous registration inspection of this centre had found inadequate means of escape from the centre for some residents. An action was given in relation to this and the provider, in their response to this action, had stated it would be addressed by February 2015 and an additional escape route would be put in place. However, on this inspection the provider had not completed this action and there were still inadequate means of escape. Therefore, outcome 7; health and safety and risk management met with major non compliance in this report. Outcome 14; Governance and Management met with moderate non compliance due to this fire safety risk not been addressed as per the provider's 2015 action plan response and the significant lapse of time by which action was not taken to address this risk by the provider.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

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 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:
Inspectors reviewed if an action from the previous inspection had been addressed in relation to outlining the services provided and information on fees charged for services and activities.

On this inspection the inspectors noted the provider had created a 'bills agreement' for residents which detailed fees charged to residents. Services provided were also outlined. The action had been addressed.

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

Findings:
Comprehensive assessments of residents' needs were maintained in residents' personal plans and support planning was documented for each need identified. Person centred planning, goal setting and action planning was effective in supporting residents in achieving those goals. Actions from the previous inspection had been adequately addressed.

Inspectors reviewed a sample of personal plans and found them to be comprehensive with regards to assessment of residents' needs and support planning. Each resident had received a comprehensive assessment of need. Where needs were identified care planning was in place to support residents with that need.

Personal plans for residents contained evidence of review and recommendations by allied health professionals, for example, speech and language therapy assessments, behaviour support recommendations and clinical reviews by residents' medical practitioners. Notes were written up following each review to ensure the most up-to-date recommendations and information were recorded in residents' personal plans.

A key worker was assigned to each resident whose role was to support residents in identifying person centred goals and to maintain their personal plans and review and update them as required. There was a of evidence that each resident had received an inclusive personal centred planning meeting and ongoing review of how to achieve goals identified. Despite residents complex needs or healthcare conditions they had a good standard of social care in relation to community participation and achievement of specific goals and targets.

Each resident also had a person specific accessible format person centred goal chart in their bedrooms which documented all the goals they had planned to achieve that year. Each personal plan was designed and decorated to reflect each resident's hobbies, personalities and interests. Residents spoken with told the inspector their goals and referred to their goal chart in those chats with the inspector.

Some activities particpated in and goals achieved by residents included, go-karting, attending a golfing range, trips both in Ireland and abroad, going to a Manchester United match and getting work experience through volunteering or creating a curriculum vitae.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Inspectors did not review this outcome in its entirety. Actions from the previous inspection were reviewed to assess if the provider had addressed them in line with their previous action plan response.

With regards to a hallway leading to a resident's bedroom an architect had been consulted with to establish if this space could be enlarged. However, following consultation it was established that both walls were structural walls and could not be moved. To address the issue of skirting being scuffed due to the narrow hallway the person in charge had fitted 'bumpers' along the hallway to prevent damage to the wall and paint. While the space was narrow the resident was able to maneouvre to their bedroom independently.

The provider had drafted a maintenance schedule for the organisation which outlined specific type periods for upgrading of designated centres, for example how often the external and internal premises should be painted or a kitchen should be replaced. This was an improvement since the previous inspection where no such schedule was in place.

External window sills for the centre had been repainted.
Shrubbery and rear garden spaces had been reviewed and shrubs and bushes had been cut back to allow residents more space in their respective gardens.
Improved fencing in the rear garden of one house had also been installed.
Holes in bedroom walls had been fixed.
Clinical waste bins that were no longer in use had been removed
Assistive equipment items no longer used by residents were now no longer stored in either residential unit.

The flooring of bathrooms in one residential unit of the centre had been replaced, however three bathroom floors in the second residential unit needed replacing. This action had not been adequately addressed.

The carpet on the stairs in one house appeared stained.

Judgment:
Substantially 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
One action from the previous November 2014 inspection had been addressed in relation to infection control systems in the centre. However, an action relating to evacuation measures in one residential unit were found to be still outstanding at the time of inspection.

There was a risk management policy in place which reflected the legislative requirements of Regulation 26. Separate policies which set out the specific requirements of Regulation 26 (1) (c) (i-iv), for example, risk of absconding, violence and aggression and self harm were in place to guide staff in the management of these risks. These policies were referenced in an appendix of the policy.

Each resident had individual risks assessments which identified specific personal risks to residents, analysed the impact and severity of the risk and detailed control measures in place to manage the risk. These were maintained in residents' personal plans.

A hazard and risk identification register was also maintained in the centre. Emergency planning was also in place which outlined the measures and procedures for staff to take in the event of an emergency such as a gas leak, loss of water or power and loss of heating.

Incidents and accidents were documented as 'untoward events' on an electronic system within the centre and were reviewed by the person in charge and the assistant director of care for the centre. Information from incidents were analysed and reports were generated and discussed at a senior management level.

Records confirmed fire equipment, including fire extinguishers, the fire blanket; emergency lighting had been tested and serviced. Daily and weekly fire safety checks carried out by staff and were up-to-date. All staff had completed fire safety training and staff spoken with had an understanding of the procedure to be followed in the event of the fire alarm sounding. Each resident had a personal evacuation plan which outlined the supports they would require in order to evacuate.

While overall there were adequate fire safety equipment and upkeep of fire safety records, fire evacuation procedures in the centre were inadequate. An escape route for a wheelchair user in one residential unit was still inadequate and impacted on their ability to evacuate the centre in the event of an emergency. This risk had been identified during the November 2014 inspection of the centre but had not been addressed. Therefore, a major non compliance was found in this outcome in relation to this. The provider was required to address this non compliance within a short timeline in order to meet compliance.

Another escape route issue found on this inspection related to the locking of a door leading from the utility room to the fire escape door from the utility room. The tumb turn mechanism for the door leading to the utility room had been removed and replaced with a key lock system. However, there was no fire compliant key holder located near the door and inspectors observed there were inadequate systems in place to manage this obstruction to the fire escape route from the utility. The person in charge unlocked the door on the day of inspection. The provider was required to risk assess the locking of a door leading to the escape route located in the utility room and put in place control measures to ensure the door could be easily opened in the event of an emergency at any time.

There were some risks in the centre relating to absconding. A missing person policy dated February 2017 was in place and associated procedures and risk assessments were also in place. Each resident had a missing person profile which was up-to-date with an up-to-date colour photograph for each resident. Other control measures included electronic gates to each residential unit to manage the risk of absconding.

Infection control procedures for the centre were adequate. An action from the previous report in relation to vents in bathrooms requiring cleaning and radiators with rust in bathrooms had been addressed. Colour coded mops were used for cleaning floors. Hand wash and alcohol hand gel was available in the centre. Floors in bathrooms of one residential unit needed to be replaced in order to improve infection control systems in the centre and allow for thorough cleaning of bathroom floors. An action relating to this is referenced in outcome 6; Safe and Suitable Premises.

All staff had received training in manual handling. No resident in the centre required a specific manual handling plan for supporting them. However, there were appropriate policies and procedures in place to manage such needs if required.

Judgment:
Non Compliant - Major

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:
There were systems in place to safeguard residents in the centre. Staff had received training in safeguarding vulnerable adults. An action from the previous inspection regarding a lack of positive behaviour support planning for residents prescribed restrictions had been addressed. A further action relating to the implementation of a restraint register had also been addressed. Some further work was required in relation to the implementation of the risk register to ensure it was a 'live document' and that discontinued restrictive practices were discontinued from the register.

There was a policy in place on safeguarding vulnerable adults and all staff working in the centre were trained in it. Refresher training was also available to staff and a training matrix was available which set out clearly the dates staff had received training and when it was next due. Staff spoken with demonstrated appropriate knowledge of types of abuse and what to do in the event of an allegation of actual or suspected abuse.

There was also a policy in place for the provision of behaviour supports to residents. A sample of residents' behaviour support plans were reviewed by the inspector. All residents that required a behaviour support plan had one in place which followed the principles of positive behaviour support. These had been developed by an allied health professional with knowledge of the resident and their presenting issues. An action from the previous inspection identified that where residents were prescribed restrictive practices they were not prescribed in conjunction with a behaviour support plan. This action was addressed.

A register of restrictive practices was now in place. It identified all restrictive practices in use and was up-to-date. This addressed an action from the previous inspection. While improved systems for the identification, continual monitoring and management of restrictive practices was evident some restrictive practices, which had not been used or implemented for a significant period of time, were still documented in residents' personal plans and the restraint register. They had not been formally discontinued. This could pose a risk of restrictive practices being implemented again without adequate assessment as to whether they were warranted or suitable. A formalised system for discontinuation of restrictive practices was required.

Where chemical restraint was prescribed, administration protocols were in place to ensure it was used in line with the prescribing physician's directives and as part of an overall positive behaviour support strategy. In some instances PRN (as required) medications were used to manage residents' anxiety, for example as part of an overall mental health management strategy. While the inspector understood the rationale this was not clearly documented in residents' mental health support plans. The person in charge was required to ensure where medication of this type was prescribed a descriptive rationale by the resident's psychiatrist was required to evidence it was not a chemical restraint.

Judgment:
Substantially Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Inspectors reviewed if the actions from the previous inspection report had been addressed. This related to inadequate systems in place for the identification and management of residents needs with regards to education and employment.

A revised comprehensive assessment tool was in place which assessed residents education and employment needs. These had been identified as was evidenced in residents' personal plans and there was evidence that residents were being supported to create curriculum vitaes, volunteer work experience, goal setting for looking at employment options and engaging in paid employment.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents' healthcare needs were met to a good standard in this centre and there was evidence which indicated they were supported to achieve their best possible health.

Residents' healthcare needs had been identified through a comprehensive assessment of needs and an 'A1 Health check' which provided an assessment framework for a proactive approach to monitoring the residents' health. Residents' healthcare needs were regularly reviewed by allied health care professionals where appropriate and/or required. All residents attended their own General Practitioner and were supported to do

so by staff. Out-of-hours services were also provided if necessary.

Allied health professional supports available to residents included doctors, psychiatrists, chiropodists, physiotherapists, occupational therapists, speech and language therapists and physiotherapists.

Each residential unit was fitted with a modern, functional kitchen and adequate dining space for residents to enjoy their meals. A food hygiene and nutrition policy was in place to guide best practice in the preparation and storage of food. Inspectors observed these systems were in place for the safe preparation of foods, including colour coded chopping boards and labelling of foods and open dates identified. Fridges, freezers and cupboards were stocked with dry, fresh and frozen produce.

Residents were also involved in menu planning in the centre. Meetings with residents were held once a month in each residential unit. Part of this meeting meal planning was discussed. Residents' food preferences and choices were known to staff and incorporated in menu and meal planning in the centre. Menu options were displayed using colour picture charts and in written format. Residents were also involved in food preparation in the centre and this was also incorporated as part of skill teaching and goals for residents.

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:
Overall, there were appropriate medication management systems in place. However, actions from the previous inspection in relation to the storage of creams and labelling of prescribed creams and refrigeration of medications was still not addressed on this inspection.

There were policies and procedures for the safe administration of medication in the centre. Medications were administered by all staff. Staff were trained in safe administration of medication and were afforded refresher training in this area to ensure their skills were up-to-date and in line with safe medication management policies and practices of the organisation.

Medications were stored in a locked cupboard and there was a fridge available for medication if required. At the time of inspection no medication requiring refridgeration were in use. Creams prescribed for residents were howver, labelled with an opening date. The actions from the previous inspection had been addressed and practices were in line with the organisation's policies and procedures were being implemented during the inspection.

Staff spoke with demonstrated they understood the procedure in place for the disposal out-of-date and soiled medications. Residents received their medications receiving one-to-one support from the staff member administrating the medication.

A sample of medication prescription sheets and medication administration sheets were viewed by the inspector and were found to contain the appropriate details. This included where medications should be crushed or in liquid form.

Management of medications requiring specific controls were appropriate and in line with safe medication management legislation.

Where residents required medications that were administered following specific blood testing, there was evidence that residents were supported to have those necessary tests carried out and were receiving their medications as required.

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:
The provider had submitted an revised statement of purpose which met the requirements of Schedule 1 of the regulations.

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

Findings:
The provider had systems in place which at the time of inspection provided for consistent review of the quality of supports residents received through auditing of the service. The provider had also ensured an accountable and competent management structure in the centre. However, non compliance was found in this outcome due to actions relating to fire risk identified in the 2015 registration inspection report not addressed within the timeline as agreed with the provider.

The person in charge was responsible for this designated centre only. She had worked in Praxiscare for many years. She presented as a competent person and demonstrated leadership qualities which suited the needs of the residents and staff working in the centre. She knew all residents living in the centre for many years and had an excellent rapport with them. She understood her regulatory role with regards to notifying the Chief Inspector of incidents that occurred in the centre. She was helpful and responsive during the inspection process. Staff feedback regarding the person in charge was that she was a responsive manager and approachable.

The provider had met their responsibilities in relation to Regulation 23. They had continued and maintained implementation of six monthly unannounced visits and audits of the quality of care and support offered to residents in the centre. The inspector reviewed a sample of audits that had been carried out by a person nominated by the provider to implement them. These audits were detailed and reviewed not only documentation but also residents' quality of life. They provided an action plan at the end of the audit for persons to address. The inspector noted that the person in charge had addressed all actions identified through the provider led audit process.

An annual report by the provider had also been completed. This report had sought residents' feedback and this was reflected in the report created by the provider. Residents' feedback was very positive about the centre. Equally residents spoken with during the inspection were also complementary of the service.

While governance and management systems within the centre were of a good standard, the provider had failed to carry out priority fire safety works in the centre to ensure all residents had an adequate and effective means of escape in the event of a fire. The provider had agreed in their registration inspection action plan for 2015 that they would

address this issue by February 2015. On this inspection carried out July 2017 the action had not been completed. Therefore, this outcome meets with moderate non compliance due to the significant time period lapse for the fire safety action to be completed by.

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

Findings:
The provider had ensured appropriate staffing resources in the centre to meet the assessed needs and risk management requirements in the centre. Staff were appropriately supervised and training was afforded to staff to meet the assessed needs of residents. Newly appointed staff underwent a thorough induction process before working independently with residents.

As referred to in the opening paragraph the provider had ensured appropriate staffing resources in the centre to meet the assessed needs of residents. Staffing levels reflected the statement of purpose and size and layout of the centre. An actual and planned staff rota was maintained. Staffing levels on the day of inspection reflected the staff rota.

Safe recruitment practices were also in place to ensure staff employed in the centre were suitably experienced and vetted. The inspector reviewed a sample of staff files and found that they met the requirements of Schedule 2 of the regulations. An action from the previous inspection had been addressed.

Up-to-date records of staff training were maintained. Staff had attended training in areas such as management and response to behaviours that challenge, safe administration of medication, complaints management, assisted decision making, communication skills, care of older persons, management of bi-polar disorder. A training needs analysis had been completed for 2017 which identified specialist training requirements in the areas of autism and further management studies for the person in charge, for example.

A supervision process was implemented in the centre whereby the person in charge supervised the four team leaders for the centre. They inturn supervised a number of staff. The person in charge had developed a specific supervision and delegation of roles structure in the centre, whereby each resident had allocated key workers and assigned team leader to supervise the work of the keyworkers. This system provided for accountability and ongoing supervision of practice. Evidence found on this inspection indicated that this was an effective system. Residents were achieving their goals and social care planning for residents was found compliant on this inspection and carried out to a good standard.

There were no volunteers attending the centre at the time of 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:
Not all aspects of this outcome were reviewed on this inspection. Actions from the previous inspection had been addressed.

There was now a praxiscare policy on communication with residents.

A residents' guide was available in the centre. An easy read version was also available for residents.

A directory of residents was now in place, the person in charge was in the process of updating it to reflect information relating to a recently deceased resident to ensure it met the requirements 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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001907
Date of Inspection:	25 July 2017
Date of response:	22 August 2017

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, 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.

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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The flooring of bathrooms in one residential unit of the centre had been replaced, however three bathroom floors in the second residential unit needed replacing. This action had not been adequately addressed.

1. Action Required:

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

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that the three bathroom floorings are replaced. The Person In Charge has met with supplier of flooring. Flooring has been ordered and will be replaced by 30.09.2017. The Registered Provider assigned responsible to the Person In Charge for ensuring completion of same.

Proposed Timescale: 30/09/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The carpet on the stairs in one house appeared stained.

2. Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
The Registered Provider in conjunction with the Person In Charge has sourced carpet for the stairs. Supplier will fit carpet to stairs in September 2017. Person In Charge is also guided by the Praxis Housing Association Repairs policy in regards to repairs and maintenance and will ensure the premises is clean and suitably decorated.

Proposed Timescale: 30/09/2017

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:
Fire evacuation procedures in the centre were inadequate. An escape route for a wheelchair user in one residential unit was inadequate and impacted on their ability to evacuate the centre in the event of an emergency.

The provider was required to risk assess the locking of the door leading to a fire escape route and put in place control measures to ensure the door could be easily opened in the event of an emergency at any time.

3. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
(a)The Registered Provider and the Person In Charge met with Praxis Care property department and the identified Builder on 14/08/2017, action agreed as to whom is taken forward the building work for completion of the fire escape route for the identified resident. Fire escape will be completed by 15.09.2017

(b)The Registered Provider requested that the Person In Charge have installed a key box containing key for fire escape route 01/08/2017. This ensures that the door can be easily opened in the event of an emergency. The Person In Charge has also implemented a daily check of key box.

Proposed Timescale:
(a)15.09.2017
(b)01.08.2017 (Completed)

Proposed Timescale: 15/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some restrictive practices, which had not been used or implemented for a significant period of time, were still documented in residents' personal plans and the restraint register. A formalised system for discontinuation of restrictive practices was required.

4. 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 Registered Provider liaised with Praxis Care Governance Department and updated their policy on 'Restrictive Practices Policy & Procedures' on the 14/08/2017. The policy now states 'Any restrictive practice which has not been used within the last twelve months should be reviewed and, if deemed appropriate, and with the approval of multi-disciplinary team, discontinued'. This will ensure that there is a formalised system for discontinuation of restrictive practices in place.

Proposed Timescale: 14/08/2017

Theme: Safe Services

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

Where PRN (as required) medication was prescribed as part of a resident's overall mental health support plan, a descriptive rationale by the resident's psychiatrist was required to evidence it was not a chemical restraint.

5. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
Person In Charge discussed mental health care plan in place with Psychiatrist on day of inspection 15.08.2017. While the mental health care plan did mention PRN medication prescribed, Person In Charge has reviewed the mental health care plan to ensure that the rationale for use of PRN medication is clearly defined. Psychiatrist has drawn up new section within mental health care plan which evidences that PRN medication prescribed for resident is part of resident's over all mental health support not a chemical restraint.

Proposed Timescale: 15/08/2017

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:
While governance and management systems within the centre were of a good standard, the provider had failed to carry out priority fire safety works in the centre to ensure all residents had an adequate and effective means of escape in the event of a fire in the timeline agreed with HIQA as per the registration inspection report 2014.

6. 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:
The Registered Provider liaised with Praxis Care Health & Safety Department and issued very clear guidelines within the Fire Safety policy and Estates management policy on 28/07/2017. The guidelines now include that if there is no action on high priority works within the requisite timescales then the PIC is to follow the escalation policy to Senior Management. This will ensure that the matter is raised at a Director and Senior Leadership Team level within the organisation.

Proposed Timescale: 28/07/2017