

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mullingar
Centre ID:	OSV-0001915
Centre county:	Westmeath
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):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 May 2017 17:20	17 May 2017 21:20
18 May 2017 10:10	18 May 2017 19:50

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

Outcome 02: Communication
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

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Background to this inspection:

This was the third inspection of this residential service 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 is a two storey dormer style house situated outside Mullingar, County Westmeath. Each resident had their own bedroom. Most bedrooms were decorated according to the wishes of the resident taking into account their taste and preferences. Some residents' personal preferences were to have little or no furnishings in their bedroom. This preference was respected by the provider however, the room required improvement in ventilation.

The centre is registered since 2016 for a maximum capacity of five residents at any one time. One bed in the centre is used on a shared placement arrangement. 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'. The inspector found, in the main, residents were receiving a good service but there were some improvements required.

How we gathered our evidence:

The inspection took place over two days. The first day of inspection incorporated an evening inspection whereby the inspector visited the house at a time when all residents would be returned from their various activities or jobs. The second day on inspection focused on meeting with the person in charge, discussions with some staff, the regional manager, a review of documentation and an observation of the premises inside and outside.

The inspector observed pleasant interactions between residents and staff during the inspection. The inspector introduced herself and greeted all residents but spoke in a more in depth way with one resident for a short period 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 significantly complex needs related to healthcare risks and behaviours that challenge which required daily intervention and supports from staff. The inspector found that they were being managed well despite their complexity. Staff were observed to interact in a calm, caring and supportive way with all residents in the centre. The inspector observed staff implement behaviour support interventions which supported residents to de-escalate and were in line with prescribed behaviour support planning.

14 outcomes were inspected against. Of the 14 outcomes inspected, one was found to be moderately non-compliant, Outcome 14: Governance and Management. 13 outcomes were found to be compliant or substantially compliant.

Some governance and management arrangements required improvement to ensure there were robust supervision and management systems in place for staff employed by an external provider. The remit of the person in charge also required review to ensure she had adequate oversight of the centre. At the time of inspection the person in charge was responsible for a centre in County Cavan as well as the centre referred to in this report located in Mullingar.

The provider was also required to assess the impact of residents living in the centre observing, hearing and being exposed to behaviours that challenge incidents by their peers to establish if this constituted a safeguarding concern.

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 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector reviewed if the actions from the previous inspection had been addressed and found they had been.

Residents that required communication supports were supported through augmented communication systems which used lámh (a form of sign language) and pictures to support residents making choices, their activity schedules and informing them of staff on duty that day for example.

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):

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

Findings:

The action from the previous inspection had been partially addressed by this inspection.

The provider had created a bills agreement document which detailed all the fees payable by the resident. There were a number of documents the provider had created in order to make the contract of care for services they provided as transparent as possible and describe the services provided by the provider.

However, all information was not managed in one composite document identified as a contract of care that reflected the agreement for the provision of services provides and the statement of purpose.

Judgment:

Substantially 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. However, person centred planning, goals setting and action plans to achieve those goals required improvement.

The inspector 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. However, there was a lack of evidence that each resident had received an inclusive personal centred planning meeting and ongoing review of how to achieve goals identified. Some residents used alternative modes for communication but this was not reflected in the key worker person centred planning meetings documented.

Judgment:

Substantially 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):

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

Findings:

Actions from the previous inspection regarding the premises had been addressed. However the inspector did note that more improvements were required.

While some bedrooms were pleasantly decorated within the personal preferences and choices of the residents reflected, one bedroom did not contain any furnishings, curtains or bed and was poorly ventilated. The inspector was informed by the person in charge and regional manager that the resident chose to maintain their bedroom in such a way. In the past the resident had removed items when they were placed in their bedroom. Some incident reports for the centre evidenced that this was the case, whereby the resident had removed items from their bedroom.

While the inspector understood the rationale and could see the provider was trying to respect the resident's choice, the bedroom lacked adequate ventilation. On the day of inspection all windows in the bedroom and en-suite were locked due to a risk of absconding by the resident. This however, meant natural ventilation of the room and en-suite was inadequate and the inspector noted the room was very warm and did not smell fresh.

Given that the resident spent a lot of time in their bedroom, by their personal choice, it was imperative that their bedroom space was a pleasant, well ventilated, comfortable space for them to spend time. The provider was required to assess the resident's environmental sensory needs to determine the best way they could support these needs in a well ventilated bedroom space.

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre but there were improvements required in relation to recording of risk related incidents in line with the Regulations and requirements of the notifications.

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.

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.

Incidents that occurred in the centre were documented as 'untoward events'. A template of specific types of incidents was available to staff in order to document and report incidents that occurred in the centre. However, not all incidents, that would require notification to the Chief Inspector, could be documented on the incident recording system.

There was an up-to-date localised health and safety statement in place. 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.

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 within the past year and staff spoken with had an understanding of the procedure to be followed in the event of the fire alarm sounding.

All staff had received up-to-date manual handling training and refresher training was made available to staff. Some residents required supports with mobilising and required staff to implement manual handling procedures. The inspector observed suitable

equipment was available for implementation of manual handling procedures.

Infection control procedures for the centre were in the main adequate. Colour coded mops were used for cleaning floors. Specific guidelines were in place for the laundering of specific laundry items. Hand wash and alcohol hand gel was available in the centre. Appropriate risk assessments were in place for the management of infection control within the centre and had identified specific risks and control measures to manage those risks.

While these measures were adequate the inspector did note two en-suite bathroom/shower rooms required deep cleaning. One ensuite is referred to in Outcome 6. The other ensuite bathroom presented as a cluttered space and at the time of inspection, the bath in the ensuite was used more as a storage space as the resident could not use the bath. This prevented the ensuite from being able to be thoroughly cleaned and wiped down for optimum infection control procedures to be implemented which was required for this specific ensuite facility.

Judgment:

Substantially 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:

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 inadequate positive behaviour support planning had been addressed. The provider however, was required to assess if the behaviours that challenge of some residents, were a safeguarding risk to the peers they lived with. Some restrictive practices in use had not been identified as such and therefore did not have adequate risk management and control measures in place.

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 behaviour support planning did not set out specific triggers or causes of some residents' behaviours that challenge. Support planning had also previously lacked proactive strategy management which would lessen the likelihood of the behaviours occurring.

On this inspection the inspector noted behaviour support plans now did set out proactive and reactive strategies for staff to implement in order to support residents. Feedback from staff indicated the frequency and severity behaviours that challenge had reduced in the centre due to improved support planning. During both days of the inspection the inspector observed incidents whereby some residents engaged in behaviours that challenge. These incidents were managed well by staff and in line with prescribed behaviour support strategies set out in residents' plans.

While staff demonstrated abilities to manage behaviours that challenge and support planning in place was effective, the inspector did note that the behaviours some residents presented with had the potential to impact on the quality of life of their peers when they occurred, for example loud noise which sometimes occurred at night.

The provider was required to carry out a comprehensive safeguarding analysis with regards to these issues to establish if residents observing and being exposed to incidents of behaviours that challenge by their peers, constituted a safeguarding risk. This was of particular priority given that the provider had identified a new admission to the centre who was due to move in on a shared placement in the coming weeks.

A register of restrictive practices used in the centre was in place but was not entirely comprehensive as it did not reflect all the actual restrictions that were implemented in the centre. For example, the use of bed rails on some residents' beds. The person in charge was required to assess the use of bed rails in the centre and to carry out an appropriate risk assessment and restraint and risk reduction measures where possible. For example, prevention of entrapment in bed rails.

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.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Not all restrictive practices in use in the centre were notified to the Chief Inspector on quarterly notifications as required.

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:

Residents educational and employment goals and needs were now assessed as part of the improved overall comprehensive assessment of residents needs. The action from the previous inspection had been addressed.

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:

Overall, residents were supported on an individual basis to achieve and enjoy their best possible health. Each resident living in the centre on a full or part-time basis had significant healthcare needs which required comprehensive management and ongoing review to ensure they achieved their best possible health. At the time of this inspection the inspector found residents' healthcare needs were managed well.

Residents had access to a range of allied health care services which reflected their different care needs such as speech and language therapy, occupational therapy, physiotherapy and chiropody. Systems were in place for staff to make referrals to these allied healthcare professionals.

The inspector reviewed a sample of care plans of residents that had particular healthcare needs. Staff knowledge in the management of dealing with the complex needs was found to be good. Support planning was in place to direct staff in the care and support of residents' complex needs. Directives and recommendations by allied health professionals was incorporated in the support planning for residents which ensured interventions were evidence based and in line with residents' assessed needs.

The inspector did note all residents required a significant amount of support to attend appointments and clinics in order to manage their symptoms or diagnosed health issues. Staff worked diligently in this centre to ensure these appointments were met and residents were supported to attend them. The inspector noted that this required significant planning, deployment and management of staff by the person in charge of the centre on a regular, sometimes weekly basis.

Suitable kitchen space and facilities were provided for residents who wished to prepare and make their own meals and support was available from staff to help them with this. There was evidence that dietician advice and recommendations had been sought with regards to some residents with an assessed dietary need.

There were some restrictions in place regarding residents' access to the kitchen area in order to manage a risk identified. Staff supported residents to access the kitchen when they wished to enter and this was observed on a number of occasions during the inspection.

Residents identified at risk of choking received modified diets prescribed by their speech and language therapist (SALT) following an assessment. The inspector observed residents receiving their meals as per the prescribed recommendations of the SALT during the inspection.

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):

No actions were required from the previous inspection.

Findings:

Overall, there were appropriate medication management systems in place.

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. Daily temperature checks of the fridge were recorded and up-to-date.

Staff observed throughout the inspection demonstrated appropriate medication management practices that were in line with safe procedures and the organisation's medication management policy.

Residents received their medications receiving one-to-one support from the staff member administering the medication with a second staff present to observe medication was administered as prescribed.

A sample of medication prescription sheets and medication administration sheets were viewed by the inspector and were found to contain the appropriate details. A prescribing physician signature was entered against each medication prescribed with the date the medication was prescribed also entered. Each medication prescription chart had a colour photograph of the resident and their name clearly stated. Separate administration charts were completed by staff after each administration of medication.

Medication errors were managed through the organisation's 'untoward events' incident reporting system. There had been a low number of medication errors in this centre over the previous months. Where they had occurred they were documented, reviewed by the person in charge and the assistant director of services to assess what investigation, actions and training was required.

There were no controlled drugs prescribed in the centre.

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 did provide for consistent review of the quality of supports residents received through auditing of the service. There were some improvements required in this outcome however, in relation to the remit of the person in charge and its impact on her ability to provide adequate consistent oversight of this centre, particularly in light of the significantly complex needs of residents living there as highlighted in other outcomes of this report.

The person in charge facilitated the inspection on the second day. She had worked for Praxiscare since 2006 and at the time of inspection was in the final stages of completing a diploma in leadership and management. The person in charge 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.

The person in charge was responsible for two designated centres, the centre referred to in this report which was situated near Mullingar, County Westmeath and another designated centre located in County Cavan.

While on this inspection the inspector found overall residents were receiving a good service there were significant risks that required consistent and robust management.

For example, along with the person in charge's regulatory responsibilities to manage the service she was also required to comprehensively and regularly coordinate appointments and hospital visits for all residents living in the centre on regular basis, weekly in some cases. Such were the significant healthcare needs of some residents that they required immediate medical emergency management which could happen at any time.

A number of residents engaged in behaviours that challenge from time to time which required support and direction of staff. Following these incidents staff required debriefing time and space to document the incidents and review how they managed such incidents with the support of their manager.

An external homecare provider provided one-to-one supports to a resident that lived in the centre. These staff provided a number of hours specific supports to the resident at key times each day. There were improvements required however, in relation to this arrangement.

At the time of inspection there was no memorandum of understanding between Praxiscare and the external homecare provider. Therefore, the person in charge's management role and responsibilities with regards to the external staff that came into support a resident in the centre was not clearly set out. Given that the external staff supported the resident with intimate care on a one-to-one basis at times during the day and brought the resident to various activities external to the centre by themselves, the provider was required to establish a robust supervision and management structure to ensure the service provided to the resident was safe and effective.

The provider was required to review the remit of the person in charge to assess if the needs of the residents and the service required the person in charge to be solely allocated to the centre on a full time basis.

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 which the person in charge to address.

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):

No actions were required from the previous inspection.

Findings:

Staff working in the centre were supported to meet their continuous professional development needs in order to meet the needs of residents. Adequate numbers of staff were working in the centre on the two days of inspection. However, there were some improvements required in this outcome in relation to supervision and management arrangements for staffing provided by an external provider working in the centre.

There was a planned and actual rota in place. As referred to in outcome 14 the roster required consistent and regular review to facilitate residents that came to the centre on a shared placement to ensure their specific needs were met during their stay.

There were no volunteers working in the centre at the time of inspection.

Staff were observed to engage with residents in a pleasant and respectful way. Regular staff meetings were conducted and minutes of these meetings were maintained. Items discussed at these meetings included HIQA standards, issues and updates specific to residents living in the centre, upcoming events and changes in policies and procedures and activity planning for residents in the centre, for example.

Staff training records were maintained and evidenced that staff had received up-to-date training in safeguarding vulnerable adults, fire safety, manual handling and safe administration of medication. Refresher training was also available to staff in these areas. Staff had also received training in other areas such as food hygiene and management of potential or actual aggression.

The inspector did not review staff files for Praxiscare staff during this inspection but did review files for staff working in the centre that were employed by an external homecare provider that gave supports to one resident in the centre. The inspector noted that Garda Vetting was in place for all external staff that worked in the centre.

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:

A policy on supporting residents' communication needs was now in place. This addressed a non compliance from the previous 2014 registration inspection of the centre.

There was also a residents' guide for the centre it also provided information with regards to the use of restrictive practices in the centre. The actions from the previous inspection in relation to this had been addressed.

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001915
Date of Inspection:	17 May 2017 and 18 May 2017
Date of response:	29 June 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

All information was not managed in one composite document identified as a contract of care that reflected the agreement for the provision of services provides and the statement of purpose.

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 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

The Registered Provider has ensured all agreements as required under regulation are available for the residents as one composite document.

Proposed Timescale: 29/06/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was a lack of evidence that each resident had received an inclusive personal centred planning meeting and ongoing review of how to achieve goals identified. Some residents used alternative modes for communication but this was not reflected in the key worker person centred planning meetings documented.

2. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The Person in Charge has addressed the need to make key working meetings, resident house meetings and annual review meetings more focused on the inclusive participation of the residents, same addressed at team meeting 25.05.17

The Person in Charge will review the residents 'resident friendly support plans' to ensure they enable maximum inclusion for the resident.

The Person in Charge prior to any meeting for the resident will ensure that communication aids are fully utilised to enhance maximum participation of the resident.

The Person in Charge will review 'the outcome sheet' so that each action can be more clearly identified and a more robust system will be implemented to capture same.

Proposed Timescale: 30/07/2017

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 provider was required to assess the resident's environmental sensory needs and to determine the best way they could support these needs in their bedroom space.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Registered Provider with the support of the Person in Charge has prepared a report outlining through the preferences of the resident to have the bedroom with no furnishings other than the bed itself. This includes any extractor fans and or windows being left open for ventilation.

The Register Provider with the support of the Person in Charge has identified times that these items were reintroduced to the bedroom. This has been reviewed by an Allied Health Professional 02.06.17.

The Registered Provider with the support of the Person in Charge has arranged for the sensory needs of the resident to be assessed in relation to the environment within the bedroom to find alternative sources for adequate ventilation with the Allied Health Professional 22.06.17.

Proposed Timescale: 14/07/2017

Theme: Effective Services

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

Natural ventilation of a resident's bedroom and en-suite was inadequate and the inspector noted the room was very warm and did not smell fresh during the inspection.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Registered Provider had replaced extractor fans in the resident's bathroom on several occasions as per report made available to the Inspector 06.06.17

The Registered Provider with the support of Person in Charge has a cleaning rota in place and bathroom checks are carried out on 3 occasions during the day. This will be addressed for more robust cleaning to be completed during these checks and that the resident's window is opened when not using his bedroom to uphold his personal preferences.

The Registered Provider will ensure that adequate ventilation in a means most suitable for the resident's sensory needs will be sourced and installed.

The Registered Provider in support with The Person in Charge in the interim has sourced a window restrictor, which has been fitted to the bathroom window 20.06.17

The Registered Provider with the support of the Person in Charge will ensure the resident will be supported in having his bedroom painted in a colour of his choice.

Proposed Timescale: 28/07/2017

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:

Not all incidents, that would require notification to the Chief Inspector, could be documented on the incident recording system.

5. Action Required:

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

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

The Registered Provider has ensured that there is a Continuity Plan in place. This document is available for all staff to read and be familiar with the actions necessary in the event of an emergency. This document is discussed and disseminated with the support of The Person in Charge at the team meeting on an annual basis or more frequent should the staff team change or the plan be amended.

The Registered Provider has provided the buddy manager with a copy of same in the event of an emergency.

The Registered Provider with the support of the Person in Charge has made available to the staff team all incidents that require notification to The Chief Inspector and these are to be reported to the Person in Charge, or in her absence the manager on call on the day of such occurrences. The Person in Charge will complete the necessary reporting forms and escalate same within the organisation before submitting to the Chief Inspector within the appropriate time frames.

The Registered Provider with the support of the Person in Charge in conjunction with the governance department will revise the untoward reporting forms to include reporting of pressure ulcers, unplanned evacuation of the building and activation of the Continuity Plan. Any changes will be discussed at the team meeting when changes occur on the EDMS and what these changes are.

Proposed Timescale: 14/09/2017

Theme: Effective Services

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

The inspector noted two en-suite bathroom/shower rooms required deep cleaning.

6. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The Registered Provider will ensure that the resident's bathrooms are deep cleaned and adequate ventilation is sourced for same to prevent and mitigate the risks of infection.

The Registered Provider with the support of Person in Charge will ensure that deep cleaning takes place and that the cleaning rota is amended to reflect this and time frames for same.

Proposed Timescale: 14/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The person in charge was required to assess the use of bed rails in the centre and to carry out an appropriate risk assessment and restraint and risk reduction measures where possible.

7. 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 with the support of Person in Charge has identified the bedrail in place was used by the resident when getting out of bed. Following the inspection, the Registered Provider with the support of the Person in Charge and key worker met with the resident and reviewed his preferences as to whether he wanted the bedrails in place or to trial without same. The rails have been removed as per wishes of the resident and will be reviewed in his key working meeting in July'17. The restrictive practice register has been reviewed to reflect the changes.

The Registered Provider with the support of the Person in Charge has arranged an assessment in relation to another resident for the use of bed rails. The Person in Charge with the key worker met with the resident following the inspection to ascertain his wishes in relation to keeping the bedrails in place or sourcing an alternative means of keeping him safe. The resident's wishes will be discussed at the assessment with the Allied Health Professional.

The Registered Provider with the support of Person in Charge will review the service to ensure all restrictions are recorded and reported to the Chief Inspector as per regulations.

Proposed Timescale: 31/07/2017

Theme: Safe Services

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

The provider was required to carry out a comprehensive safeguarding analysis with regards to these issues to establish if residents observing and being exposed to incidents of behaviours that challenge by their peers, constituted a safeguarding risk.

8. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Registered Provider will submit a comprehensive safeguarding analysis (Collective Risk Assessment) to the CHO Safeguarding team to ascertain if a safeguarding plan needs to be implemented in relation to the Inspectors concern in relation to risks that may present to all residents within the centre. The Person in Charge will ensure that staff are adhering to such plans if implemented and record any occurrence of such behaviours within the service which may leave peers at risk.

Proposed Timescale: 14/07/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all restrictive practices in use in the centre were notified to the Chief Inspector on quarterly notifications as required.

9. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure

including physical, chemical or environmental restraint was used.

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

The Person in Charge will ensure that going forward that all restrictive practices are recorded and submitted to the Chief Inspector as required under regulation.

Proposed Timescale: 31/07/2017

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:

The provider was required to review the remit of the person in charge to assess if the needs of the residents and the service required the person in charge to be solely allocated to the centre on a full time basis.

At the time of inspection there was no memorandum of understanding between Praxiscare and an external homecare provider. The person in charge was therefore, not aware of her management roles and responsibilities with regards to the external staff that came into support a resident in the centre.

10. 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 has ensured a team leader was recruited to support the Person in Charge for the over seeing of the second service, also additional administration support was sought.

The Registered Provider is reviewing the current management system in place within the service.

The plan would be for the manager in the Mullingar scheme to have sole responsibility for that service. The registered provider has begun looking at alternative management arrangements for the second service the PIC has responsibility for and an additional manager is being recruited for that service.

The Registered Provider with the support of the Person in Charge is in the process of drawing up a memorandum of interest, between Praxis Care and the external care provider. The memorandum will clearly identify who is responsible to complete mandatory training to include Safeguarding of Vulnerable Adults in line with The National Policy, Garda vetting, supervision of staff, reporting and recording of any incidents or concerns. The memorandum will clearly identify the protocol for the Person in Charge for reporting concerns should they arise to the external provider and course of action necessary.

The Registered Provider with the support of the Person in Charge will ensure external staff are inducted to the service so they are aware of the centre lay out, evacuation procedures, and have clear guidelines for reporting any concerns in relation to the care and wellbeing of the resident to the team leader on duty or The Person in Charge.

The Registered Provider with the support of the Person in Charge will ensure that the residents within the centre through residents meetings and key working meetings will be supported to raise concerns of abuse and who to report these concerns to.

Proposed Timescale: 14/09/2017