



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Cavan
Name of provider:	Praxis Care
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	19 February 2019
Centre ID:	OSV-0001912
Fieldwork ID:	MON-0022439

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Cavan provides full-time residential care and support to adults with a disability. The designated centre comprises of a five bedded terrace house in a housing estate on the outskirts of a town. Residents have their own bedrooms and also have access to a communal bathroom on both the ground and first floors. In addition, residents' have access to a sitting room on both floors of the house, as well as a kitchen, dining room and utility room with laundry facilities. The fifth bedroom at the centre is used by the provider as an office space. The centre is located close to local amenities such as shops, with access to further amenities in the local area being supported by the provider's transport arrangements. Residents are supported by a team of support workers at the centre. When residents are not attending their day services in the local area, the provider ensures that two staff members are available to meet their assessed needs in the morning, evening times and the weekend. At night, residents are supported by a support worker who undertakes a waking night duty and is available as and when required to support their needs.

The following information outlines some additional data on this centre.

Current registration end date:	09/08/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
19 February 2019	09:05hrs to 17:15hrs	Stevan Orme	Lead

Views of people who use the service

The inspector met all four residents who lived the designated centre. Where able to, residents told the inspector about the care and support they received. Residents said they felt safe at the centre and enjoyed living there. Residents told the inspector about activities they enjoyed doing during the week as well as holidays they had gone on in 2018. Residents said that staff were available during the evening times and weekends to support them to do activities of their choice such as going bowling and shopping. One resident told the inspector that they enjoyed helping out with household chores at the centre such as mopping floors. Residents also showed the inspector their bedrooms which they were proud of and had personalised with family photos and posters.

Where residents were unable to talk about the care and support they received, the inspector observed that staff supported them in a timely and respectful manner, and residents appeared relaxed and comfortable with all care provided.

The inspector also reviewed four questionnaires completed either by or on behalf of residents about the service provided. Residents further reiterated through the completed questionnaires that they were happy with the care and support provided at the centre, although did request access to centre's rear garden, which was restricted at the time of the inspection due to identified risks to resident safety.

Capacity and capability

Governance arrangements had improved at the centre since the last inspection, which ensured that care and support provided to residents was to a good standard, which effectively met their assessed needs and enabled them to achieve their personal goals.

Prior to this inspection, the person in charge for the centre was also responsible for another designated centre in a neighbouring county. However, since the last inspection, the provider had reviewed the centre's management arrangements and recruited a person in charge specifically for the centre. The person in charge was very knowledgeable about all of the residents' assessed needs and actively involved in the operational management of the centre. In addition, following the last inspection the provider had introduced a range of management audits which were completed by the person in charge to monitor the effectiveness of practices at the centre. Audits undertaken by the person in charge included a review of practices relating to medication management, fire safety equipment and residents' finances.

The provider had further ensured that measures had been implemented following the last inspection to ensure that unannounced visits were carried out at the centre every six months as required by the regulations. The provider had further expanded

upon this requirement by undertaking regular monthly visits by the Head of Operations responsible for the centre. Records showed that following the audits' completion , clear improvement plans were developed indicating persons responsible and time frames for actions to be addressed. Records further illustrated that audit findings were addressed in-line with agreed time frames and ensured the ongoing provision of a good standard of care and support to residents.

The provider had also following the last inspection ensured that an annual review into the care and support provided at the centre was undertaken. The annual review was comprehensive in nature and incorporated consultation with residents, their representatives and staff members. In addition, the review undertook an analysis of audit findings as well as reported accidents and incidents at the centre and complaints received.. The annual review outcome enabled the provider to identify areas for improvement and development at the centre and devise an action plan to address these areas. As with the audit's improvement plans, identified actions were responsively undertaken and addressed in-line with set deadlines. The person in charge further ensured that staff were made aware of audit and review findings through regular team meetings, which ensured staff knowledge was up-to-date and a consistency of approach was adopted to address highlighted areas.

Staff access to regular training opportunities had improved following the last inspection. The provider had implemented measures which ensured that staff received up-to-date training both in-line with the provider's policies and the specific needs of residents living at the centre. The inspector found that the provider's training programme ensured that staff knowledge and skills were up-to-date and reflected current developments in health and social care practices. In addition to attendance at training , the person in charge further ensured that staff knowledge was kept up-to-date through regular monthly team meetings. Team meetings ensured that staff were updated on changes to residents' needs, support practices and the operational management of the centre, which ensured their knowledge was up-to-date and a consistency of approach was adopted.

In addition, to team meetings, staff members were further supported through regular one-to-one supervision meetings with the person in charge. Staff told the inspector that they felt supported by the centre's management team and through their supervision meetings they had the opportunity to discuss their roles and responsibilities, training needs and personal development goals.

The provider had ensured that staffing arrangements at the centre were sufficient and available to meet residents' assessed needs. Staffing arrangements ensured that support was available to residents in a timely manner and reflected recommendations as described in their personal plans. In addition, staffing arrangements ensured that residents were supported to achieve their annual personal goals and actively participate in activities in their local community.

Risk management practices had improved at the centre following the last inspection especially in relation to risks associated with the centre's rear garden. The person in charge maintained an up-to-date risk register which included all active risks at the centre. Identified risks were comprehensively assessed and

robust control measures implemented to safeguard residents and staff. For example, following the identification of a risk relating to a resident's bedroom being on the first floor of the centre; with their agreement, the design and layout of the centre had been reconfigured to enable them to have a downstairs bedroom therefore significantly reducing the possibility of the risk occurring. Furthermore, all implemented risk control measures were subject to regular review by the person in charge, ensuring they were both current and effective in protecting residents from harm.

Arrangements were also in place for the recording of untoward events which happened at the centre such as accidents, incidents and medication errors. Events of this nature were reported in-line with the provider's policies and reviewed by both the person in charge and senior management. Furthermore, an ongoing review was undertaken by the person in charge to identify any trends which may require changes to practices at the centre. The person in charge's review was further reinforced by an organisational annual review into reported events of this nature which further identified if changes in practice or the provider's policies were required.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that all prescribed documentation required for the renewal of the centre's registration was submitted to the Chief Inspector as and when required. Where additional information had been requested this had been forwarded by the provider in a timely manner and in compliance with set deadlines.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements ensured that residents' assessed needs were met in a timely manner and they were supported to participate in activities of their choice and achieve personal goals.

Judgment: Compliant

Regulation 16: Training and staff development

Access to regular training opportunities had improved for staff at the centre following the last inspection. Increased access to training ensured that staff knowledge was up-to-date and practices at the centre reflected current health and

social care developments.
Judgment: Compliant
Regulation 23: Governance and management
Following the last inspection, the provider had implemented measures to strengthen the governance and management of the centre. These measures ensured that the effectiveness of care and support provided to residents was regularly reviewed and met their assessed needs.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider ensured that both residents and their representative were aware of their right to make a complaint about the care and support provided at the centre. Where complaints had been received, they had been appropriately recorded, investigated and resolved to the satisfaction of the complainant.
Judgment: Compliant
Quality and safety
Management arrangements ensured that residents received a good standard of care and support which met their assessed needs and ensured that they were safe and protected from harm.
Personal planning arrangements had improved at the centre following the last

inspection. Residents' personal plans were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Plans were reviewed monthly by residents' key workers, with associated records documenting any changes in residents' support needs and progress they had achieved towards their personal goals for the year. Following the last inspection, the provider had also ensured that residents or their representatives were actively involved in the annual reviews of their personal plans. Review meetings were also attended by associated multi-disciplinary professionals who looked at the effectiveness of all aspects of the personal plan to ensure it met the individual residents' needs. Where recommendations were made at the review to amend the personal plan, these were promptly incorporated into a revised plan and shared with the centre's staff team, which ensured their knowledge was current and a consistency of approach to residents' support needs. Furthermore, the provider ensured that residents were kept up-to-date on how their support needs would be met through the availability of an accessible version of their personal plan, which they kept in their bedrooms and showed the inspector.

Following the last inspection, the provider had reviewed the centre's fire safety arrangements. The provider had installed fire door retainers which ensured that residents had free access to communal areas, while at the same time making sure that the doors automatically closed when the on the centre's fire alarm was activated. In addition, the provider ensured that the centre was equipped with appropriate fire equipment such as a fire alarm, extinguishers and emergency lighting which were regularly checked by staff and external contractors to ensure they were in full working order. Staff were knowledgeable on all aspects of fire safety at the centre including residents' specific needs as described in their 'personal emergency evacuation plans' (PEEPs). Furthermore, following the last inspection the provider had ensured that staff had increased access to fire safety training and that regular simulated fire drills were carried out under all circumstances at the centre; such as minimal staffing conditions. These improvements ensured that staff knowledge was up-to-date and the effectiveness of the centre's fire safety arrangements was subject to regular. Regular fire drills and the availability of a pictorial fire evacuation plan further ensured that residents were familiar with actions to take in the event of an outbreak of fire at the centre

Staffing arrangements and practices at the centre ensured that residents were supported to actively participate in activities of their choice in the local community. Residents told the inspector about favourite public houses they liked to visit and holidays they had been on with staff. Furthermore, records maintained at the centre showed that residents were supported to attend community hobby groups and social clubs, go to music events both locally and in Dublin, enjoy meals out and do their own personal shopping as well as the centre's weekly grocery shop. Residents were actively supported to maintain family relationships, with some residents going on regular overnight stays to their relatives at the weekend which they enjoyed and looked forward too. Residents also accessed formal day service provision during the week which reflected their assessed needs and they told the inspector they enjoyed attending.

Where residents had assessed needs which related to behaviours that challenge, the

provider had implemented a comprehensive behaviour support plan which was developed in conjunction with a qualified behavioural specialist. Behaviour plans were subject to regular review to ensure they met the needs of the resident. Plans reviewed by the inspector were detailed and provided staff with clear guidance on recommended care strategies to support the residents' needs. In addition, staff knowledge on the positive management of behaviours was further reinforced through access to training which ensured that their practices reflected current developments in health and social care. Following the last inspection, the provider had put measures in place to ensure that where residents' assessed needs were supported through the use of a restrictive practice, they subject to regular review and strictly monitored. Clear guidance was in place to inform staff on when, where and how to use the recommended restrictive practice and evidence was available to show that least restrictive measure available was used to meet residents' assessed needs.

Residents' rights were actively promoted at the centre, with residents being involved in making day-to-day decisions about the running of the centre. Residents were involved in monthly house meetings where they discussed social activities they wished to do. In addition, house meetings were also used by the provider to inform residents about any changes in the centre's operations and to make them aware of their right to make a complaint or how to keep themselves safe and report a safeguarding concern. Where residents were unable to express their choices verbally, staff members used communication aids such as 'pictures of reference' along with their knowledge of residents' likes and dislikes to assist them to express their views. In addition, the provider had developed accessible information to further inform residents of their rights such as keeping safe, complaints and confidentiality of personal information. Residents had also been assisted to register for the right to vote, and one resident had exercised this right in a recent election.

The centre's premises were well maintained and decorated to a good standard. The premises' decor was bright and homely in nature, and reflected residents' personal interests and tastes. The provider had also ensured that the centre's premises reflected residents' assessed needs, which had recently lead to a change in layout, so that one resident could be provided with a downstairs' bedroom due to their changing needs.

Regulation 13: General welfare and development

Residents were supported to access and participate in a range of activities which reflected their assessed needs and enabled them to achieve their personal goals.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were well maintained and its design and layout met residents' assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management arrangements ensured that risks were identified and effectively managed. Where risk control interventions had been implemented, they were subject to regular review to ensure they were effective and safeguarded residents from harm.

Judgment: Compliant

Regulation 27: Protection against infection

The provider's policies, staff training and availability of protective equipment ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Following the last inspection, the provider had introduced measures to ensure that fire safety arrangements at the centre were strengthened such as fire containment arrangements, increased staff access fire safety training and regular simulated fire drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was securely stored and administered as prescribed to residents by suitably qualified staff.

Furthermore, following the last inspection the provider had reviewed medication arrangements at the centre and implemented measure to ensure the segregated storage of out-of-date or discontinued medication, prior to its return to a pharmacist for safe disposal.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were comprehensive and reflected residents' assessed needs and staff knowledge. Following the inspection, the provider had improved personal planning arrangements and ensured that residents and their representatives were supported to actively participate in the annual review and that the review examined the effectiveness of all aspects of the plan.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access health care professionals in-line with their assessed needs, as well as participate in health screening programmes. Furthermore, health support plans clearly guided staff on individual residents' needs and ensured a consistency of care provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider that measures were in place to both effectively support the individual and reduce any identified risks to others.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm. Staff were knowledgeable on safeguarding arrangements in place at the centre and

had received regular training which reflected current best practice and the provider's policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively supported to exercise their rights at the centre. Residents were encouraged to make day-to-day decisions about the running of the centre as well as exercise their right to make a complaint and cast their vote in recent elections.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant