## Centre Details

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre name:</td>
<td>Riversdale</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005684</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Leitrim</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Praxis Care</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ivan Cormican</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About monitoring of compliance

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

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

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

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

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

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

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

From: 13 December 2017 08:30  
To: 13 December 2017 14:30

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

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

**Background to inspection:**
This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority (HIQA). This inspection was carried out to monitor compliance with the regulations and to inform a registration decision.

**How we gathered our evidence:**
As part of the inspection, the inspector met with the person in charge, an area manager, a person involved in the management of the centre and a staff member from an external organisation who was part of the transition process for two residents who were identified to move to the proposed designated centre. The inspector visited the proposed designated centre where documentation such as transition plans, health and safety documentation, policies and procedures and staff files were reviewed. The inspector did not meet any residents who were identified to transition to the proposed centre.

**Description of the service:**
The provider had produced a document called the statement of purpose that explains
the service they provide. This service proposed to provide a residential service for four residents with an intellectual disability. The proposed centre was a large sized, detached single-story house which was located on the outskirts of a small town, where public transport such as buses and taxis were available. The centre had a suitable number of reception rooms and a large kitchen and dining room. Each resident would have their own bedroom which had appropriate storage and there were a suitable number of bathrooms which were appropriately equipped. The provider had secured a tenancy agreement with the organisation providing the housing for a duration of three years.

Overall judgment of our findings:
The inspector found that overall the proposed arrangements in the centre would ensure that a good quality service is provided to residents. Areas of compliance with the regulations were observed in outcomes such as admissions, social care needs, health and safety, safeguarding, healthcare, medications, and governance and management. However; the inspector also found that improvements were required in relation to the premises, statement of purpose and workforce.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.
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):
This was the centre's first inspection by the Authority.

Findings:
On the day of inspection, the proposed designated centre had an admissions policy and procedures in place.

The provider had a proposed residential and support agreements in place which stated the services to be provided. The final agreement on the fees which residents would be charged was currently under review with the proposed residents, their representatives, an external funding body and the provider of the service. However, the provider stated that these written agreements would be signed and in place, prior to residents being admitted to the centre.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

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

**Findings:**
On the day of inspection, the provider was in the process of completing assessments of need in relation to the health, social and personal needs of two residents who were identified for admission to the centre.

Transition plans had been formulated with the involvement of the resident, family members, staff and a behavioural support specialist. One transition plan stated that transition between services may be very stressful for one proposed resident and as such a phased transition for this resident was being implemented. Proposed residents and their representatives were also facilitated to visit the house and the local area as part of the transition process. Staff members had also engaged in working with the proposed residents in another designated centre prior to their admission to the new service.

The residents had a personal plan in place which were in the process of being finalised. The provider intended to review and finalise these plans within 28 days of the residents being admitted to the centre.

**Judgment:**
Compliant

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
On the day of inspection, the inspector found that some improvements were required in regards to the premises.

The centre was warm and clean and had appropriate lighting and ventilation. There was an adequate number of reception rooms and there was a large kitchen and dining room which was appropriately equipped.

The provider had applied to register this centre to accommodate four residents and there were a sufficient number of bedrooms as per the floor plans listed on the centre’s statement of purpose listed for each resident to have their own bedroom space and
private accommodation. However, the staffing allocation in the centre indicated that one of these bedrooms would be used to facilitate a sleep over staff and on the day of inspection this bedroom was also being used as an office. The inspector also found that the centre did not have appropriate facilities in place to ensure that personal and sensitive information would be stored in a secure manner.

**Judgment:**
Non Compliant - Major

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tr>
<td><em>The health and safety of residents, visitors and staff is promoted and protected.</em></td>
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</table>

**Theme:**
Effective Services

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

**Findings:**
On the day of inspection, the inspector found that the proposed designated centre promoted the health and safety of residents, visitors and staff.

The centre had a fire alarm, smoke detectors, heat detectors, fire blanket and emergency lighting in place. Fire doors were also in place throughout the premises. A person participating in the management of the centre stated that staff would conduct a fire drill with residents following their admission to the centre. On completion of this drill, a personal emergency evacuation plan (PEEP) would be developed. General evacuation procedures would also be displayed to advise staff in the event of having to evacuate the centre.

The centre had procedures in place to monitor fire precautions within the centre. A person participating in the management of the centre stated that staff would conduct regular checks of the fire panel, exits, emergency lighting, extinguishers and smoke detectors. Fire drills were planned to occur at regular intervals following admission of the residents to the centre.

The centre had a risk management policy in place. The person in charge stated that a risk register would be developed and maintained following the admission of residents to the centre. A person participating in the management of the centre had also completed risk assessments for the proposed residents in areas such as epilepsy, choking and absconding.

The centre also had systems in place for the monitoring and response to adverse events which involved the review of all incidents by an assistant director and a two-monthly trend analysis.
**Judgment:**
Compliant

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**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.*

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**Theme:**
Safe Services

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

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**Findings:**
On the day of inspection, the inspector found that the proposed designated centre had systems in place to protect residents from potential abuse.

The centre had policies on safeguarding, the provision of behavioural support and the use of restrictive practices. A schedule of training was also in place for newly appointed staff, which included training in safeguarding.

The provider had a reporting procedure and a designated officer in place to manage any allegations of abuse prior to any admissions to the centre. The provider also proposed to maintain information on identifying and reporting of abuse, including the designated person to manage allegations of abuse.

The person in charge stated that there would be no forseen restrictive practices in place for any residents identified for admission to the centre. However, the provider did have a policy and procedures in place to ensure that any possible restrictive practices would be reviewed and effectively monitored. One proposed resident had a positive behavioural support plan in place which was formulated by the organisation who were currently providing their service, the person in charge stated that this plan would be reviewed following their admission to the service.

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**Judgment:**
Compliant

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**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
On the day of inspection, the inspector found that the best possible health of residents would be promoted in the designated centre.

Management of the centre stated that proposed residents would be supported to attend a general practitioner (GP) of their choice and would be referred to allied health professionals as required. The residents' assessment of need was nearing completion and some additional care needs had been identified. Management of the centre also indicated that all identified care needs would be supported by relevant documentation to guide staff in relation to that need.

Residents would also be supported to buy and prepare their own food, managers in the centre stated that fresh fruit, snacks and beverages would be readily available in the centre.

**Judgment:**  
Compliant

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**Outcome 12. Medication Management**  
*Each resident is protected by the designated centres policies and procedures for medication management.*

Theme:  
Health and Development

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

**Findings:**  
On the day of inspection, the inspector found that the provider proposed to have appropriate mediation practices in place.

There were no medications in place on the day of inspection; however, the provider stated that there would be appropriate locked storage in place, prior to residents' admission to the service. This storage would also include provision for the segregation of unused or returned medicines.

Residents would also be assessed to self medicate and would be supported to attend a
pharmacy of their own choosing.

Staff who would be administering medications would be trained to do so. The inspector was unable to review prescription sheets or medication recording mechanisms; however, the provider indicated that staff administering medications would be supported by appropriate prescription sheets and medication administration records.

**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):

This was the centre’s first inspection by the Authority.

**Findings:**

On the day of inspection, the inspector found that the provider had produced a statement of purpose which outlined the service to be provided in the designated centre. However, the inspector found that this document did not contain all the requirements of Schedule 1 of the regulations. Furthermore, the inspector found that the provider would be unable to provide the service as stated in the centre's statement of purpose as the allocation of staffing arrangements and the assessed care needs of residents would not facilitate the centre to support four residential placements.

**Judgment:**
Non Compliant - Moderate

### Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
On the day of inspection, the inspector found that improvements were required in regards to the governance and management arrangements within the centre. The provider had appointed a suitably qualified and experienced person in charge; however, the provider had not ensured that this person would be facilitated to carry out their duties and functions as a person in charge of this centre. Subsequent to the inspection, the provider submitted an action plan to address this issue.

The provider was aware of the requirement to conduct a six-monthly audit of the quality and care provided in the centre. The provider also planned to conduct an annual review of the care provided in the centre which would be formulised following consultation with residents and their representatives.

The inspector also met with a person participating in the management of the centre. This person had a good understanding of the care needs of residents and she also had a suite of audits systems in place to ensure that the centre would have sufficient oversight.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
On the day of inspection, the inspector found that the planned staffing arrangements would meet the assessed needs of the proposed residents. However, some improvements were required in regards to staff files which were reviewed.

The provider had a proposed roster in place and staff were currently being inducted to support the residents identified for admission. The inspector also reviewed a sample of staff files and found that all staff had a vetting disclosure in place; however, the
inspector found that significant improvements were required as key documents were absent such as
- Proof of identity
- Dates of commencement of employment
- Evidence of qualifications
- Registration status
- Employment histories
- Written references
- Position the person holds

A staff training matrix indicated that staff would receive training fire safety, manual handling, and safeguarding. The person in charge also stated that this training would be completed prior to the resident's admission to the service.

The person in charge proposed that staff would receive regular support and supervision and that staff meetings would be held on a regular basis.

Judgment:
Non Compliant - Moderate

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:

Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Praxis Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005684</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>13 December 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>3 January 2018</td>
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</tbody>
</table>

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the premises would meet the number and needs of residents.

The provider failed to ensure that appropriate facilities were in place for the storage of personal and sensitive information.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **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:**
A revised application has been submitted to HIQA (20.12.17), to reduce the number of residents to 3 in Riversdale. Praxis Care are thus able to ensure that there is adequate facilities to ensure the safe and suitable storage of personal and sensitive information.

Proposed Timescale: Awaiting confirmation from HIQA.

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**Proposed Timescale:**

<table>
<thead>
<tr>
<th>Outcome 13: Statement of Purpose</th>
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<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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</table>

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that all requirements of Schedule 1 of the regulations was contained in the centre’s statement of purpose.

The provider also failed to ensure that the designated centre could be operated in line with its the statement of purpose.

2. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Registered Provider is revising the Statement of Purpose to ensure all requirements of Schedule 1 are included within the document. The Registered Provider will ensure the Designated Centre is operated in line with the revised Statement of Purpose.

Proposed Timescale: 19/01/2018

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<table>
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<tr>
<th>Outcome 17: Workforce</th>
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<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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</table>

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that all the requirements of Schedule 2 of the regulations...
was in place.

3. **Action Required:**
   Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
The PIC will ensure all relevant information is transferred from the central HR Department to the designated centre. This will ensure full compliance with Schedule 2 of the regulations.

**Proposed Timescale:** 15/01/2018