

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cornerstones
Centre ID:	OSV-0001909
Centre county:	Louth
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:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 April 2017 17:30	25 April 2017 20:00
26 April 2017 10:00	26 April 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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

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 residential services run by Praxis Care.

Description of the Service:

The designated centre referred to in this report is a modern, bungalow situated in a town in County Louth. Each resident had their own individual bedroom. Most bedrooms were decorated according to the wishes of the resident taking into account their taste and preferences. The inspector found some parts of the centre required refurbishment and improvement to ensure all residents' bedrooms were decorated and maintained to a good standard.

The centre is registered since 2015 for a maximum capacity of four residents. As per the centre's Statement of Purpose, the service provides quality care and support to individuals experiencing a learning disability with a diagnosis of autistic spectrum disorder who are assessed as requiring input to enable them to live as independently as possible in their own community. The inspector found that, in the main, residents were receiving a good service but there were improvements required across a range of areas that had also been identified in the 2014 inspections of this centre.

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 newly appointed 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 spoke to 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:

While the provider had implemented comprehensive systems and procedures to ensure compliance this inspection did not find these systems were effectively implemented across a wide range of areas.

13 outcomes were inspected against. Of the 13 outcomes inspected, one was found to be majorly non-compliant, Outcome 1: Rights, Dignity and Consultation. Five were found to be moderately non compliant. These included Outcome 5: Social Care Needs, Outcome 7: Health and Safety and Risk Management, Outcome 8: Safeguarding and Safety, Outcome 11: Health Care Needs and Outcome 14: Governance and Management

The inspector had concerns in relation to the management of restrictive practices in this centre. One prescribed environmental restrictive practice when implemented posed significant restrictions on all residents living in the centre to the extent they could not access their living room or kitchen when it was imposed. There was however, evidence which indicated it had only been used once in the previous year which showed aspects of a resident's behaviour support plan were working to reduce the necessity for the restriction.

However, there were other more regular curtailments of residents' rights in this centre whereby on a regular basis not all residents could go on evening activities, for example, should one resident choose not to participate. This meant no residents could go out. This imposed significant civil liberty restrictions on residents living in the centre and required review and addressing by the provider to ensure all residents living in the centre had equal opportunities and freedom.

Overall, identification, documentation and regular review of all restrictions used in

this centre was required to ensure they were justified and had adequate control measures in place to ensure they were used for least amount of time possible and also as a last resort.

Improvements were also required in relation to the review of risks associated with the locking of all exit doors in the centre which could impact on the evacuation of residents from the premises but, also impinged on residents being able to access their back garden for fresh air, for example.

Some risk control measures identified were not robustly implemented and the inspector found a number of instances whereby chemicals, which should be stored securely to prevent injury to residents through ingestion, were not secured and in one instance left in the en-suite bathroom of the resident identified to be at risk.

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 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

As was identified on the previous 2014 inspection of the centre, significant restrictive practices were in place to manage behaviours that challenge related incidents.

While there had been a marked reduction in the number of times a particular restriction had been required in the previous year, when it was used and deemed necessary, it impacted negatively on other residents in the house and seriously impacted on their civil liberties and freedom of movement about their home. For example they could not access their living room and kitchen when the restriction was being imposed.

Furthermore, due to the specific support needs of one resident, should they decide or chose not to participate in an activity in the evening this prevented their peers from being able to engage in evening activities. For example, if bowling was planned as an activity for residents no residents could go if one resident with specific support needs chose not to go. This occurred regularly and posed a significant restriction on all residents in the centre when it occurred.

The provider was required to address all restrictive practices in the centre to ensure the rights, choice and civil liberties of all residents living in the centre were upheld at all times.

Judgment:

Non Compliant - Major

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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.

The provider had made improvements in the transparency of information sharing regarding services and fees for residents and their representatives.

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. There was also evidence of regular review of care planning documented after each review.

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 however, were not written up following every review and this required improvement 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 person 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.

Some goals residents had set with their key worker were achieved however, in other instances where they were not achieved. There was no record maintained to indicate the barriers impacted on the resident not achieving their set goal.

Where goals had been identified they were not supported by an action plan which set out how the goal would be achieved or by what date and who was responsible for what, for example.

Residents' personal plans were in some instances disorganised and contained in and out-of-date information which was confusing and could pose a challenge for staff as to what recommendations or strategies to use. For example one resident's file contained two behaviour support plans which detailed the use of restrictive practices but evidence that the most recent plan indicated it had been reviewed with an attempt to reduce its impact. Unfamiliar staff or new staff could be at risk of implementing out-of-date recommendations due to the presence of both plans available, for example.

Judgment:

Non Compliant - Moderate

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.

The inspector reviewed the provider's actions to address premises issues relating to a smell of mildew in one resident's bedroom and a wall damaged behind a door. The inspector found both issues had been adequately addressed.

However, refurbishment and redecorating of some residents' bedrooms was required. While some bedrooms were pleasantly decorated within the personal preferences and choices of the residents other bedrooms presented as bare and there was evidence of damaged paint on walls and a lack of personalisation. Given that some residents spent a lot of time in their bedroom, by their personal choice, it was imperative that their bedroom space was a pleasant, comfortable space for them to spend time in.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The health and safety of residents, visitors and staff was promoted in the centre but there were improvements required in relation to the identification and ongoing review of risk in the centre. Fire safety checks were not consistently implemented.

There was a risk management policy in place which reflected the legislative requirements of Regulation 26. Each resident had individual risks assessments completed which were maintained in their personal plans. These identified specific personal risks and outlined control measures to manage the risk and mitigate the likelihood the risk may occur.

However, the inspector observed during the inspection that some personal risks for residents were not managed effectively and in line with defined control measures. For example, a resident identified at risk of ingesting chemicals and at risk of consuming alcohol hand gel resided in the centre. Control measures to manage this risk included the locking away of harmful chemicals. However, during the inspection the inspector noted the presence of alcohol hand gel, hand soap in the resident's en-suite bathroom, an open press containing liquid detergents. The resident's personal toiletries were, however locked away.

The inspector brought this to the attention of the managers in the centre who undertook to address the issue.

A hazard and risk identification register was maintained in the centre. However, it was not continuously updated and reviewed contained identified some risk control measures that were no longer in use.

For example, a control measure to manage the over consumption of foods by a resident, documented the door to the kitchen should remain locked. The inspector was informed this practice was not implemented anymore. The inspector did not observe the door to the kitchen being locked on either day of inspection. However, the inspector was concerned that this practice could be implemented by staff from time to time as it was clearly set out as a risk management strategy for the centre.

Another risk identified by the inspector, but not reflected in the risk register for the centre, was the locking of all exit doors from the building, including the doors that led to the enclosed garden at the rear of the premises. The inspector was informed that these measures were for the prevention of a resident absconding from the centre. However, the risk with regards to being able to effectively evacuate all residents from the centre, taking into consideration all the locked doors, had not been assessed. This is further discussed later in this outcome.

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. However, a record to confirm the fire alarm had been tested by a qualified person was not available and therefore the inspector could not verify if the alarm system had received an up-to-date service and was in appropriate working order.

Daily and weekly fire safety checks carried out by staff were not up-to-date. Only seven

fire safety checks had been carried out by staff between January 2017 to April 2017 with one of the checks completed the first day of the inspection.

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 a fire.

However, improvements were required in relation to evacuation measures in the centre. All identified fire exit doors required keys in order to open them and had a fire compliant container to hold a spare key which could be used in the event of an emergency evacuation.

While this measure somewhat enhanced the evacuation measures for the centre, as discussed earlier in this outcome, locking of all exit doors had not been risk assessed to determine how this impacted on evacuation procedures for the centre. While the use of keys ensured staff could evacuate the premises, residents however could not. This required review to ascertain if all doors required locking with keys or if a thumb turn mechanism could be used to support residents being able to independently evacuate in the event of an emergency.

All staff had received up-to-date manual handling training and refresher training was made available to staff. No resident required the use of manual handling equipment at the time of inspection.

The inspector reviewed if the previous action regarding the use of a communal hand towel had been addressed. Paper hand towels were now in use. However, the provider was required to review systems for the provision of hand soap and alcohol gels for residents with due regard for an identified risk of consumption of such liquids by a resident living in the centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were systems in place to safeguard residents in the centre. Staff had received training in safeguarding vulnerable adults required, safeguarding planning was in place also. However, review of restrictive practices in the centre required improvement to ensure any restrictions in place were used for the least amount of time necessary and followed by a post incident review as prescribed in some residents' behaviour support planning.

There was a policy in place on safeguarding vulnerable adults and all staff working in the were trained in this area. 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 a policy in place for the provision of behavioural 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 a psychologist with knowledge of the resident and their presenting issues.

Support plans set out proactive and reactive strategies for staff to implement in order to support residents. Feedback from staff indicated the frequency of residents engaging in behaviours that challenge had reduced and this was further demonstrated by the reduced requirement for environmental restraint, i.e. locking of doors in the premises to manage behaviours that challenge as part of one resident's reactive strategy plan.

While there was evidence to indicate environmental restraint had reduced in the centre there was a lack of overall auditing and evaluation of all restrictive practices in the centre. While the environmental restraint had only been used once in the previous year, the inspector was concerned that it had been used for an excessive period of time on that occasion whereby the door leading to the resident's bedroom remained locked at night time for approximately six hours.

Staff spoken with described the incident and while they deemed the intervention to have worked well they indicated the rationale for leaving the door to the resident's sleeping quarters remaining locked for up to six hours was because they were the only waking staff on duty that night and they did not wish to wake the sleep over staff to support them, therefore they left the door locked as a risk reduction measure.

This was entirely in conflict with best practice with regards to the use of any restraint whereby it should only be implemented as a last resort and for the least amount of time possible. This incident had not been reviewed adequately after it had been implemented and therefore the lengthy implementation of the prescribed restrictive practice measure had not been identified as an issue.

Moreover, a register of all restrictive practices in place in the centre was not comprehensive and did not reflect all the actual restrictions that were in place in the centre. For example, the locking of all exit doors in the centre, locking away some

resident's toiletries, Perspex covering on the TV in the living room, locked presses for detergents and cleaning agent and access codes for some living spaces within the home, for example were not identified in the restraint register.

Without a comprehensive identification system for all restrictions used in the centre inadequate control measures were in place to ensure they were used for a prescribed reason and for the least amount of time necessary with a view to removing them if possible. Overall, management of restrictive practices in this centre required improved robust and comprehensive review by the provider and person in charge.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Overall, residents were supported on an individual basis to achieve and enjoy their best possible health. However, residents' individual healthcare needs did not have appropriate support plans in place to manage needs in an effective and comprehensive way.

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 adequate. However, improvements were required in relation to care planning for some identified healthcare risks.

In one instance where a resident required specific healthcare support planning and intervention regarding bowel care, healthcare support planning was inadequate and did not set out how staff should monitor and manage the healthcare risk for the resident in line with clinical guidelines and to ensure the resident received the optimum support they required. For example, support planning in place for the resident set out how to encourage the resident to use the toilet but did not set out what clinical signs and symptoms staff should monitor for or what criteria constituted a medical emergency or medical treatment.

Other residents had been identified as requiring sensory integration supports this in part due to all residents presenting with Autism Spectrum Disorder. However, no resident living in the centre was in receipt of a prescribed sensory integration plan to support this identified need.

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. However, not all dietary planning documented in residents' personal plans reflected recommendations by a dietician. Some plans documented, 'implement portion control' as the support intervention for the resident. This could pose a risk of inadequate nutritional intake for a resident in the absence of an allied health professional recommendation.

Improvement in relation to the management and assessment of the risk of choking was also required. For example, staff implemented modified consistency meal provision for a resident they had identified at risk of choking. However, this was in the absence of a speech and language therapy (SALT) assessment or prescribed recommendations. The inspector requested to see a copy of SALT recommendations to support the modified consistency meal intervention staff were implementing. However, staff could not find it on the day of inspection and were not sure if there was one in place.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

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

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

Medications were stored in a locked cupboard and there was a fridge available for medication if required. At the time of inspection a prescribed cream which required

refrigeration was incorrectly stored in a locked safe beside the fridge for the centre. Creams prescribed for residents were not labelled with an opening date. The actions from the previous inspection had not been addressed and practices not in line with the organisation's policies and procedures were being implemented during the inspection.

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

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

There were no controlled drugs prescribed in the centre.

Judgment:

Substantially 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, if implemented, would provide comprehensive and consistent review of the quality of supports residents received in the centre. The provider had addressed an action given in the previous inspection. An annual report for the centre had been finalised for the previous year. There were some improvements required in this outcome.

There had been a number of changes in management of this centre in the previous year. At the time of this inspection a new person in charge had been appointed. The newly appointed person in charge demonstrated a good knowledge of the residents living in the centre and their personalities and interests despite only taking up her post a week earlier.

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 also. She had already identified a number of key areas that required addressing in her short time as manager of the centre and this provided the inspector with assurances that she was a fit person to manage the centre.

The person in charge held qualifications in social care and had extensive experience of working in the area of disability and management of a children's respite service in Northern Ireland. She had experience of regulation from her previous role and had researched HIQA's standards and regulations to complement her role as person in charge of this centre.

While the nominated person in charge presented as a fit and competent person to carry out the role she did not currently meet the regulatory requirements of Regulation 14(3)(b) whereby any person in charge appointed after November 2016 must possess an appropriate health or social care management qualification.

The newly appointed person in charge reported directly to the regional manager who in turn reports to the provider nominee. On-call arrangements were in place out of hours and at weekends for management cover for the centre.

The inspector also met the regional manager at the end of the inspection. She too demonstrated an excellent knowledge of the needs of the residents living in the centre and had plans which she intended to implement which would improve compliance and optimum standards for residents living in the centre. Both the newly appointed person in charge and regional manager provided the inspector with assurances that despite the poor findings on this inspection, the provider was aware of these already and had strategies and plans in place to address them. This demonstrated fitness of the provider and evidence of a robust management system.

The provider had met their responsibilities in relation to Regulation 23. They had continued and maintained comprehensive 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 and identified a number of issues the inspector also found on this inspection.

While provider led audits were comprehensive, provided action plans and reviewed quality of life issues for residents, the provider was required to follow up on actions from provider led audits in a more timely way rather than every six months in order to respond to risks and to check for improvement; particularly if audits found poor outcomes or risks to residents as had been found in the last two provider led audits of this centre.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspector reviewed if the actions from the previous inspection had been addressed. The inspector did not have full access to staff files during the inspection to assess if they contained all the matters as set out in Schedule 2 of the regulations. However, the person in charge did furnish the inspector with evidence that all staff working in the centre had been appropriately Garda Vetted.

Staff had received training to meet the assessed needs of residents living in the centre. Training provided to staff included safeguarding persons at risk, fire safety training, manual handling, management of behaviours that challenge, safe administration of medication, first aid, infection control management and food hygiene.

A recently recruited member of staff had not completed some mandatory training however, a schedule of training within which they would complete any mandatory training within the following six weeks of employment.

A planned and actual roster was available during the inspection. At the time of inspection a number of staff were on sick leave and during the inspection called in sick leaving the newly appointed person in charge to spend most of her day trying to cover shifts for the coming night and days.

The inspector observed the person in charge spend most of the second day of inspection ringing to find cover for day and night shifts which meant she could not spend time working on her other responsibilities. While the duty roster indicated there were enough staff allocated to the centre to cover each shift, there was a requirement for a more efficient and effective way for the person in charge to manage staff absences which would not impact on her other regulatory responsibilities.

Judgment:

Substantially 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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001909
Date of Inspection:	25 and 26 April 2017
Date of response:	29 May 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider was required to address all restrictive practices in the centre and ensure the rights, choice and civil liberties of all residents living in the centre were upheld at all times.

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 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

The Registered Provider is currently seeking planning permission to extend the premises in order to build a self contained apartment for one resident, to ensure the rights, choice and liberties of all residents living in the centre are upheld at all times.
31.01.18

The Registered Provider will amend the current shift pattern of staff to ensure additional staffing levels on Monday and Wednesday in order to accommodate activities for residents. 12.06.17

The Registered Provider has reviewed all restrictive practices implemented within the centre to ensure all restrictive practices are clearly identified and used for the minimum time necessary, in order to uphold the rights of all residents. The PIC will further ensure that this information is communicated to all staff and restrictive practices are maintained on an ongoing basis. 26.05.17

Proposed Timescale: 31/01/2018

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.

2. Action Required:

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 will ensure the contract of care for services is reviewed and contained in one document to ensure it is consistent with the residents assessed needs and the statement of purpose.

Proposed Timescale: 30/06/2017

Outcome 05: Social Care Needs

Theme: Effective Services

<p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Where goals had been identified they were not supported by an action plan which set out how the goal would be achieved or by what date and persons responsible.</p> <p>3. Action Required: Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.</p> <p>Please state the actions you have taken or are planning to take: The Person In Charge will review the current key worker/personal review template to ensure an action plan is included for all identified personal goals, changes required to the individuals personal plan and the person responsible for pursuing objectives are clearly documented.</p>
<p>Proposed Timescale: 30/06/2017</p> <p>Theme: Effective Services</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: Some goals were achieved however, in other instances where they were not achieved there was no record maintained to indicate the barriers impacted on the resident not achieving their set goal.</p> <p>4. Action Required: Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.</p> <p>Please state the actions you have taken or are planning to take: The Person In Charge will review the current key worker template/ personal plan review to ensure a record is maintained of both achieved and non achieved goals and the barriers impacting on same.</p>
<p>Proposed Timescale: 30/06/2017</p> <p>Theme: Effective Services</p> <p>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.</p>

5. 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 will ensure that person centred planning meetings are conducted and documented in a manner suitable to each individuals communication needs. The person In Charge will sure that resident participation in these meetings is clearly documented and progress with individuals chosen goals are reviewed monthly at each scheduled meeting.

In order to develop staff skills in this area The Person In Charge will arrange communication training for all staff. 31.10.17

Proposed Timescale: 31/10/2017**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Notes were not written up following every allied health professional review and this required improvement to ensure the most up-to-date recommendations and information were recorded in residents' personal plans.

Residents' personal plans were in some instances disorganised and contained out-of-date information which was confusing and could pose a challenge for staff as to what recommendations or strategies to use

6. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The Person In Charge has addressed at a staff meeting on 05.05.17 the process and importance of recording the outcome of health appointments for all residents. The Person In Charge will monitor this on an ongoing basis. The Person In Charge has arranged training for the staff team in Recording Skills. 31.10.17

The Person In Charge arranged training for all Team Leaders in relation to resident's personal plans. This training focused on residents identified needs, actions necessary to meet their needs and the importance of SMART individualised outcomes. Resident's involvement in goal setting was also addressed in this training. 12.05.17 – completed.

The Person In Charge will ensure that all personal plans are reviewed and maintained to ensure the most up to date recommendations and information from allied health

professionals are recorded. 31.07.17

The Person In Charge will audit all resident's personal files to ensure only the most up to date information is available for staff in order to avoid inaccuracies. 30.06.17

Proposed Timescale: 31/10/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Refurbishment and redecorating of some residents' bedrooms was required.

7. Action Required:

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

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

The Registered Provider will ensure that redecorating of some residents bedrooms is undertaken. The Registered Provider will also ensure that residents preferences in respect of their bedrooms is clearly documented in their personal plans.

Proposed Timescale: 31/08/2017

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:

A hazard and risk identification register was maintained in the centre. However, it was not continuously updated and reviewed. It contained some risk control measures that were no longer in use.

8. 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 identified a system within the designated centre to ensure Health and Safety checks are completed and maintained as per policy. The system established identifies the day in which each health and safety check is to be carried out and the person responsible for auditing same. The Person In Charge will complete monthly audits to ensure all tasks have been completed as per organisational policy.

30.05.17

The Registered Provider will ensure that the risk register for the centre is updated to reflect all current risks within the designated centre. The Registered Provider will ensure that this is monitored on an ongoing basis by the Person In Charge. 30.6.17

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

The provider was required to review systems for the provision of hand soap and alcohol gels for residents with due regard for an identified risk of consumption of such liquids by a resident.

9. 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 convened an MDT review meeting for the resident whose care plan identified the risk of consumption of hand soaps and such liquids. The outcome of this meeting was that this information was inaccurate. The Registered Provider will ensure that the risk register for the centre and the individuals restrictive practice register are updated factually. 31.05.17

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

A record to confirm the fire alarm had been tested by a qualified person was not available and therefore the inspector could not verify if the alarm system had received an up-to-date service and was in appropriate working order.

10. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The Register Provider has forwarded on the relevant certificate to verify that the alarm system has been serviced and is in appropriate working order.

Proposed Timescale: 22/05/2017

Theme: Effective Services

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

Daily and weekly fire safety checks carried out by staff were not up-to-date. Only seven fire safety checks had been carried out by staff between January 2017 to April 2017.

11. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The Registered Provider has established a system to ensure that daily and weekly fire checks are carried out as per policy. The system outlines the specific day the fire checks are to be completed and the person responsible for the monitoring of same. The Person In Charge will audit this system on a monthly basis

Proposed Timescale: 10/06/2017

Theme: Effective Services

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

Locking of all exit doors had not been risk assessed to determine how this impacted on evacuation procedures for the centre.

12. Action Required:

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

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

The Registered Provider will risk assess the locking of exit doors in the centre and update the risk register to reflect this risk and the impact it has on the evacuation procedure for the centre.

Proposed Timescale: 10/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Management of restrictive practices in this centre required improved robust and

comprehensive review by the provider and person in charge.

13. 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 Register Provider will ensure that the restrictive practice register is updated to reflect all restrictive practices implemented within the centre and ensure they are applied in accordance with National Policy.

Proposed Timescale: 31/05/2017

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.

14. 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 all restrictive practices implemented within the centre are reported to the Chief Inspector in writing at the end of each quarter as per regulations. The PPIM will monitor this during monitoring visits to the centre.

Proposed Timescale: 19/05/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Improvement in relation to the management and assessment of the risk of choking was required

15. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by

arrangement with the Executive.

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

The Person In Charge has made a referral to Speech and Language Therapist for a dysphasia assessment in respect of one resident and their risk of choking. 22.05.17

The Person In Charge will ensure that the residents personal plan is updated to reflect the outcome of their dysphasia assessment. 30.11.17

Proposed Timescale: 30/11/2017

Theme: Health and Development

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

Improvements were required in relation to care planning for some identified healthcare risks.

16. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

The Registered Provider has ensured a bowel management plan was devised for one resident in order to provide staff with adequate information to meet the health care needs of the resident. 19.05.17

The Registered Provider will ensure the resident's personal plan is updated to reflect their bowel management plan to ensure consistency of care from all staff.

The Registered Provider has referred some residents deemed to require sensory integration supports to the relevant allied health professional for assessment. 22.05.17

The Register Provider will ensure that all residents' personal plans are updated with the relevant action plans from the relevant Occupational Therapist. 30.11.17

Proposed Timescale: 30/11/2017

Theme: Health and Development

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

Not all dietary planning documented in residents' personal plans reflected recommendations by a dietician. Some plans documented, 'implement portion control'.

17. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate

quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

The Person In Charge is to ensure that residents requiring dietary advice are referred to the relevant dietician. 30.11.17

The Person In Charge is to ensure that resident's personal plans are updated to reflect the advice sought from the relevant dietician. 30.11.17

Proposed Timescale: 30/11/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The actions from the previous inspection had not been addressed and practices not in line with the organisation's policies and procedures were being implemented during the inspection.

18. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Person In Charge has ensured that all medications and creams in the designated centre are stored appropriately as per organisational policy. 27.05.17

The Person In Charge will ensure that all medications and creams will have a label to clearly identify the opening and disposal date for such medications. 31.05.17

Proposed Timescale: 31/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

While the nominated person in charge presented as a fit and competent person to carry out the role she did not currently meet the regulatory requirements of Regulation 14(3)(b) whereby any person in charge appointed after November 2016 must possess an appropriate health or social care management qualification.

19. Action Required:

Under Regulation 14 (3) (b) you are required to: Regulation 14 (3) (b) Ensure the person who is appointed as person in charge on or after the day which is 3 years after the day on which these regulations came into operation has an appropriate qualification in health or social care management at an appropriate level.

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

The Registered Provider has sourced a relevant educational body whereby the Person In Charge will undertake a social care management qualification.

Proposed Timescale: 31/12/2017

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 follow up on actions from provider led audits in a more timely way rather than every six months in order to respond to risks and to check for improvement particularly if audits found poor outcomes or risks to residents as had been found in the last two provider led audits of this centre.

20. 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 will review the current six monthly monitoring visit templates to ensure mechanisms are in place to review all actions in a timely fashion. The Register Provider will also ensure frequent visits to the designated centre by the PPIM to ensure the service provided is safe, and compliant with regulations.

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was a requirement for a more efficient and effective way for the person in charge to manage staff absences which would not impact on her other regulatory responsibilities.

21. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of

care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The Registered Provider has identified the need to increase the number of staff available on the relief staffing list for the designated centre. Interviews are scheduled for 06.06.17

Where appropriate the Person In Charge is to delegate this task to the relevant team leader on shift.

The Registered Provider will ensure the Person In Charge devises a contact list for all staff who are available to complete shifts in the designated centre. 30.06.17

Proposed Timescale: 30/09/2017