



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

Name of designated centre:	Cornerstones
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	10 April 2018
Centre ID:	OSV-0001909
Fieldwork ID:	MON-0021487

About the designated centre

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

The service provided was described in the providers statement of purpose dated February 2018. The centre provided residential care and support to adults experiencing a learning disability with a diagnosis of autistic spectrum disorder. The centre consisted of a modern, four bedroomed bungalow situated in a town in County Louth. There were good sized grounds surrounding the centre. Each of the residents had their own bedroom which had been personalised to their own taste. The last inspection in the centre had been completed in April 2017. The purpose of this inspection was to inform a registration renewal decision.

The following information outlines some additional data on this centre.

Current registration end date:	20/09/2021
Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
10 April 2018	10:00hrs to 17:30hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met with three of the four residents living in the centre and observed elements of their daily lives at different times over the course of the inspection. Although, a number of these residents were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the residents and staff caring for them and that the residents were in good spirits. Two of the residents had completed a HIQA questionnaire regarding the quality of the service with the assistance of a staff member. Overall, these suggested that the residents were satisfied with the service and the care being provided.

The inspector found that residents were enabled and assisted to communicate their needs, wishes and choices which supported and promoted residents to make decisions about their care. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives of any of the residents it was reported that they were happy with the care and support their loved ones were receiving.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified, skilled and experienced person who had a clear vision for the service. The person in charge had taken up the position recently but had been a manager in the centre for more than a year. She held a social work degree and had recently completed a management course. In total she had more than three years management experience. She was found to have a sound knowledge of the care and support requirements for each of the residents. She was in a full time post and was also responsible for one other designated centre located nearby. The latter centre had been registered in the preceding week, but no residents had yet been admitted to the centre. Staff members spoken with told the inspector that the person in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration. The person in charge reported that she felt supported in her role and had regular formal and informal contact with

her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the assistant director of care who in turn reported to the director of care. There was evidence that assistant director of operations completed a monthly audit in the centre and visited at regular intervals.

The provider had completed an annual review of the quality and safety of care in the centre and six monthly unannounced visits to assess the quality and safety of the service as required by the regulations. The providers governance department had undertaken a number of other audits in the centre and there was evidence that appropriate actions had been taken to address issues identified. The person in charge also completed a number of audits on a monthly basis. Examples included, health and safety, medication management and finance audits. Reports relating to health and safety, key performance indicators and the training matrix were submitted to the assistant director of care on a monthly basis. The assistant director of care undertook a monthly monitoring visit in the centre. There was evidence that actions were taken to address issues identified on these visits.

There appeared to be effective recruitment and selection arrangements in place for staff. However, in a selection of staff files reviewed by the inspector for new members of staff, not all of the documents as required by schedule 2 of the regulations were in place. Overall, the staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place, with the exception of one team leader post which was in the process of being recruited. There had been a number of changes to the staff team in the preceding period. However, it was found that a bank of regular relief staff were used to cover absences and that new staff, when recruited, were rostered on shift with regular staff members. This ensured some consistency of care for the residents. On-call arrangements were in place for staff.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. Other training to meet specific needs of residents had been sourced. The person in charge had completed a training needs analysis for all staff. There were no volunteers working in the centre at the time of inspection.

There were suitable staff supervision arrangements in place. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and that it was of a good quality. This was considered to support staff to perform their duties to the best of their abilities. The team leaders provided supervision to the staff team and had completed appropriate training in supervision theory and practice. It was noted that a new team leader had not yet completed supervision training and hence had

not yet started to provide supervision for staff.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre. However a sample of staff files reviewed for new members of staff were found not to contain all of the information as required by schedule 2 of the regulations. Items not present in two of the four files reviewed included, evidence of the persons identity, including a recent photograph, the dates on which she or he commenced employment and only one reference was available on one of the files.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Staff received appropriate supervision to support them to perform their duties to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, dated February 2018, that accurately and clearly described the services provided.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights. Some improvements were identified in relation to the establishment of social goals for some of the residents.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place were reviewed at regular intervals with the involvement of the resident's multidisciplinary team, the resident and family representatives.

The residents were each supported to engage in meaningful activities in the centre and within the community. The majority of the residents attended a day service. Staff facilitated and supported the residents to travel to and from their day service and to participate in activities that promoted community inclusion such as, swimming, the cinema, nature walks, bowling, rugby matches and go-karting. Individual daily and weekly schedules were in place for residents.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy was in place. There was a secure cupboard for the storage of all medicines. All staff had received appropriate training in the safe administration of medications. Assessments had been completed to assess the ability of individual residents to self manage and administer medications. These indicated that it was not suitable at the time of inspection for any of the residents to be responsible for the management and administration of their own medications. Individual medication management plans were in place. There were systems in place to review and monitor safe medication management practices which included weekly counts of all medications and periodic audits of practices.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. Each of the residents had their own

bedrooms which had been personalised to their tastes and choices. This promoted the resident's independence, dignity and respect.

Residents' communication needs were met. Individual communication requirements were highlighted in residents' personal plans and reflected in practice. Communication passports were on file for residents who required same. A number of the residents were non-verbal. Staff were observed to communicate well with these residents using visual cues such as, picture exchange and object of interests. These were noted to assist residents to choose food choices, activities, daily routines and journey destinations.

The residents were provided with a nutritious, appetizing and a varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the residents. A weekly menu was agreed with residents at a weekly meeting. Two of the residents had been supported to engage in a healthy eating programme and had achieved significant success.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. A 'living' risk register was maintained in the centre. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

Residents were provided with appropriate emotional and behavioural support. The inspector found that the assessed needs of residents were being appropriately responded to. Multi-element support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents.

Regulation 10: Communication

The communication needs of residents had been appropriately assessed with appropriate supports put in place where required.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of each resident. A number of areas had recently been re-painted with new furniture

purchased in some rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious, appetizing and varied diet.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure the safe management and administration of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. However, some improvements were required in establishing specific and measurable social goals for residents.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were being met.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 26: Risk management procedures	Compliant

Compliance Plan for Cornerstones OSV-0001909

Inspection ID: MON-0021487

Date of inspection: 10/04/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will obtain all required information for the two relevant staff files to ensure they contain the documents specified in schedule 2 of the regulations.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Registered Provider will ensure that the PIC will review residents Assessment and personal plans to guarantee arrangements are in place to meet the needs of each resident and to individual goals are SMART.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30.5.18
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	15.6.18