



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

Name of designated centre:	Woodlands
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	08 November 2018
Centre ID:	OSV-0005687
Fieldwork ID:	MON-0024410

About the designated centre

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

Woodlands is a residential home, providing care and support for four adults with an intellectual disability. Woodlands has four bedrooms, which all have an en-suite. There are two living rooms, a kitchen and a dining room, a sun room, laundry room, communal bathroom, a storage area and a large garage. Woodlands is situated within a short walking distance from a large town in Co. Monaghan.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
08 November 2018	13:00hrs to 18:00hrs	Andrew Mooney	Lead

Views of people who use the service

In response to the needs of residents, the inspector did not engage verbally with residents for any extended time. The inspectors judgments in relation to the views of the people who use the service, relied upon brief interactions with residents, documentation, and discussions with staff.

On the day of the inspection, the inspector briefly engaged with 2 residents. Both residents appeared very happy in their new home and in the company of staff. They led active lives within their community and were supported to engage in activities of their choosing.

Capacity and capability

Overall, the registered provider and person in charge were ensuring a very good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs, and wishes.

A statement of purpose was in place and it included all information set out in the associated schedules. A copy of the statement of purpose was available to residents and their representatives.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre including an annual review of the quality and safety in the centre and six monthly visits by the provider or their representative.

There was sufficient staff with the required competencies to manage and deliver person-centred, effective and safe services to the residents within the centre. Staff were observed to treat residents with respect and warmth. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of the residents within the centre. However, there were some gaps in staff files. Not all schedule 2 documentation was obtained by the provider prior to staff commencing employment within the centre. For example there were gaps in staff employment history, unsigned references and not all staff contracts were in place

Staff in the centre also had access to training and refresher training in line with the

statement of purpose.

Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. However, gaps were identified in schedule 2 documentation. All schedule 2 documentation was not obtained by the provider prior to staff commencing employment within the centre. For example there were gaps in staff employment history, unsigned references and not all staff contracts were in place.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence based practice.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specifies roles and details responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place and included all information set out in the associated schedules.

Judgment: Compliant

Quality and safety

Overall, there were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong.

There was a comprehensive assessment of the health, personal, social care and support needs of each resident in the centre. These assessments were used to inform associated plans of care for each of the residents. Residents' goals were planned and progressed through regular key worker meetings.

Transitions to the service were carefully managed, which led to residents being effectively supported during this period.

Each resident had access to appropriate healthcare to support their assessed needs. This included access to a GP of their choosing and when medical treatment was recommended, this was agreed with the resident and facilitated by the provider. Residents had access to relevant allied health professionals in line with their assessed needs and were supported to take proactive steps with their healthcare needs. There was adequate amounts of food and drink which was wholesome, nutritious and offered choice at mealtimes. The advice of dieticians and other specialists was implemented. Additionally, the physical environment, facilities and resources within the centre were managed to minimise the risk of residents, staff and visitors acquiring a health care associated infection.

The health and safety of residents, visitors and staff was promoted and protected in the centre. There were policies and procedures in place for risk management and emergency planning. There was evidence that risks that presented were managed well and appropriate measures were put in place to protect residents from being harmed and or suffering from abuse.

The premises was decorated in line with the wishes of residents and the living environment was adapted to promote the independence of residents. The centre was homely, clean and comfortable.

There were a range of appropriate fire precautions in place. The registered provider had ensured that all fire equipment and building services were provided and maintained appropriately. Fire safety checks took place regularly and were also recorded.

The practice relating to the ordering, receipt, prescribing, storing and administration of medicines was appropriate and staff had completed safe administration of medication training.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation the premises met the needs of all residents.

Judgment: Compliant

Regulation 18: Food and nutrition

There was adequate amounts of food and drink which was wholesome, nutritious and offered choice at mealtimes. The advice of dieticians and other specialists was implemented.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents were appropriately supported to transition to the service.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 27: Protection against infection

The physical environment, facilities and resources were managed to minimise the risk of residents, staff and visitors acquiring a health care associated infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. There was adequate means of escape, including emergency lighting. Staff were trained and residents were involved in fire drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines was appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment was used and identified the individual health, personal and social care needs of each resident. The outcome of these assessments were used to inform an associated plan of care and these are recorded as the residents' personal plan.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that residents' personal plan.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Woodlands OSV-0005687

Inspection ID: MON-0024410

Date of inspection: 08/11/2018

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge will ensure that the information and documents specified in Schedule 2 are obtained in respect of all staff by 20th December 2019.</p> <p>The Registered Provider will ensure that the information and documents specified in Schedule 2 will be obtained in respect of all new staff, prior to their commencement in post.</p>	

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	20/12/2019