Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Praxis Care Mullingar
Name of provider:	Praxis Care
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	08 May 2018
Centre ID:	OSV-0001915
Fieldwork ID:	MON-0021491

About the designated centre

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

The service provided was reflected in the providers statement of purpose, dated August 2018. The centre consisted of a two storey dormer style house situated outside a large town in County Westmeath. Each resident had their own bedroom which had been decorated to the residents taste and choice. One resident's personal preferences was to have minimal furnishings in their bedroom and this preference was respected by the provider. The centre was registered since 2016 for a maximum capacity of five residents at any one time. One bed in the centre was used on a shared placement arrangement for two residents.

The following information outlines some additional data on this centre.

Current registration end date:	18/10/2021
Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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 May 2018	09:30hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector met with four of the five 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 whilst another three residents completed the questionnaire with the assistance of a staff member. Overall, these suggested that the residents were satisfied with the service and the care being provided. One of the residents relatives completed a questionnaire which indicated that they were satisfied with the care being provided and that they felt their loved one was very happy living in the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported by staff that they were happy with the care and support their loved ones were receiving.

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.

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 an in-depth knowledge of the care and support needs for each of the residents. The person in charge had been a manager in the centre for the past two and a half years. She had been working within the service for the past 16 years with 11 of these years being in a management position 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. Up until the end of March 2018, the person in charge had also held responsibility for a centre located some distance away. However, management arrangements had been restructured and she was now solely responsible for this centre and an outreach service for one service user. Staff members spoken with told the inspector that the person in charge supported them in their role, was approachable and a good leader. 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 operations who in turn reported to the director of care. The person in charge was supported by four team leaders.

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 operations 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. The inspectors reviewed a sample of staff files and found that 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 staff member who was in the final stages of recruitment. A small number of regular relief staff were used to cover staff leave. This ensured 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 and provided. 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 inspectors 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.

Overall, records of incidents occurring in the centre were maintained and where required, notified to the Chief Inspector within the timelines required in the regulations. However, the required quarterly report of specified incidents did not include details of a small number of environmental restraints used in the centre. These included the locking and alarm system on two back doors leading to the garden or the kitchen door.

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 the centre met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

There were effective recruitment and selection arrangements in place. 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.

Judgment: 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 that accurately and clearly described the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, records of incidents occurring in the centre were maintained and where required, notified to the Chief Inspector within the timelines required in the regulations. However, the required quarterly report of specified incidents did not include details of a small number of environmental restraints used in the centre. These included the alarm system on two back doors leading to the back garden or the key padlock on the kitchen door.

Judgment: Not 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. It was identified that the private accommodation of one of the residents did not meet their assessed needs.

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. However, it was noted that goals set for some residents were not specific and might not maximise the individual residents personal development.

The residents were supported to engage in meaningful activities in the centre and within the community. Four of the six residents attended a day service, whilst the remaining two residents engaged in activities with staff in the centre. 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, music therapy, swimming, the cinema, nature walks, shows, pantomimes, shopping and meals in restaurants.

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 regular counts of all medications by the team leaders and monthly audits of practice by the person in charge.

The centre was found to be a suitable, comfortable and homely environment. However, it was identified that the bedroom and ensuite facility for one of the residents did not meet the assessed needs of this resident. 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. 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.

Overall, 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.

Overall, residents were provided with appropriate emotional and behavioural support. The inspector found that the assessed needs of a small number of the residents were sometimes difficult for staff to manage in a group living environment. The behaviours of some residents had the potential to have a negative impact on others but this appeared to be managed at the time of inspection. Behaviour support plans were in place for the majority of residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents. However, a behaviour support plan had not been put in place for one resident who had been identified to require same. There was a restrictive practice register in place which was regularly reviewed. However, it was noted that there were a small number of environmental restraints which had not been appropriately identified as same and hence were not subject to regular review so as to ensure that they were still necessary and the least restrictive method required for the shortest duration.

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. However, at the time of inspection the size and layout of one of the residents bedrooms and ensuite facilities was not suitable to meet the identified residents assessed needs.

Judgment: Not compliant

Regulation 18: Food and nutrition

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

Judgment: Compliant

Regulation 26: Risk management procedures

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

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 6: Health care

The healthcare needs of residents were being met.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall residents were provided with appropriate emotional and behavioural support. However, a behavioural support plan was not in place for one of the residents who was identified to require same. Not all environmental restrictive practices in place had been appropriately identified as same and hence were not subject to regular review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

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. However, it was noted that goals set for some residents were not specific and might not maximise the individual residents personal development.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Praxis Care Mullingar OSV-0001915

Inspection ID: MON-0021491

Date of inspection: 08/05/2018

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: 31(3) The Person in Charge will ensure that the quarterly returns report is accurate and reflective of all restrictive practices within the designated center. The Person in Charge will ensure that the environmental restrictive practices are captured accurately on the quarterly returns before month end July 18. The Registered Provider and the Person in Charge will ensure that meaningful reviews of the environmental restrictions to the exit doors of the premises are completed before 29.6.18 and removed where possible.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 17(7) The registered provider has ensured that the regulations set out in Schedule 6 are complied with in the Designated Centre. The Registered Provider with the support of the Person in Charge in conjunction with the HSE in relation to Schedule 6 (2) will discussed the room size and layout pertaining to the resident whose mobility needs have increased and accessibility to the ensuite are compromised. The Registered Provider with the support of the Person in Charge have arranged a review meeting with Praxis Care Head of Property 6.6.18 to ascertain remedial works to ensure the residents ensuite is fit for purpose. A proposed scheduled of works to be submitted to the Registered Provider 29.6.18 The Registered Provider with the support of the Person in Charge had arranged a MDT meeting with the HSE to review the increased needs of the resident 04.07.18	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

7. (1) The person in charge has ensured that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

The Person in Charge ensures with the support of the Learning and Development Team that all staff are provided with the necessary training through an induction program and thereafter refresher training where needed.

The person in charge has ensured that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.
The Person in Charge ensures that all staff received refresher training in MVA in line with policy.
The Registered Provider with the Person in Charge has consulted with the Behavioural Consultant (CAS Consultant) and have arranged to meet with the resident 25.7.18 to ensure a PBSP is devised to be implemented for the resident identified to require same.

The Registered Provider and the Person in Charge has ensured that all other residents who require a PBSP has on in place, which is reviewed at a minimum of annually or sooner where required.

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 person in charge has ensured that all residents have a support and care plan in place within 28 days of moving into the designated centre, this is reviewed every month and again at 6 months and fully updated thereafter on an annual basis or more frequent as required.

The Person in Charge has ensured that all residents have an identified key worker on admission to the service.
The Person in Charge will ensure that the resident is supported to participate in a monthly key working meeting where goals can be set.

The Person in Charge ensures that a monthly summary is carried out every month to reflect the changing needs of the resident.

5(4)(b)The Person in Charge will ensure that the goals are captured on an new outcome sheet to ensure that they are SMART and maximise the resident's personal development. 31.7.18

The Person in Charge will ensure that goals which are short term to support residents meet long term goals are also capture monthly 31.7.18

The Person in Charge will ensure that the key worker and all the staff team are made aware of the importance of identifying long and short term goals that are SMART and specific to the resident to ensure maximum participation of the resident and their personal development at the staff meeting 20.6.18.
The Person in Charge will ensure that new capture outcome sheets are incorporated into the residents daily folders for completion after the residents house meeting and residents key working meeting 31.7.18
The Person in Charge will ensure that the goals are reviewed and documented to capture the personal development and progress for each individual resident on a monthly basis thereafter.

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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	14/06/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/07/2018
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/07/2018
07 (1)	Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/08/2018