



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

## Issued by the Chief Inspector

Name of designated centre:	Praxis Care Rush
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	09 September 2020
Centre ID:	OSV-0003417
Fieldwork ID:	MON-0030039

## About the designated centre

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

Praxis Care Rush is a residential centre which can accommodate five adult residents with an intellectual disability and autism. The centre is a large detached six bed roomed house with a spacious kitchen-cum-dining room, living room and utility. There is a large back garden to the rear of the property. It is situated in a coastal town in County Dublin and close to local amenities such as local beach, shops, restaurants, library, cinema, bowling and activity centre, and bus routes. Residents are supported by staff 24 hours a day, seven days a week. The staff team comprises a person in charge and support workers. Staffing in the centre is adjusted in line with residents' assessed needs and the numbers of residents living in the centre at any time.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Wednesday 9 September 2020	10:00hrs to 16:00hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspector met with both residents at various times during the inspection and observed some of their daily life. The residents communicated with the support of the staff.

It was clear that they were very much at home in their house, and had all of their favourite possessions. The day was relaxed and the residents made their own decisions regarding their routines and activities and on return said they had enjoyed them. A resident explained that he was going to the hardware shop to decide what tools he wanted for his woodwork to add to the collection, and another resident went going out with his pal and staff for a picnic and drive. It was clear that their preferences were respected as to what they wished to do on day, and that they were comfortable and happy in their home. The inspector observed that the interactions with staff were warm, comfortable and that they were very attentive to the residents.

## Capacity and capability

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations and the arrangements in place to manage the continued COVID-19 pandemic. The previous inspection of the service which took place in 2018, had found that the premises was not suitable for the residents living there at that time, due primarily to mobility and accessibility concerns. The provider had already identified another centre which was registered to accommodate those residents. The centre was therefore not occupied for most of 2019. The centre is registered for five adults but as one bedroom is too small, the person in charge advised that only four residents will be accommodated. The residents moved into this centre late in 2019 following a period of transition and consultation.

This inspection found good management systems in place, which supported the welfare and quality of life of the residents living in the centre. The person in charge was suitably qualified and experienced, and demonstrated very good knowledge of the responsibilities of the post. The post holder was responsible for two designated centres, in close proximity to each other, but the management structures were such this arrangement had no negative impact for the residents. There were effective reporting and support systems evident with clear lines of accountability for various areas of service provision.

There were good systems for quality assurance implemented, which included unannounced quality and safety reviews, audits, and

the providers unannounced visits and reviews as required by the regulations. There was a monthly review of all incidents. These systems were found to be thorough, focused on the residents' wellbeing and identified various areas for improvement which were seen to be addressed by the person in charge.

The provider had ensured that the staffing levels and skill mix were appropriate and flexible to the residents' assessed needs for support, with two staff available during the day and waking night staff in place. A number of new staff had been employed in the preceding months. From a review of a small sample of personnel files, the process for recruitment of staff was satisfactory. There was a detailed induction system implemented to ensure they were familiar with the residents' care and support needs.

The records reviewed by the inspector indicated that mandatory training was up-to-date for the staff and any deficits due to the COVID-19 pandemic were now scheduled to take place. Staff had additional training in the administration of emergency medicines, and received regular guidance from psychology and behaviour supports specialists. Staff had undertaken a number of training programmes in relation to infection prevention and control and there were systems in place to ensure these were adhered to.

There were good quality staff support and supervision systems implemented and regular team meetings, continued via technology, which addressed pertinent matters and ensured the residents' care was being monitored and appropriately supported.

The provider had a comprehensive complaints procedure in place. The inspector reviewed the records in relation to a number of complaints made. The procedure was followed transparently and there was evidence that the provider had made efforts to address the issues and had implemented changes where these were required on foot of the complainant. The provider had also sought the involvement and direction of the Health Service Executive (HSE) and safeguarding teams in order to address the concerns. This remains an ongoing process.

From a review of the accident and incident records the inspector was assured that the provider was submitting the notifications required by the regulations to the Chief Inspector.

There are a number of matters outlined in the quality and safety section of report which the provider is aware of such as the need to review the suitability of the premises for residents.

The findings were discussed with the person in charge at the feedback meeting at the close of the inspection.

## Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced, and demonstrated very good knowledge of the responsibilities of the post.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that the staffing levels and skill mix were appropriate and flexible to the residents' assessed needs for support, with two staff available during the day and waking night staff in place.

From a review of a small sample of personnel files the process for recruitment were safe.

Judgment: Compliant

### Regulation 16: Training and staff development

The records reviewed by the inspector indicated that mandatory training was up-to-date for the staff and any deficits due to the COVID -19 pandemic were now scheduled. There were good quality ongoing staff support and supervision systems implemented.

Judgment: Compliant

### Regulation 23: Governance and management

This inspection found good management systems in place, which supported the welfare and quality of life of the residents living in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of the accident and incident records the inspector was assured that the provider was submitting the notifications required by the regulations to the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a comprehensive complaints procedure in place. The inspector reviewed the records in relation to a number of complaints made. The procedure was followed transparently and there was evidence that the provider had made efforts to address the issues and had implemented changes where these were required on foot of the complainant. These matters are ongoing.

Judgment: Compliant

### Quality and safety

There was evidence that the provider was providing a safe and person-centred service, based on the individual residents' assessed needs and preference's as they expressed them.

The residents had access to a range of comprehensive multidisciplinary assessments, including speech and language, physiotherapy, dietitian, neurology, medical and psychiatric reviews. Very detailed and pertinent support plans were implemented to reflect these needs and the supports required for the residents personal development, health and social care needs. The personal plans and goals were reviewed very frequently by the multidisciplinary team, the residents and family representatives.

The staff were very familiar with the residents' preferences and their therapeutic needs, for example, for a quiet environment and access to their favourite objects which soothed them. The arrangements for the residents' daily lives and social activities were based on thoughtful consideration of the residents' capacities, preferences and support needs. While formal day-care service and part-time work for one resident had been suspended due to the COVID-19 pandemic, other activities and safe recreation had been implemented. These were being slowly reintroduced based the resident vulnerabilities, risk assessments and public health guidance. Staff were exploring various day service options for another resident to see what would best meet the need and preferences. They supported the residents with literacy. The inspector observed that the staff were very flexible in their approach to activities and routines on the day. It was the resident who decided on the day what they wished to do. The location of the centre provided good access to local amenities. They went out for a picnic and shopping, used public transport



when it was safe to do so and did small routine tasks in their homes. The residents had their individual hobbies such as wood work .

There were good systems for consultation with the residents regarding their wishes, primarily via key worker supports and house meetings. The staff used a range of mediums, including pictures, to elicit the residents' views. The provider supported the residents right to privacy and dignity in their daily lives, and supported them understand any restrictions placed on them, including those necessitated by the COVID-19 pandemic and their vulnerabilities to this. The provider also sought advocacy and independent support for the residents. The residents had very good communication plans implemented and were supported by staff with pictorial images, where this was needed. The staff used social stories to enable the residents understand the restrictions and the need for face masks

The residents' healthcare needs were found to be very well attended to, monitored by staff, with frequent clinical review and evidence of follow-up referrals made. They were provided with a nutritious and appetising and their weights and nutrition were monitored.

There were appropriate systems in place to protect the residents from abuse and respond to any incidents or allegations of abuse. The inspector saw that, complex safeguarding matters the provider had acted appropriately and in conjunction with the HSE safeguarding team had implemented safeguarding plans and were monitoring these carefully. Advocacy services had been sourced for residents and their views on the concerns were being listened to.

The residents required supports with their finances. To this end, there was a system for oversight by the person in charge with detailed accounts maintained. Where any discrepancy had occurred, inadvertently, this was corrected promptly and relevant parties notified.

There was evidence of regular guidance and reviews by clinical behaviour supports specialists. The detailed support plans were pro-active and staff understood the residents for sensory supports. There were a number of specific restrictive practices implemented in the centre. The inspector saw that these were assessed as needed, the impact on the residents were considered and they were frequently reviewed. The practise were also discontinued as needs changed. However, one such practice was not sufficiently detailed on the plan to ensure the actions taken, which could be considered intrusive, were transparent. This would also allow more robust monitoring of the practice where necessary. It was evident that the resident's anxieties and subsequent behaviours were carefully monitored and supportive actions taken in response. The residents were referred for additional psychiatric supports and assessment as necessary to promote their wellbeing.

From a review of the medicine management practices the inspector found that these were safe and were reviewed regularly. Medicines audits took place regularly. Alternative and additional medicines were being used but the were monitored for suitability and use by the General Practitioner (GP) and psychiatrist.

The systems for the management of risk were balanced and proportionate to the

environment and the residents' assessed needs. Each resident had pertinent risk management plans implemented for their identified individual risks, whether falls, self-harm or personal safety. These risks were reviewed regularly. There was a "live" risk register implemented and updated to ensure this process was effective and responsive. Systems for learning from any adverse events were also evident.

Overall, fire safety systems satisfactory with good containment systems in place. Emergency lighting and fire fighting equipment was in place and serviced as required. Practice drills had been held with the residents to ensure they were familiar with the process. The provider had self-identified the need to upgrade the current fire alarm system to a more integrated modal and was in the process of planning this. The current system was however effective in the interim.

The house is homely and comfortable and spacious. The previous inspection found that for the residents living there at the time the premises was not suitable due to accessibility for the group of residents. This inspection found that suitability of the premises is still of some concern despite the change in residents living there and should be considered prior to any further admissions. The provider was aware of a number of the issues and has taken steps including, mobility assessments for the residents, the installation of additional handrails. It is planned to install ramps at the entrance doors. The residents had their own bedrooms but both require significant support with personal care. However, a resident who sleeps downstairs used the toilet upstairs, due to sensory sensitivities to the type of tiling used in the bathrooms downstairs. The resident is at risk of falling and the inspector observed that staff support the resident by going up and coming down the stairs backwards to prevent a fall. This is an ongoing risk and not sustainable.

The second resident also has mobility concerns and sleeps upstairs. The flooring in the shower room is not suitable. A further bedroom upstairs requires a complete upgrade as the carpet is badly stained and the shower unit also required works to make it suitable for use. The premises is leased and the person in charge advised that there are significant restrictions on what works can be carried out due to this arrangement. In addition, a large room downstairs is reserved for the owner and contained a large amount of furniture, including mattresses, combustibles and other materials. Given the current and changing needs of the resident this premises may not be a sustainable suitable option.

Infection prevention and control and procedures had been revised to help manage the COVID-19 pandemic. Contingency plans were in place for staffing shortages or in the event that the residents required isolation. These had proven to be effective during the initial stages of the outbreak. Advice and guidance was taken from the public health, a COVID-19 lead was appointed, increased sanitising systems and protocols regarding the use of PPE were implemented. Footfall within the centre had been reduced. The inspector saw that staff were adhering to these guidelines and the residents were also being helped to do so.

## Regulation 10: Communication

The residents had very good communication plans implemented and were supported by staff with pictorial images, where this was needed.

Judgment: Compliant

## Regulation 17: Premises

This inspection found that suitability of the premises of some concern given the dependency levels of the residents living there. The provider was aware of a number of the issues and has taken steps including, mobility assessments for the residents, the installation of additional handrails. However, one resident did not have easy or safe access to a toilet. Other matters, including suitable flooring, and suitable en-suite facilities required to be addressed for the current and future admissions. It is acknowledged that the lease on the premises places certain restrictions on the provider and one large room downstairs is not available for the residents use.

Nonetheless, the premises in its current condition is not sustainable or suitable for its purpose.

Judgment: Not compliant

## Regulation 26: Risk management procedures

The systems for the management of risk were balanced and proportionate to the environment and the residents' assessed needs. Each resident had pertinent risk management plans implemented for their identified individual risks, whether falls, self-harm or personal safety. These risks were reviewed regularly.

Judgment: Compliant

## Regulation 27: Protection against infection

Infection prevention and control and procedure had been revised satisfactorily to help manage the COVID-19 pandemic. The systems included contingency planning for staff, restrictions on movement and visitors, sanitising systems and appropriate

use of PPE. These are being reviewed in line with changing public health advice and the residents vulnerabilities.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, fire safety systems satisfactory with good containment systems in place. Emergency lighting and fire fighting equipment was in place and serviced as required.

The provider had self-identified the need to upgrade the current fire alarm systems to a more integrated modal and was in the process of planning this. The current system was however effective in the interim.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

From a review of the medicine management practices, the inspector found that these were safe and were reviewed regularly. Medicines audits took place frequently.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents had access to a range of comprehensive multidisciplinary assessments, including speech and language, physiotherapy, dietitian, neurology, medical and psychiatric reviews. Very detailed and pertinent support plans were implemented to reflect these needs and the supports required for their personal development, health and social care needs. The personal plans and goals were reviewed very frequently by the multidisciplinary team, the residents and family representatives as appropriate.

Judgment: Compliant

### Regulation 6: Health care

The residents' healthcare needs, were found to be very well attended to, monitored by staff, with frequent clinical review and evidence of follow-up referrals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was evidence of regular guidance and reviews by clinical behaviour supports specialists. The detailed support plans were pro-active and staff understood the residents need for sensory supports. Overall, restrictive practices were implemented in accordance with national policy. However, one such practice was not sufficiently detailed on the plan to ensure the actions taken, which could be considered intrusive, albeit very necessary for safety reasons, were transparent. This would also allow more robust monitoring of the practice where necessary.

Judgment: Substantially compliant

### Regulation 8: Protection

The residents were protected by the systems in place to prevent and respond to any incidents or allegations of abuse.

The provider had acted appropriately and in conjunction with the HSE safeguarding team had implemented safeguarding plans and were monitoring these carefully.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider supported the residents right to privacy and dignity in their daily lives, support with decision making, and with understanding any restrictions placed on them. External advocates had been sourced to assist the residents and ensure their

rights were being upheld.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not 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
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Praxis Care Rush OSV-0003417

Inspection ID: MON-0030039

Date of inspection: 09/09/2020

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The registered provider shall ensure the premises of the designated center are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.</p> <ul style="list-style-type: none"> <li>• Whilst the resident has access to the downstairs bathroom the current décor does not meet their sensory needs. The Provider will ensure the necessary renovation to the bathroom are completed. Date 15.01.2021</li> <li>• The PIC will ensure the décor update required to the floor in the bathroom will be competed to reduce the service user’s sensory sensitivity in this space. This décor update will include full tiling of this space. Date 15.01.2021</li> <li>• The Provider will ensure a new property to be sourced within the next 9 months that would better suit the needs of the residents. Date 16.08.2021</li> <li>• The PIC has ensure there is a ramp that can be fitted and removed as a temporary structure should the resident require same. This ramp is already onsite. Date 16.10.2020</li> <li>• There are handrails fitted on the stairs, a commode in the bathroom and 1:1 staffing to support residents to access the upstairs bathroom if they choose to do so. Date 16.10.2021</li> <li>• The PIC will ensure flooring in the resident’s upstairs bathroom will be repaired to remove any trip hazards. Date 20.11.2021</li> <li>• The PIC has ensures the spare bedroom referred to in the report is not in use by residents, in the short term this bedroom will have a décor change and update. Date 15.12.2021</li> </ul>	

- The PIC has ensured the service has sufficient and effective cleaning schedules and that the rooms occupied by residents are decorated to their own wishes. There are some areas of communal use that require improvements, the PIC will ensure cosmetic changes required to update décor are completed. Date 15.12.2021

Regulation 7: Positive behavioural support

Substantially Compliant

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

- The PIC has reviewed the Restrictive practice referred to in the report and the related Positive Behaviour Support plan, both have been updated to reflect the specific steps taken to support the resident in relation to their potential ingestion of items. Date 16.10.2020
- The Restrictive Practice log now includes clear and specific information regarding the identified risk and all steps to be taken by staff when utilising this restrictive practice. The PIC will review restrictive practice each quarter. Date 16.10.2020
- In addition to the above The PIC ensures each staff member receives training in Positive Behavioral Support and Restrictive Practice, Human Rights and Risk Management. Date 16.10.2020
- The staff have access to a Positive Behavioral Support specialist who provides on the job coaching for each individual case as required. Date 16.10.2020

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	16/08/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	16/10/2020