Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001915
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Irene Sloan Ringland
Lead inspector:	Ciara McShane
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
13 November 2014 09:30	13 November 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the centre's second inspection. The inspection was as a result of the provider's application to register. At the time of the inspection the Provider had failed to submit a complete application to register along with necessary documentation including building and fire compliance.

During the inspection, the actions from the previous action plan were reviewed to which the inspector found improvements had occurred. As part of the inspection, documentation, policies and procedures were also reviewed, the inspector spoke with staff and residents and observations were made. The inspector also reviewed questionnaires that were completed by residents, with the assistance of staff, and

submitted to the Authority. The inspector found these to be complimentary of the service provided.

Overall the inspector saw that residents were happy and staff provided care that was professional and respectful as observed through staff and resident interactions. The centre was found to be well maintained, homely and reflective of the residents living there. Improvements were evident in risk management and learning from incidents and accidents had been gained. Staff spoken to by the inspector had adequate training and were found to be knowledgeable of the centre's policies and procedures.

Although good practices were in place improvements were required to ensure compliance with the Regulations. There were twelve actions across eighteen outcomes, one outcome was found to be a major non compliance, five outcomes were moderate non compliances and two outcomes minor non compliances. Cares planning required improvement to ensure the assessed needs of residents were supported by care plans that provided clear and consistent guidance to staff to meet these needs. The inspector saw that a bedroom, which was vacant at the time of inspection, to be of insufficient size in its current guise for a resident to avail off. The statement of purpose also required amending to ensure that all elements outlined in Schedule 1 were within it and that it reflected the service the centre intended to provide. These non compliances, along with others, are further outlined in the body of the report and in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
The inspector reviewed the actions from the previous inspection in relation to the complaints policy and procedure and found they had been satisfactorily addressed.

The inspector found that the centre had policies and procedures in place to ensure resident's rights and dignity were protected. The centre had a complaints policy and a personal care policy in place and the inspector observed staff being respectful in their interactions with residents. The residents told the inspector they were happy living at the centre and that staff looked after them well. The complaints policy was available in an accessible pictorial format for residents; there was also a complaints leaflet that summarised the complaints procedures. The inspector found the policy was sufficiently detailed and included an independent appeals process and highlighted the potential need for advocacy services. The inspector also saw a picture and contact details for the complaints officer displayed in the centre. Staff advocated at times for residents, this was reflected in documentation reviewed by the inspector where staff had written a letter of complaint on behalf of a service user, at their request. The inspector reviewed the complaints log and saw there were two complaints since the last inspection. The complaints were dealt with in accordance with the centre's policy and the outcomes were fed back to the resident and documented.

Residents could receive visitors, as seen on the day of inspection, staff and residents told the inspector about visits from family and friends. Staff also assisted residents go home to meet with their family members.

Resident's meetings occurred frequently at the centre which were participative and

inclusive of residents, the inspector reviewed the minutes of a recent resident's meeting that took place 18th October 2014. Items on the agenda including selecting the menu for the week, and organising trips and activities.

Each resident was afforded privacy, each resident had their own bedroom, all of which were ensuite, where they could spend time by themselves should they wish. There was also sufficient space in the centre, outside of their bedrooms, for residents to spend time.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that staff were aware of the range of communication needs for residents at the centre. The inspector saw that residents who were non verbal were supported to communicate with picture aids including picture exchange and sign language such as Lámh. Staff were knowledgeable of how individual residents communicated their needs and when asked they told the inspector how they would know if a resident was unwell for example. Some residents, at the centre where applicable, had communication passports. The inspector reviewed one of the communication passports and saw that it was unclear in parts and the inspector was unable to decipher when it was last reviewed.

The inspector saw that speech and language therapy were involved in ensuring effective communication with residents, some residents also attended drama classes to endeavour enhancing their communication.

The inspector saw that residents had access to radio and televisions, some residents had their own televisions in their bedrooms. The centre did not have a policy on communication with residents; this is further outlined in Outcome 18.

Judgment:
Non Compliant - Minor

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were supported to maintain and develop relationships with their family and community.

The inspector saw that residents met with their family members and other significant people in their life on a regular basis and staff supported residents to maintain these links. Family members frequently visited the centre to spend time with their relative and there was space for residents to meet them in private.

Residents used their community and were linked to it. Residents availed of local services such as supermarkets, hairdressers, eateries, the church and coffee shops to name but a few. The inspector saw this documented in resident's daily progress notes and residents also told the inspector about their local community. A resident happily told the inspector about a recent pamper day which they enjoyed in a nearby hotel.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The action from the previous inspection had not been addressed in full, the contract regarding the care and support provided to residents still remained unclear although the centre had made some attempts to improve the contracts by introducing a bills agreement.

The inspector saw that each resident living at the centre had a series of contracts and agreements which were signed by the resident themselves, where possible or their representative. The contracts, both collectively and individually, failed to address all aspects of the services being provided to residents in addition to the facilities they could avail of. For example it did not outline all costs that a resident could occur such as going to a concert accompanied by staff, the cost of the ticket which the resident would incur, these expenses were not explicit.

The centre had an admissions policy that was clear and transparent. The inspector saw, in resident's personal plans, an action plan prior to the resident moving to the centre that outlined visits to the centre and opportunities the resident had to spend time with the staff that would be working with them prior to moving in.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector saw that each resident had a personal plan that outlined in parts their social care needs however improvements were required to comply with the Regulations. Some of the actions from the previous inspection were met, it was evident that residents were afforded the opportunity to participate in their personal plans and a process of making a version of resident's personal plans accessible to them had commenced. However the overall format of the personal plans still remained and continued to be difficult to decipher the actual assessed needs of residents. Where needs were clearly assessed, each need was not supported by a clearly defined care plan to guide staff in practice. This was evident in a number of residents personal plans for example one resident had been identified as being at risk of dehydration and another had bowel concerns but there were no care plans in place to support these needs. This required a review to ensure all needs for all residents were being consistently met.

It was evident that referrals were made to allied health specialists and their recommendations were recorded in resident’s personal plans and logs of their

appointments were maintained.

The inspector saw there were annual reviews held for each resident which included input from multi agencies and family members were also involved. The reviews were substantially detailed and reviewed the resident's progress and achievements throughout the year.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The actions from the previous inspection were for the most part achieved. However, the ensuite in one bedroom still remained cluttered with equipment and posed a risk.

The centre had six bedrooms one of which was used as a staff sleepover room; the remaining five bedrooms were availed off by residents. At the time of the inspection the centre had one vacancy. Two residents shared a full time placement and availed of the placement on alternate fortnights. The inspector reviewed the arrangement and found it was of benefit to both residents who availed of the shared placement and staff knew both residents well. The inspector found that each bedroom was decorated to reflect the needs and personality of each resident. They were well maintained, for the most part, and each bedroom that was in use at the time of inspection was equipped with an ensuite. One bedroom had a strong odour and the floor in the ensuite required a review in addition to the paintwork which required upgrading. The vacant bedroom did not have an ensuite however there was access to a bathroom. The bedrooms in use were of adequate size and layout with sufficient storage and space for personal possessions. The inspector found the vacant room to be small and space was limited. The inspector found this room to be of insufficient size as a bedroom, which was reported to the person in charge during the inspection process. The centre also had a lounge room, a sun room, large kitchen, a dining room, a utility room and a staff room.

The premises were protected by large steel automatic gates operated by a controlled entry system. In the case of an emergency staff were aware of the location of the shut off valves for both the power and water. On the day of inspection there was significant rain and substantial amounts of water pooled at the gate entering the premises. This

required a review to ensure that water was appropriately drained from the external premises. In addition at the front door there was access for a wheelchair however the railing around the ramp was incomplete and required an additional piece of railing to prevent an incident/accident reoccurring. There was a recent accident reported to the Authority as a result of the incomplete railing.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
From a review of the actions resulting from the previous inspection the inspector found they were implemented. The centre had a risk register, risk assessments had been completed and the risk policy had been reviewed.

The inspector reviewed the centre's risk register which was centre specific and sufficiently detailed to ensure that risk was minimised. The inspector saw that the controls outlined in the risk register were used in practice such as markings on the stairs and railings to guide residents. The centre also had risk assessments on equipment such as use of the food blender and the iron. Specific risk assessments to support residents were also in place, for a resident who was at risk of eloping there was a risk assessment completed to ensure the risk was mitigated.

There were safe systems in place to protect from fire. The centre had fire extinguishers in place, at the time of inspection they were within service. There were smoke detectors throughout the house and weekly checks were completed on such equipment. The centre was also equipped with a carbon monoxide detector. The inspector saw the maintenance documentation for equipment such as hoists and wheelchairs. The centres vehicle was regularly serviced and staff who drove the vehicle had their competency to do so examined.

The inspector reviewed the action plan and report resulting from the centre’s annual health and safety audit which was completed by the Providers health and safety manager. It was unclear if these actions were completed and this required a review. Each resident had a personal emergency egress plan which had been recently reviewed. The centre had emergency planning in place and arrangements in the instance of a full evacuation with a nearby hotel.

The inspector reviewed the incident and accident log and saw that learning, where appropriate, had been gained from such events which were then communicated and

documented in the minutes of staff meetings.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The inspector found the actions from the previous inspection had been addressed, the centre had received and documented consent for the use of restraint and a restraint register had recently been developed.

The inspector reviewed the management of resident's monies and found that it was safeguarded and the systems in place were appropriate and transparent. Staff told the inspector that daily checks of the monies were completed by two staff, regardless if money had been spent. Receipts were maintained for transactions and verified via the daily checks. The team leaders assisted residents with lodgement and withdrawals. Bank statements for the most part were sent to resident's representative who reviewed the transactions and forwarded the statements to the centre for reconciliation.

The centre had a policy on protecting vulnerable adults form abuse. Staff were knowledgeable of this and were confident they would report any suspicion of abuse to their manager. Staff were also aware who the designated officer was. Where a staff member became aware of a bruise or mark, for example, on a resident's body a body scan chart was completed and a team leader informed of same.

The centre had restrictive practices in place. The kitchen door had a keypad entry system. This was in place to support a resident who had behaviours that challenged relating to food stored within the kitchen. The other residents were not impacted by this as they had the ability to open the door themselves. The resident had a behavioural support plan in place that outlined this practice and it was also detailed in a restrictive practices register. Further development of the behaviour support plan was required to ensure that both proactive and reactive strategies were outlined as too the triggers. The centre had a newly established restraint log however at the time of inspection it had not been implemented due to its recent induction. Since the previous inspection staff had

received information sessions on the use of restraint including a summary of evidence based best practice.

Judgment:
Non Compliant - Minor

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
From a review of the accident and incident log on the day of inspection, the inspector found that the centre had notified the Authority appropriately. The person in charge was also aware of their responsibility to notify the Authority of specific incidents, accidents and events.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector saw that the general welfare and development varied amongst residents. Some of the residents attended external day services and had regular external activities they were involved in as documented in their daily progress notes. However this was not evident for all residents. Two residents were without an external day service, one of whom had their day service terminated in early 2014, a third resident only availed of a day service for one day per week. The staff at the centre had made attempts to fulfil the gap in the interim however it was not evident that this was beneficial to the development of the residents. It was evident however those residents had access to activities that were in line with their interests such as cinema, walking, attending the gym and eating out. Further development was required to ensure that all residents

residing at the centre had full meaningful days that were developmentally and age appropriate.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that resident's healthcare needs were being met, however as outlined in Outcome 5, further improvements were required through the development of individual care plans to consistently guide staff meet specific healthcare needs such as hydration.

Referrals to general practitioners and allied health professionals including occupational therapy were evident. Residents when ill were supported to visit the appropriate service. The inspector reviewed records where residents had been hospitalised and saw that staff were supportive and that discharge information had subsequently been received. Staff had sufficient communication with health specialists and consultants as recorded in resident's personal plans which were viewed by the inspector.

The inspector reviewed the menus and was satisfied that residents received food that was relevant to their nutritional requirements.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
The centre had a medication policy which staff were familiar with. The staff were trained

in safe administration of medication and were knowledgeable of the medication system. The centre had links with a local pharmacy and used a blister pack system. The blister packs, along with other medications were safely secured. Medication errors were noted and recorded using a medication error form. Where staff made a medication error their competency was reassessed by their line manager. There was evidence that out of date and unused medication was returned to the pharmacy, this was documented and a copy, signed by the pharmacist, was maintained in the centre. Medication audits were completed monthly by the person in charge, the inspector reviewed these audits. Weekly counts of medication, were also completed, which was documented and reviewed by the inspector.

The inspector reviewed the medication administration records and prescription records and found they were sufficiently detailed and met the requirements of the Regulations.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The statement of purpose was not in compliance with the Regulations and did not sufficiently describe the service they intend to provide to residents, both present and future. The statement of purpose was not entirely centre specific and was disjointed. Other areas where improvements and further clarity were required included:

1. The specific care needs the centre intends to meet.
2. The description of the accommodation available specifically relating to the size of the rooms, this could not be read from the plans that formed part of the statement of purpose.
3. Although the whole time equivalent of staff and numbers employed were outlined, the total for both was not.
4. Details of the therapeutic techniques used in the centre and the supervision arrangements.
5. The management team outlined in the statement of purpose did not reflect the application to register submitted by the Provider.
6. The arrangements for residents to access education, training and employment.
7. Any separate facilities for day care.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found there were adequate systems in place to ensure the centre was governed effectively, reporting structures and management systems were in place and staff were supervised consummate to their roles.
The person in charge was available throughout the inspection, they were the person in charge for two designated centres and worked for the provider since 2008. The person in charge consistently supported staff as evidenced in staff supervision records and confirmed by staff members. The person in charge was undergoing an internal leadership programme and holds a degree in Psychology. The person in charge was supported by the whole time equivalent of 3.8 team leaders which was maintained amongst five people. The inspector met a number of team leaders on the day of inspection and found them to be knowledgeable about the centre, the residents living there and had oversight of the centre's policies and procedures. The inspector found that staff were committed and supported residents appropriately and respectfully.

There were management systems in place, these included monthly management meetings which were chaired by the areas assistant director of care. The inspector reviewed these minutes and saw there was a detailed agenda. The centre had an audit schedule in place where checks were completed for medication, resident's monies and health and safety to name but a few. The inspector reviewed the centres service level agreement (SLA) with their funding agency and saw the centre provided the service as detailed in the SLA inclusive of the correct staff compliment to provide those supports.

Staff meetings were frequently held, the most recent held in October. From a review of the minutes it was evident that incidents and accidents were reviewed to inform learning. In addition, at the meeting in October, staff carried out their monthly refresher of Managing Violence and Aggression, this occurred monthly to ensure staff maintained the skills. Information is also devolved at staff meetings; the inspector saw that staff received information on the use of restrictive practices. Staff members spoken with also confirmed this learning. Since the previous inspection of the centre, the person in charge amended the format of the meeting to ensure that staff became familiar with the

Health Act 2007 (Care and Support of Residents in designated Centres for Persons (children and adults) with Disabilities) Regulations 2013 and adopted a greater understanding.

The centre developed a yearly report on the quality and safety of care and support, the report was an accurate reflection on the developments of the centre and examined staffing levels and reported on the resident's highlights. Further detail regarding quality data indicators such as number and type of incidents, use and frequency of restraint amongst other indicators were required to ensure a robust report that was reflective of the entire quality and safety of care and support of the centre as outlined in the Regulation 23. Although there were visits to the designated centre by an appointed person, these visits were announced and therefore did not wholly comply with the Regulations.

The Provider failed to submit building compliance and fire compliance as required in the registration application. The provider first received official communication of the centres registration in August 2014.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was aware of their responsibility to notify the Authority of an absence greater than 28 days. There was a system in place to ensure the person in charge was replaced in the interim.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found the centre was sufficiently resourced to provide the service as outlined in the statement of purpose and as told to the inspector. The centre had a vehicle which staff used to assist residents attend activities, appointments, their day service and visits to meet friends and family. The inspector found that staffing levels were sufficient as reflected on the rosters and on duty on the day of inspection.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
Recruitment processes were in place to ensure that staff were employed in line with the centres policy on recruitment. Recruitment was facilitated by the human resource department. New employees were orientated to the centre through a planned induction programme which included shadowing of staff and training.

Training records were held in a central information system, the person in charge made the requested training records available to the inspector. The inspector, from a review of these records and the certificates placed in staff files, found that staff had sufficient training to carry out their role which was also in date. The person in charge had a training needs analysis developed for the remainder of this year and for early next year, 2015. Staff turnover at the centre was low therefore residents were receiving consistent care. Residents spoke positively with the inspector regarding the staff and from observations the inspector saw appropriate, meaningful and professional interactions with residents.

At the time of inspection the centre had no volunteers in place.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed a sample of the operating policies and procedures as outlined in Schedule 5. The inspector found they had been reviewed and were up-to-date. However, the centre did not have a policy on communication with residents; this was reported to the person in charge at feedback.

The centre had a roster, a statement of purpose and a resident's guide. The roster reflected the staff at the time of inspection.
The inspector also reviewed the directory of residents and found that further development was required to comply with the regulations and including but not limited to any dates the resident was not residing at the centre.

The inspector reviewed a record of food, the staff maintained records of previous menus and each resident also had their meals logged in their daily notes.

The inspector saw and reviewed an information file, which was maintained in the staff office, complete with guidance documents provided by the Authority. The records relating to fire were present and reviewed by the inspector as outlined in Outcome 7.

Judgment:
Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001915
Date of Inspection:	13 November 2014
Date of response:	31 December 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Communication

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The communication passport for one resident as outlined in their personal plan required a review to clearly reflect the individual's communication needs.

Action Required:
Under Regulation 10 (2) you are required to: Make staff aware of any particular or

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

individual communication supports required by each resident as outlined in his or her personal plan.

Please state the actions you have taken or are planning to take:
The communication passport template for each resident will be amended to include a review date and signed by key-worker and person in charge at least on an annual basis. The communication passport will be reviewed at least annually. Communication needs have been identified and all passports now clearly outline how to successfully communicate with each resident.

Proposed Timescale: 12/12/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although residents have numerous forms of contracts and agreements they do not fully outline the services provided or include full information regarding fees charged for services and activities.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
The person in charge has contacted the Governance department to amend the Bills Agreement to further include all costs associated with a resident. The amended Agreement will clearly outline all services included in statutory funding and those that a resident would be expected to pay for outside of core funding.
(a) The Governance department will amend the Bills Agreement at an organisation level.
(b)The person in charge will amend the Bills agreement at a scheme level to highlight expenses and services included until a new Agreement has been approved.

Proposed Timescale: (a) 03.02.2015 (b) 12.12.2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
From a review of resident's personal plans it was evident that the assessed needs of residents were not supported by clear care plans to guide staff in supporting residents

to achieve these assessed needs.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

Please state the actions you have taken or are planning to take:
The Governance department are piloting a new everyday living assessment tool which aims to meet standards as outlined in the regulations. The person in charge is liaising with the governance department on the pilot to ensure it is in line with actions required. The person in charge will create specific care plans for identified areas of support and care outside of the assessment and plan until the pilot tool has been developed appropriately.

Proposed Timescale: 12/12/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A vacant bedroom was found to be of insufficient size to wholly meet the needs of a resident who may reside there.

The railing at the front of the house required an extension to ensure the ramp was safely enclosed.

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
As per requirements from our Fire Engineers report the turn space of the ramp on the front door will be enlarged to 1800mm and the handrail will enclose the entire ramp. This work is included in the schedule of works due for completion to obtain the Fire Certificate and building compliance certificate.
The vacant bedroom will not be used as a bedroom and the person in charge will not pursue any admission into the bedroom.

Proposed Timescale: 09/03/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One bedroom required some remedial works:

- There was a strong odour in the bathroom.

- The floor required attention.
- Painting in the room was also required.

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

Please state the actions you have taken or are planning to take:
A contractor has been contacted regarding the bathroom floor and painting works to be carried out in the main bedroom. Work to begin by 12/12/2014.

Proposed Timescale: 30/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Drainage at the front of the house was poor and subsequently, on the day of inspection, a significantly amount of water had pooled at the entrance.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The person in charge has contacted the local council on occasions in the past when the road was heightened to outline the effect this had on our drainage, no reply has been received to date. The person in charge will liaise with the council to request that a drain is created alongside the road to deter excess water away from our entrance. If this is unsuccessful the person in charge will ensure a greater drain is created under the gateway to prevent subsequent pools from gathering.

Proposed Timescale: 12/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although there were recently reviewed behaviour support plans and improvements were evident, the triggers, proactive and reactive strategies were not outlined in the plan in line with best practice.

Action Required:
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
The Person in charge has reviewed all behaviour support plans to ensure that behaviours are identified, triggers are now clearly highlighted along with proactive and reactive strategies to ensure that the behavioural plan is clear and in line with recommendations to promote best practice.

Proposed Timescale: 12/12/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents who previously had a day service and were in transition were not provided with opportunities to maintain meaningful education and training and activities appropriate, both developmentally and age, to their needs in the absence of a day service.

Action Required:
Under Regulation 13 (4) (b) you are required to: Ensure that where residents are in transition between services, continuity of education, training and employment is maintained.

Please state the actions you have taken or are planning to take:
The person in charge highlighted the need for a day service to statutory key-workers at a contract review on 02/12/2014. Statutory key workers are working to resolve this. The person in charge has ensured that Praxis Care key-workers have sourced activities in the community and in house that are more meaningful to each service user. An example of the activities already sourced are an advocacy group, drama, daily living skills, gardening and classes ran in the community centre. Service users are now offered planned activities on a daily basis as recorded in their daily schedules. Person in charge has requested a further day placement for the service user with one day per week.

Proposed Timescale: 09/12/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As outlined in the body of the report, significant amendments were required to ensure the statement of purpose met the requirements of Schedule 1 to accurately reflect how the centre operated.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose

containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been amended to accurately reflect the requirements as detailed to include care needs being met, an appendix stating room sizes has been added to the statement of purpose. Total staffing numbers employed will be added to the staffing section. Therapeutic techniques carried out will be identified and day care facilities will be noted in it also. The application to register will be amended to meet that which is included on the current statement of purpose.

Proposed Timescale: 12/12/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to submit a completed registration application along with proof of fire compliance and building compliance. As of 02 December 2014, this documentation remained outstanding.

Action Required:
Under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 the Health 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Our property department have received a schedule of works to be completed as outlined by an external Fire Engineer. This is out for tender for completion of works. The Person in charge will ensure that the schedule of repairs are completed in a timely manner and in accordance with Fire and Building regulations. The person in charge will ensure that as our monitoring body our HIQA inspector will be kept informed of progress of works carried out.

Proposed Timescale: 09/03/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre had an annual review of the quality and safety of care and support however further development to ensure that all quality indicators were reviewed and evaluated such as number and type of incidents and medication errors to name but a few.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:
The Person in charge will ensure that the annual review will be amended to include key performance indicators such as complaints, compliments, number of untoward events which are broken down into categories, medication errors and that service user survey feedback is included in the review. The organisations year is deemed to run from April to March. These changes will be evident in the next annual review.

Proposed Timescale: 31/03/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Although there were visits to the designated centre by an appointed person, these visits were announced and therefore did not wholly comply with the Regulations.

Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
The person in charge to ensure that the Assistant Director of Operations is informed of the number of regulatory visits which are announced or unannounced. The person in charge will contact the Assistant Director informing them of the ratio to ensure that there is at least one unannounced visit in 6 months.

Proposed Timescale: 11/12/2014

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have a policy on communication with residents.

Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

Please state the actions you have taken or are planning to take:
The person in charge has liaised with the Governance department to create a policy outlining communication with residents as highlighted in Schedule 5 of the Health Act 2007. Governance are creating a policy which will be available to staff and reviewed in line with procedure.

Proposed Timescale: 03/03/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents required an update to include all relevant information as communicated by the Authority.

Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
The person in charge has amended the Directory of Residents in line with guidance issued in October. The Directory of Residents will include all relevant information as outlined in Schedule 3 of the Health Act 2007.

Proposed Timescale: 28/11/2014