

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Brookwood
Centre ID:	OSV-0001914
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Mary Clarke
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 January 2017 09:30 To: 18 January 2017 18:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous 10 outcome inspection was undertaken on the 15 May 2015 and the centre was registered in September 2015. As part of the current inspection the inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspectors met with two children residing in the centre. The inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits. One of the children told the inspector about how she enjoyed living in the centre and spending time with staff.

The inspector interviewed the person in charge, team leader, social care worker and a child's relative. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the providers statement of purpose, dated January 2017. The centre provided residential care for up to four children with a diagnosis of intellectual disability. At the time of inspection three children availed of the service. Two children on a full time basis and a third child on a shared care arrangement.

The centre was located in a two storey semi-detached house in an urban location. There was a good sized garden for the childrens use.

Overall Judgement of our findings:

Overall, the inspector found that children living in the centre were well cared for and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre. .

Good practice was identified in areas such as:

- Children's healthcare needs were met in line with their personal plans and assessments. (Outcome 11)
- There were systems in place to ensure the safe management and administration of medications.(Outcome 12)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. (Outcome 14)
- There were appropriate staff numbers and skill mix to meet the assessed needs of children availing of respite and the safe delivery of services.(Outcome 17)

Areas for improvement were identified in areas such as:

- There were occasions where children's personal plans did not reflect the recommendations of the multidisciplinary team.(Outcome 5)
- Improvements were required in relation to the up keep of the building which impacted on the ability of the centre to meet the required standards for infection control. (Outcome 7)
- Some improvements were required in relation to behavioural support arrangements. (Outcome 8)

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 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):

No actions were required from the previous inspection.

Findings:

Each child's well being and welfare was maintained by a good standard of evidence-based care and support. The arrangements to meet each child's assessed needs were set out in a personal plans that reflected his or her needs, interests and capacities. However, some information from multi-disciplinary reviews was not reflected in children's personal plans.

Each child's health, personal and social care needs were fully assessed. There was documentary evidence to show that children's parents or representatives were involved in assessments to identify the children's individual needs and choices. In addition, there was a multidisciplinary input into assessments.

Each child had a personal plan in place which detailed their assessed needs and choices. There was a local operational procedure in place to guide practice on personal planning. The inspector found that overall multidisciplinary input was incorporated into each child's personal plan by the child's keyworker following all yearly planning meetings and on receipt of updated multidisciplinary reports. However, on the day of inspection, the inspector identified occasions where recommendations of the multidisciplinary team were not reflected in personal plans.

There were processes in place to formally review children's personal support plans on a yearly basis. There was documentary evidence to show that the child's family and or representative and multidisciplinary team were involved in the revision of personal plans as per the requirements of the regulations. The inspector found that reviews focused on improving the lives of the children.

Judgment:
Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The health and safety of children, visitors and staff were promoted and protected. However, improvements were required in relation to the up keep of the building which impacted on the ability of the centre to meet the required standards for infection control.

There were policies and procedures in place for risk management which met with the regulatory requirements. The inspectors reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. The centre had a risk register. There was a safety statement in place dated April 2016, with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. There was an untoward events and notification policy in place, dated November 2015. The inspector reviewed a sample of incident report forms and found that an appropriate record was maintained of actions taken and follow up proposed. All forms were signed off by the person in charge and track and trend reports that were produced on a regular basis. The inspectors reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were some procedures in place for the prevention and control of infection. However, the inspector observed that there was chipped paint on walls and wood work through out the building. This negatively impacted on the ability of staff to effectively clean surfaces. There was a cleaning schedule in place and records maintained of tasks undertaken. However, the inspector noted that tasks were not always completed as per the timelines proposed in the schedule. Colour coded cleaning equipment was used and appropriately stored. There were sufficient facilities for hand hygiene available and

paper hand towels were in use. Posters were appropriately displayed. Training records showed that staff had attended hand hygiene training. There were adequate arrangements in place for the disposal of waste.

Adequate precautions were in place against the risk of fire. There was adequate means of escape and all fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a recently updated personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Fire drills involved children and were undertaken on a regular basis. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment and fire alarms were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre. A fire risk assessment had been completed in March 2016.

There was a site specific business continuity management plan, dated October 2016, in place to guide staff in the event of such emergencies as power outages or flooding.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to keep children safe and to protect them from abuse. However, some improvements were required in relation to behavioural support arrangements.

The centre had a children's safeguarding policy, dated November 2016 and a screening tool. The inspector observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and Children First, National guidance for the protection and welfare of children, 2011. The picture and contact details for the

designated person for the centre, (as per Children First, 2011) was observed on display. There had been two allegations or suspicions of abuse in the previous 12 month period and these had been appropriately responded to.

Overall, children were provided with emotional and behavioural support. However, an up-to-date behaviour support plan, for one of the children who displayed some behaviours that challenge, was not on file. A behaviour support plan, dated July 2015, was on file for this child. However, required revisions to reflect recommendations from a recent assessment by a behaviour nurse consultant had not taken place. There was a behaviour support policy. Records showed that staff had attended training on positive behaviour management support.

There were a number of environmental restraints being used in the centre for children's safety which were not considered by the inspector to be of concern. A restrictive practice register was in place. There was evidence that all restrictive practices were regularly reviewed and monitored by the multidisciplinary team. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

Judgment:

Substantially Compliant

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:

Children's healthcare needs were met in line with their personal plans and assessments.

The children living in the centre had minimal medical needs and or support requirements. Each child's health needs were appropriately assessed and met by the care provided in the centre. A 'level of functioning' assessment and physical health inventory had recently been completed for each of the children.

The centre had a fully equipped kitchen come dining area. The service had nutrition and hydration policy in place. The inspector observed that there was an adequate supply of healthy snacks available and that a range of healthy and nutritious meals were prepared for the children in the centre. One of the children spoken with told the inspector that she/he enjoyed the meals prepared in the centre.

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):

No actions were required from the previous inspection.

Findings:

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

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to children. The processes in place for the handling and storage of medicines were safe and in accordance with current guidelines and legislation. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There was a secure press for the storage of all medicines.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the pharmacy who signed off with staff receipt of same. There was a separate secure storage area for these drugs in the centre whilst awaiting return to pharmacy. It was determined that it was not appropriate for any of the children in the centre to be responsible for their own medications, following a medication assessment. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. The inspector reviewed records for monthly medication audits undertaken in the centre which showed a good level of compliance and where issues were identified that appropriate actions had been taken. Records were maintained of a weekly count of all medications and a record was also maintained of all medications received from pharmacy.

Judgment:
Compliant

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):

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

Findings:

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

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. A relative spoken with, as part of the inspection, described the person in charge as always friendly and open to hear her views. The two children present on the day of inspection were observed to interact warmly with her. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support requirements for the children living in the centre. The person in charge was in a full time post and also held responsibility for another designated centre. She reported to the assistant director of service of service, who in turn reports to the director of service. There was evidence that the person in charge and assistant director of service had formal supervision on a monthly basis where performance development and review were discussed. The person in charge was supported by 3.5 whole-time-equivalent team leaders who managed the centre in her absence. At the time of inspection, it was reported that an administrative assistant was being recruited on a part-time basis to support the person in charge in relation to administrative tasks.

As per regulatory requirements, the provider had undertaken an annual review for 2015 of the quality and safety of care in the centre. At the time of the last inspection, inspectors identified that a six monthly unannounced visit to the centre had not been undertaken by the provider. On this inspection, the inspector noted that unannounced visits had been undertaken in April and October 2016 as per the regulatory requirements. There was an action plan in place to address issues identified in these visits. Good progress was being made in monitoring and addressing issues identified. There was also evidence that monitoring visits were undertaken on a monthly basis and that an annual review of quality and safety had been completed in February 2016. The inspector reviewed questionnaires which had been completed by families regarding the quality and safety of the service. There was an operations plan in place for 2016/2017. There was evidence that all untoward events and risks were reviewed by the assistant director of service and person in charge, It was noted that relevant matters were forwarded for discussion with the director of care.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. On call arrangements were in place and staff were aware of these and the contact details.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of children availing of respite and the safe delivery of services.

The staffing levels, skill mix and experience were sufficient to meet the needs of the children living in the centre. There was an actual and planned staff roster in place. The inspector reviewed a sample of four staff files and found that the information as required by schedule 2 of the regulations was in place. There had been a number of changes within the staff team. It was noted that three of the staff had worked in the centre for a number of years which meant that children had some continuity in their care givers. A number of new staff had commenced working in the centre over the previous 12 month period. Staff informed the inspector that staff morale was good and new members of staff had been made feel welcome by their co workers and the children living in the centre.

A training programme was in place for staff which was coordinated by the providers training department. Training records showed that all staff were up to date with mandatory training requirements. Staff interviewed were knowledgeable about policies and procedures in place. The inspectors observed that a copy of the standards and regulations were available in the centre.

There were staff supervision arrangements in place. The inspector reviewed a sample of supervision files and found that staff were supervised in line with the timelines specified in the providers policy on supervision. Records maintained were of a good quality.

There were no volunteers working in the centre at the time of inspection.

Judgment:

Compliant

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:

Maureen Burns Rees
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 report¹

Centre name:	A designated centre for people with disabilities operated by Praxis Care
Centre ID:	OSV-0001914
Date of Inspection:	18 January 2017
Date of response:	02 March 2017

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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector identified occasions where recommendations of the multidisciplinary team were not reflected in personal plans.

1. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:

The person in charge will ensure that all recommendations from multidisciplinary team reviews will be carried forward to personal plans.

Proposed Timescale: 31/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector observed that there was chipped paint on walls and wood work throughout the building. This negatively impacted on the ability of staff to effectively clean surfaces.

There was a cleaning schedule in place and records maintained of tasks undertaken. However, the inspector noted that tasks were not always completed as per the timelines proposed in the schedule.

2. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:

The Registered Provider will ensure that the person in charge will audit the health and safety schedules and ensure that the timeframes given are being followed by staff. (31/03/17)

The Registered Provider has ensured that the person in charge has contacted the maintenance in the health service executive and they have committed to completing the paintwork and woodwork by end of April'17. (30/04/17).

Proposed Timescale: 30/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

An up-to-date behaviour support plan, for one of the children who displayed behaviours that challenge, was not on file

3. Action Required:

Under Regulation 07 (1) you are required to: 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.

Please state the actions you have taken or are planning to take:

The person in charge has ensured that an up to date behaviour support plan is now in place for the resident and is signed off by the behaviour consultant. (17/02/17).

The person in charge will ensure that the behaviour support plan is signed off by the multidisciplinary members. (31/03/17).

Proposed Timescale: 31/03/2017