Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	New Haven
Name of provider:	Praxis Care
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0006653
Fieldwork ID:	MON-0031988

About the designated centre

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

New Haven is a designated centre operated by Praxis Care. The designated centre provides full-time community residential services to support to five individuals, both male and female, including but not exclusive of Intellectual Disability, Mental Ill Health and assessed Medical needs. It is a two storey detached house located close to a town in Co. Wexford which provided good access to local services and amenities. The centre comprises of kitchen, dining room, two sitting rooms, nine bedrooms all of which are en-suite and a number of shared bathrooms. The centre is staffed by a person in charge and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 May 2021	09:45hrs to 16:30hrs	Sinead Whitely	Lead
Wednesday 19 May 2021	09:45hrs to 16:30hrs	Conan O'Hara	Support

What residents told us and what inspectors observed

In line with infection prevention and control guidelines, the inspectors carried out this inspection in line with public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspectors carried out the inspection primarily from one location in the designated centre. The inspectors ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with residents, staff and management over the course of this inspection.

The inspectors had the opportunity to meet with four of the residents living in the designated centre during the inspection, albeit this time was limited. On arrival to the centre, the inspectors were warmly greeted by one resident. From what residents communicated with the inspectors and what was observed, it was evident that the residents received a good quality of care in the designated centre. Inspectors observed that residents appeared happy and comfortable in their home during the day.

Residents appeared to have their own individualised routines and daily schedules. One resident was observed doing a one to one activity during the day with a staff member and another resident was observed outside going for a walk. A new sensory room had been installed since the previous inspection and the person in charge communicated that some residents enjoyed relaxing there.

Four residents completed satisfaction questionnaires prior to the inspection day and these were reviewed by the inspectors. The questionnaires asked residents to comment on their level of satisfaction in a number of key areas including the premises, meals, activities, staffing and residents rights. Overall, the questionnaires reported that residents were very happy living in their home. One resident reported regularly enjoying horse riding and shopping and other residents reported that they liked aspects including their bedroom, their chair and their new television.

On the day of the inspection, the inspectors completed a walk through of the premises accompanied by the person in charge. The premises was a large two-storey house. There was a large garden to the rear of the centre where inspectors observed a gazebo and some garden benches that residents had painted with support from staff. The designated centre was warm and decorated in a homely manner. The centre was well maintained and had recently been re-decorated. Areas of the centre had been freshly painted, there was a new kitchen and new carpets had been installed in parts of the house. A carpet in the centres living room was identified as needing replacement and the person in charge communicated that this was in process.

All residents had their own bedrooms and en-suite and these had been personalised to suit the residents own preferences. Some bedrooms had a sea view. Inspectors noted the smell of home cooking in the centre early in the day. Staff members

communicated that one resident likes their food immediately when they come to the kitchen and fresh food was sometimes prepared earlier in the day to facilitate this. Some cupboards in the kitchen were locked, and following discussion with staff and a review of documentation, it was clear that these were in place due to identified risks.

The staff team consisted of a full time person in charge, a team leader and care assistants. Staffing levels had been reviewed since the centres most previous inspection and inspectors found that staffing levels were in place to meet the assessed needs of the residents**.**

In summary, based on what residents communicated with the inspector and what was observed, the inspector found that residents received a good quality of care in their home. However, there are some areas for improvement including behavioural support, fire safety and infection control. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors noted marked improvements in the centre since the centres most previous inspection. The registered provider and management team had done work do ensure actions identified were appropriately addressed. There were management systems in place to ensure good quality care and support was being delivered to the residents. There were systems in place to effectively monitor the quality and safety of the care and support. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their support needs. There were regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual report for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The person in charge maintained planned and actual rosters. The previous inspection identified an area for improvement in relation to staffing levels. The inspectors reviewed a sample of staff rosters and found that this had been addressed. The staff rosters demonstrated sufficient staffing levels and skill-mix to meet the residents' needs. There was an established staff team in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring

manner.

There were systems in place for the training and development of the staff team. The inspectors reviewed a sample of staff training records and found that all of the staff team had up-to-date training, skills and knowledge to support the needs of the residents. This was identified as an area for improvement on the previous inspection. In addition, from a review of staff supervision records, the inspectors found that all staff received formal supervision in line it the provider's policy.

The previous inspection identified that improvement was required in relation to the management of complaints. The inspectors found that the complaints procedure had been reviewed by the registered provider. On review of the complaints log it was evident that the provider was recording complaints, responding appropriately and investigating complaints where required.

Regulation 15: Staffing

Issues regarding staff levels had been identified during the centres most previous inspection. The registered provider had appropriately addressed these issues and had implemented increased staff support at night times. Inspectors observed positive interactions between staff and residents throughout the inspection day.

The person in charge maintained a planned and actual roster and there was sufficient staffing levels and skill-mix to meet the residents' assessed needs. There was an established staff team who appeared to know the residents and their needs well, this promoted continuity of care and support to residents.

Inspectors reviewed a sample of staff files and found that all Schedule 2 documents were in place as required, including staff identification, references, Garda vetting and qualifications.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. The staff team were up to date in mandatory training. This included training in fire safety, manual handling, behaviour management, safeguarding, complaints management, first aid and infection prevention and control. The staff team appeared to have the skills and knowledge to support the needs of the residents.

Staff were completing regular formal one to one staff supervision and appraisals with their line managers. There was a probation period of six months in place for new staff members. There was also a system in place for the induction and

supervision of new staff members working in the centre. The inspectors reviewed the service supervision template and found that this reviewed staff members performance and development. These sessions were also used as an opportunity to update staff on issues including risks, health and safety concerns and resident updates.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was a full time person in charge who had a regular presence in the centre and a full time team leader. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. The person in charge was completing monthly monitoring reports which included a review of admissions, residents views, safeguarding, restrictive practices, complaints, health and safety, training, finances and medications.

An annual report of the quality and safety of care and support had been completed by the previous person in charge. Six monthly unannounced visits and audits were also being completed on behalf of the provider. These assessed the centres compliance with all regulations. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31 including a quarterly report of the use of restrictive practices and specific adverse incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure for residents in place and this was prominently displayed on the wall in the designated centre. From a review of the complaints log, it was evident that all complaints were recorded, responded to and investigated promptly.

There was a designated complaints officer who managed complaints when they arose. Complaints were regularly discussed at weekly residents meetings.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was a comfortable home in keeping with the ethos of the provider. Management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. However, some improvements were required in positive behavioural support, infection control measures and fire safety.

All residents had a comprehensive assessment of need and personal plan in place which were subject to regular review. There were positive behaviour supports in place to support residents manage their behaviour. Behaviour management guidelines were in place as required. The inspector reviewed a sample of these guidelines and found that they were up to date and appropriately guided the staff team. There were restrictive practices in use in the centre which were appropriately identified and reviewed by the provider. However, one protocol in place regarding the implementation of a chemical restrictive practice required review in order to ensure the staff team were appropriately guided on its use in line with the residents prescription.

There were systems in place for safeguarding residents. The inspectors reviewed a sample of incidents which demonstrated that incidents were reviewed and appropriately responded to. Residents were observed to appear comfortable and content in their home. All staff had up-to-date training in safeguarding vulnerable persons and staff spoken with were clear on what to do in the event of a concern or allegation.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the

residents. The centre was well maintained and had recently been re-decorated. Areas of the centre had been freshly painted, there was a new kitchen in place and new carpets had been installed in parts of the house.

All residents had their own bedrooms and en-suite and these had been personalised to suit the residents own preferences. The provider had ensured the provision of all matters set out in Schedule 6 including recreational space, storage and dining facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register. The risk register outlined the controls in place to mitigate the risks.

Residents all had individualised risk assessments in place and these detailed rationale for the use of the restrictive practices in the centre.

There were business contingency plans in place for in the event of various adverse incidents including loss of staff, loss of utilities, loss of resources, failure in IT systems and adverse weather conditions.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control measures were in place in the designated centre. The centre was visibly clean on the day of inspection and enhanced cleaning schedules had been implemented by staff. The provider and management team had devised a business continuity plan for in the event of an outbreak of COVID19. This included procedures for testing, infection control measures, use of personal protective equipment (PPE), staffing, visitation and communication.

Staff had completed training in the donning and doffing of PPE and staff were observed wearing face masks throughout the inspection, in line with national policy for residential care facilities. The centre had access to support from Public Health and a nurse specialist had visited the centre and advised management regarding infection prevention and control measures.

Staff had access to up-to-date guidance for infection prevention and control and signage was noted around the centre outlining infection control measures that

should be adhered to. Residents and staff had access to appropriate hand washing facilities and alcohol hand gels.

Measures were not in place to ensure that zones for self isolation or quarantines could always be implemented in the event of a future suspected case or a confirmed outbreak of COVID19. This was secondary to one residents complex presentation. However this did pose risks to peer residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and residents had personal emergency evacuation plans in place. However, one resident consistently refused to evacuate meaning the provider could not demonstrate a full evacuation which did not provide the required level of assurance. The provider had completed extensive works to the premises since the previous inspection. This included further fire containment measures in the residents bedroom as an extra safety precaution, however a plan was still not in place to guide staff on how to successfully evacuate the resident from the designated centre in the event of a fire and was overly reliant on the arrival of emergency services.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which were up to date and suitably guided the staff team in supporting residents with identified needs. Residents had access to health and social care professionals as required.

Judgment: Compliant

Regulation 6: Health care

In general, residents were supported to manage their health. Residents all had a designated health section in their plans of care which included regular reviews of

dental care, mental health, mobility, sight and hearing, medications, digestion, pain, and male/female health. Staff were making referrals to multi-disciplinary services when required.

Some issues were identified regarding residents access to review with psychiatry services which is further detailed in regulation 7.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours. Restrictive practices in use in the centre were appropriately identified and reviewed by the provider. A private behavioural therapist was available to support residents when required and online appointments had been facilitated during the COVID19 lockdown period. Residents all had up-to-date positive behavioural support plans in place which were subject to regular review.

Residents did not have access to a psychiatrist, this posed a risk at times as some residents were prescribed psychotropic medicines which would require review with psychiatry services. Inspectors acknowledge that this was due to ongoing recruitment issues with psychiatry services in the south east area.

One protocol on the administration of medication taken as required (PRN) to support residents with behavioural concerns, required review to ensure the staff team were appropriately guided on its use in line with the residents medication prescription.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. The centre had seen a marked reduction in safeguarding incidents. There was evidence that safeguarding incidents were appropriately managed, with screening completed in line with national policy and risk assessed and mitigated when necessary. Interpersonal compatibility assessments had been completed with all residents.

Staff spoken to were clear on what to do in the event of a concern and had received up-to-date training in the safeguarding and protection of vulnerable adults. Residents were observed to appear relaxed and content in their home. Staff had completed financial capability assessments with all residents which determined what

levels of support was required for residents to safely manage their finances.

All residents had intimate care plans in place which were subject to regular review and guided staff when they were supporting residents with personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents appeared to have choice and control in their daily lives, with all residents having individual daily planners in place and staff support to meet their needs and preferences.

Residents meetings were held on a weekly basis and issues including complaints, residents rights and safeguarding were regularly discussed. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and respectful manner.

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
Capacity and capability	
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
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not 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 New Haven OSV-0006653

Inspection ID: MON-0031988

Date of inspection: 19/05/2021

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • The registered provider will ensure that if there was a suspected or confirmed case(s) of COVID-19 in the service the initial plan is to isolate residents. Whereby a resident is unable to isolate, temporary accommodation will be arranged for them or other residents to go to, to prevent the spread of COVID-19. Date:27.07.2021	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The registered provider has ensured that all residents will safely evacuate the premises. The 6 monthly Fire Drill demonstrated that through the incentives in the service all residents evacuated their home. Date: 04.06.2021 • The registered provider will ensure that if this were to change other measures for example, ski sheets are explored and used if required.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The registered provider will ensure that all residents are reviewed by psychiatry. New referrals were sent to psychiatrist and they are currently on the waiting list to be seen. Date: 26.06.2021 • The registered provider has ensured that all PRN protocols in the service were reviewed and information regarding daily maximum doses is clear for all staff. Date: 02.06.2021	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	27/07/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	04/06/2021
Regulation 07(1)	The person in	Substantially	Yellow	26/06/2021

	charge shall 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.	Compliant		