



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

Issued by the Chief Inspector

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| Name of designated centre: | Praxis Care Mullingar |
| Name of provider: | Praxis Care |
| Address of centre: | Westmeath |
| Type of inspection: | Unannounced |
| Date of inspection: | 20 July 2023 |
| Centre ID: | OSV-0001915 |
| Fieldwork ID: | MON-0040326 |

About the designated centre

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

The service provides residential care to six male and female residents. Four residents live here on a full time basis and two residents live here on a shared care basis meaning that one resident stays for a period of time and then goes home and the other resident then stays for a period of time. The staff team consist of direct support workers, team leaders and the person in charge. There are three staff on duty during the day and two staff at night (one of whom is on a sleep over). An additional staff is also provided during the day to facilitate activities in the community. The centre comprises of a dormer style bungalow situated outside a large town in County Westmeath. Each resident has their own bedroom which has been decorated to the residents taste and choice. Residents are supported by a range of allied health professionals in line with their assessed needs. Most of the residents attend a day service either full time or on a part time basis. Residents who choose not to attend are supported by staff to engage in activities of their choice.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 5 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 |
|-----------------------|----------------------|------------|------|
| Thursday 20 July 2023 | 10:10hrs to 19:00hrs | Anna Doyle | Lead |

What residents told us and what inspectors observed

Overall, while residents appeared to have a good quality of life and were supported to engage in meaningful activities on a daily basis, some improvements were required in the premises, fire safety, risk management, health care, medicine management practices and records stored in the centre.

On arrival to the centre, a staff member went through some infection prevention and control questions and directed the inspector to hand sanitisers. Some of the residents were preparing to leave to attend a day service and some were preparing for the day ahead.

The inspector met all of the residents, spoke to a team leader, a staff member and the person in charge, and observed some practices in the centre. On the day of the inspection there were four residents living full time in the centre and one resident lived on a shared care basis was at home.

The inspector observed that, staff were respectful and kind to the residents throughout the course of the inspection. They were observed responding to the needs of the residents in a timely manner and appeared to know what residents liked in the centre. One staff member for example, was observed supporting a resident on return from their day service to turn on their favourite TV programme and prepare a drink for the resident. Both of these things were very important to the resident. The atmosphere in the house was warm and friendly, one resident said that the team leader was great fun to be around, a staff member had also brought in a birthday cake to celebrate the staffs birthday with the residents. The staff and residents were also observed sitting down enjoying their evening meal together.

Throughout the day residents were observed to be engaged in activities. Some were attending their day service, some went shopping, or out for lunch. A review of residents' personal plans also showed that residents had goals in place for the year. Residents were also informed about the details of trips and how much they would cost the resident. For example; one resident had thought about going to Cork for a night away but reviewed this decision when staff showed them the cost involved. This was an example of how residents were provided with information in order to make their own decisions.

The premises was large and spacious and maintained to a good standard. Each resident had their own bedroom which had been personalised to their individual styles and preferences. There was a large garden surrounding the property where residents could sit out and enjoy the peaceful surroundings. A number of upgrades had been completed in the property since the last inspection, some of which included a new kitchen, new furniture and upgrades to the paintwork. Sensory lights and equipment had been installed in the conservatory to the back of the property and the person in charge informed the inspector that residents enjoyed sitting in this

room at night time when it was dark.

The person in charge had arranged an assessment of the premises for one resident in the centre to ensure accessibility for the resident. As a result a stair lift was going to be installed in the centre. However, the inspector observed that the door to the kitchen was not wide enough to comfortably allow access to the kitchen for wheelchair users. This needed to be reviewed. In addition, the location of the dining room table was partially blocking a fire exit route. This also needed to be reviewed.

Some of the residents required support to make choices about their care and support needs and, communicated this through gestures and non verbal cues. Easy read information was displayed in areas of the home which helped the residents to understand information. Staff pictures were displayed, pictures of meals being provided for the day and residents had easy read versions of their personal plans also. One of the residents showed the inspector where the menu for the week was and went through some of the things they liked and didn't like for their dinner. The resident told the inspector that if they did not like something that an alternative meal was provided.

As part of the registered providers annual review for the centre, the views of residents were collated through a survey on whether they were happy with the services provided. Overall the feedback was very positive, with residents stating that they were happy with staff and that they would talk to staff if they had a complaint. Some residents were supported by staff to complete the survey and staff commented on the residents response to the questions. For example; one resident when asked if staff were kind gave the 'thumbs up sign'.

Family representatives had also been invited to complete a survey on the services provided as part of the annual review. Family members who completed the survey said that they were very satisfied with the service provided stating that it was 'an excellent service'.

There were no complaints recorded in the centre since the beginning of the year.

Residents were also informed about things that were happening in the centre. Residents meetings were held monthly where they were informed about some of their rights such as the right to feel safe and the right to make a complaint. They were also kept informed about things that concerned their home. For example; the inspector noted at a recent meeting, where options for a new front door were shown to the residents to allow them to choose the colour and type of door being ordered. The inspector also noted a number of events that had been planned throughout the year in the minutes of these meetings which included a party for a resident that was moving to another service, and celebrations for significant events throughout the year. One resident had wanted to have a summer barbecue and informed the inspector that on the day it was planned it was raining and so the staff and residents had enjoyed the food indoors instead.

Each month residents also met with their key worker to talk about things that were happening in their lives, this was an opportunity for residents to raise concerns about things in the centre that they were not happy about or things that they would

like to do. The inspector spoke to one resident who had explained that they wanted to be able to store an item of theirs in the kitchen. Education and support had been provided to the resident about this. For example; as part of the residents service level agreement this item was not allowed to be stored in communal areas as per the registered providers policy. The resident was sourcing an alternative, to store the item in their bedroom. The person in charge also outlined that the registered provider was currently reviewing this policy to ensure that it was not impacting on residents' rights in the centre.

The person in charge also outlined a review that had taken place around restrictive practices in the centre. This review had resulted in a number of restrictive practices been eliminated which was proving very positive for residents. For example; one residents clothes used to be locked in their wardrobe due to a safety concern. This had been reviewed and the lock had been removed from the wardrobe and the resident now could access their clothes freely.

Residents were supported to keep in contact with family and were included in their local community. One resident spoke to the inspector about family visits and trips out they took with their family member. The inspector also observed pictures of a resident visiting their family member during the covid -19 pandemic.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, the person in charge and team leaders were very organised and provided good oversight of the care and support being provided in the centre. However, there were some improvements required in the premises, fire safety, risk management, staffing, health care, medicine management practices and records stored in the centre.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. The person on charge was also responsible for another designated centre under the remit of this provider and was able to maintain oversight of both centres at the time of the inspection. They provided good leadership and support to their team and demonstrated a commitment to improving the quality of life of the residents.

The person in charge reported to a head of operations. They met on a monthly basis to discuss the care and support being provided in the centre.

The registered provider completed a number of audits to ensure that the service provided was to a good standard. An annual review and an unannounced six

monthly review had been completed to review the care and support being provided.

There was sufficient staff on duty to meet the needs of the residents at the time of the inspection. There were no staff vacancies at the time of the inspection but a number of agency staff were employed to support one resident under a special arrangement by the funding body. While the resident reported that they liked the staff supporting them, this required some review to ensure consistency of care to the resident.

In addition while a nurse was employed in the wider organisation to provide support and oversight of residents health care needs, this was available via telephone support mainly. The inspector found that given the health care needs of some of the residents that further oversight was required from nursing staff to support and guide practices in the centre.

Staff personnel files were not reviewed at this inspection, however, the records maintained for agency staff employed in the centre such as garda vetting and training were not up to date on the day of the inspection. The person in charge addressed this on the day of the inspection.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system.

Staff had been provided with training to ensure they had the necessary skills to respond to the needs of the residents. In addition, the staff had also completed training in supporting peoples rights; such as their right to consent to their care and support. The person in charge gave some examples of how this training influenced their practices in the centre. For example; the use of restrictive practices in the centre had reduced. The inspector also observed examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

The records maintained on residents' personal plans required improvements. For example; the inspector observed some gaps in the residents daily records.

Following a review of a sample of incidents, the inspector was satisfied that the person in charge had notified the chief inspector where adverse incidents had occurred in the centre.

The statement of purpose had been recently reviewed and contained the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge was a social care professional who had the necessary management skills and experience to manage the centre. They demonstrated a good

knowledge of the needs of the residents and promoted a service that was person centred and based on a human rights approach. For example; they had conducted a review of restrictive practices in the centre, which saw a significant reduction in these practices for one resident.

The person in charge was transparent, open and responsive to any areas of improvement identified on the inspection in order to improve the quality of life of the residents living there.

They were aware of their remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

At the time of the inspection they were responsible for another designated centre under the remit of this provider. The inspector found that this did not impact the oversight and management of this centre at the time of this inspection as four team leaders were employed in this centre to support the person in charge.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents. There were no staff vacancies at the time of the inspection and regular relief staff were employed to cover unplanned leave. A number of agency staff were employed to support one resident at certain times during the day. The agency staff employed were also regular and consistent. However, these staff did not report to the person in charge, did not attend staff meetings in the centre and were not provided with supervision from the person in charge. This needed to be reviewed to ensure that agency staff were up to date with all of the residents' care needs in order to ensure consistency of care.

The staffing levels were planned around the needs of the residents and additional staff were on duty some days to support additional social activities for residents.

A planned and actual rota was maintained. A review of a sample of those rotas showed that the correct amount of staff were on duty each day.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. The staff spoken with had a very good knowledge of the resident's needs.

While a nurse was employed in the wider organisation to provide support and oversight of residents' health care needs, this was available via telephone support mainly. The inspector found that given the health care needs of some of the residents that further oversight was required from a nursing staff to support and

guide practices in the centre.

Staff personnel files viewed were not reviewed at this inspection, however, the records maintained for the agency staff employed in the centre were and they did not contain up to date on the day of the inspection. The person in charge had addressed this on the day of the inspection and submitted assurances the day after the inspection to confirm that all records were now up to date.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; emergency first aid, safeguarding adults, fire safety, manual handling, infection prevention and control, medication management, autism and positive behaviour support. Training had also been provided for the use of some medical equipment used in the centre. In the coming days additional enhanced medicine management training was also being delivered to staff.

Staff had completed training in human rights. The person in charge gave some examples of how this training influenced their practices in the centre. The inspector also observed examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

The staff, person in charge and the team leader informed the inspector that supervision was completed every two months in the centre, audits conducted by the provider indicated that these were all completed as required. This was a forum for staff to raise concerns (if any) about the quality of care provided. All staff spoken to said that they had no concerns about the quality of care provided to residents in the centre, but if they had they would have no issues reporting them to a manager.

Judgment: Compliant

Regulation 21: Records

Some of the records stored in the centre required review as there were gaps in some of the records viewed. For example; on the daily notes records some of the information was not recorded.

A monthly review conducted for each resident did not have all of the details recorded on the review sheet. For example, for each area of need it needed to be recorded if there were any changes required to the residents plans or risk

assessments, these sections had not been completed.

The management of records also required review as some health care needs was not dated or information that was out of date remained in a residents file. This was particularly important to review as some residents health care needs required clear and consistent guidance.

Judgment: Substantially compliant

Regulation 23: Governance and management

This centre was had a defined management structure in place to ensure that the quality of services provided was to a good standard.

Four team leaders were employed to support the person in charge in their role and provide support and direction to staff when the person in charge was not in the centre.

The person in charge and the four team leaders employed had good oversight of the centre and ensured that staff were supported through regular supervision and staff meetings. Staff meetings were held every month and items such as risk management, residents needs, infection prevention and control and human rights formed part of the discussion at these meetings.

The person in charge reported to the head of operations. They met on a monthly basis in the centre to review the care and support being provided. These meetings comprised of audits that were conducted from which action plans were developed to improve services where required.

An annual review had been conducted for 2022 which included consultation with residents/family representatives.

An unannounced six monthly review had also recently taken place at the end of June 2023 by a member of the registered providers quality team. This review was very comprehensive and highlighted a number of minor actions which required attention within specific time frames. At the time of the inspection the person in charge was still in the process of implementing all of the actions from this review.

The registered provider and the person on charge also conducted audits in the centre which included medicine management and residents financial records. For the most part these audits found good practices and where improvements had been required they had been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in the centre which was regularly reviewed and contained all the details of the services provided as required under the regulations. A minor improvement was required to this which was discussed with the person in charge who intended to address this.

Judgment: Compliant

Regulation 31: Notification of incidents

Following a review of a sample of incidents and accidents in the centre, the inspector was satisfied that the person in charge had notified the chief inspector of adverse incidents that had occurred in the centre.

Judgment: Compliant

Quality and safety

Overall, the residents appeared to have a good quality of life in this centre however, some improvements were required in risk management, fire safety, the premises, medicine management practices and health care.

The property was large and spacious and included plenty of outside space for residents to enjoy. The property was clean and well maintained. The registered provider had carried out a number of updates to the property which included a new kitchen. However, the inspector observed that the door to the kitchen was not wide enough to comfortably allow access to the kitchen for wheelchair users.

Personal plans were in place for all residents. A detailed assessment of need was in place for each resident, which had recently been updated. These care and support of residents was reviewed every month and while this review was comprehensive it did not to ensure that the care and support being delivered was effective. The inspector was satisfied that this had been highlighted through the providers own audits and was being addressed at the time of the inspection. An annual review was also conducted with the resident, the staff team and some allied health care professionals.

Residents health care needs were being supported in the centre and residents had access to a range of allied health professionals and were supported by staff to attend all health care appointments. Where required residents had been provided

access to national health screening programmes and vaccinations. Support plans were in place to guide staff practice and inform the supports a resident required with their health care needs. However, some of these plans were not comprehensive. For example; there was no comprehensive plan to support one resident who had a significant health care need and guide the supports the resident required in certain instances. While staff met were clear about the supports required this needed to be reviewed for continuity of care and consistency.

There was a policy in place for the management of risk in the centre. However, one risk (which related to a residents health care needs) in the centre was rated as a red risk and while the person in charge had controls in place to manage this, there was no input from senior managers to assure that they were satisfied with the management of this risk.

The registered provider had fire safety management systems in place in the centre at the time of the inspection. However, some improvements were required to fire drill records, and one fire exit which was partially blocked on the day of the inspection.

All staff had been provided with training in safeguarding vulnerable adults. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being of residents.

The inspector was satisfied from a review of residents personal funds that measures were in place to safeguard their personal money.

The inspector found a number of examples where residents were supported with their rights. They were involved in decisions about their home. They were provided with education and information about their right to feel safe and make a complaint. They were provided with information in order to make a decision. For example; one resident had been provided with information on the cost of a trip away and had decided to go somewhere else after this information was provided.

Regulation 12: Personal possessions

The inspector reviewed the oversight arrangements in place to ensure that residents personal money was safeguarded. The person in charge went through this process with the inspector. Of the records viewed the inspector was satisfied that the person in charge and staff team had measures in place to safeguard residents finances. For example; any money withdrawn from the residents bank accounts were recorded and signed by two staff for accuracy. Where residents money was spent, the receipts were maintained and logged and balance checks were conducted and signed by two staff members also.

Some residents independently managed their own money and described some of the charges they incurred in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The general welfare and development of residents was supported in this centre. Residents were supported to keep in regular contact with family and friends. Most of the residents attended a day service, for those who did not they could choose activities they wanted to do on a daily basis.

Judgment: Compliant

Regulation 17: Premises

The property was well maintained, clean and decorated to a good standard. Residents had their own bedrooms which were personalised to their individual tastes. There was a large garden to the back and front of the property that was well maintained. Since the last inspection, the property had been painted, a new kitchen had been installed, flooring had been replaced and new sofas had been purchased.

The access to the kitchen door needed to be reviewed as it was not big enough for wheelchair users to safely access without potentially bumping or banging into the door frames.

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly and maintained a record for when maintenance jobs were reported and completed.

A new front door had been ordered and residents had been included in choosing the colour and type of door ordered.

A stair lift recommended by an occupational therapist was currently being sourced to support one resident with their mobility.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had a local risk register that was managed and reviewed by the person in charge. There were also individual risk assessments in place for each resident. However, one risk (which related to a residents health care needs) in the centre was rated as a red risk and while the person in charge had controls in place to manage

this, there was no input from senior managers to assure that they were satisfied with the management of this risk.

One vehicles was provided in the centre. The records reviewed verified that this vehicle was insured and had an up to date certificate of road worthiness in place. There was also a wheelchair lift on the bus and this had also been serviced.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had a fire safety arrangements in place to mitigate the risk of a fire and to ensure a safe evacuation of the centre in the event of a fire. Fire equipment was available including a fire alarm, emergency lighting, fire extinguishers and a fire blanket. Records were maintained to assure that this equipment was serviced. However, the inspector observed that the service records for emergency lighting had recommended an upgrade to the emergency lighting. This had not been alerted to senior managers at the time of the inspection for review.

There was a fire risk assessment conducted on annual basis. An evacuation plan was in place indicating how staff should respond in the event of a fire.

Residents had personal emergency evacuation plans in place which indicated the support they required in the event of a fire. Fire drills had been conducted to assure a safe evacuation of the centre. Staff were familiar with these plans. However, the fire drills did not record the scenarios used when the fire drills took place. For example; there were three fire exits in the centre and it was not clear whether they had all been used in a drill.

One of the fire exits to the back of the property was partially blocked by the dining room table and this needed to be reviewed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication was safely stored and staff were trained to administer medication to residents in the centre. Those staff had also completed competency assessments as part of their training.

There were systems in place to dispose of medicines in a safe manner. All medicines were returned to the dispensing pharmacy and records were maintained to verify

these returns.

The person in charge had systems in place to ensure that medicines received into the centre were checked by two staff members. This check included that medicines were correct, clearly labelled and corresponded with the medication administration records. However, one medicine stored had information recorded on it that was not in line with the medication administration record or the medicine protocol. While this did not impact the resident it did require review for accuracy.

There as was no local policy in place at the time of the inspection for the practice of transcribing medicines in the centre.

Medicine protocols were in place for the administration prn (as and when required) basis to guide when it should be administered. However, one resident had three different medicine protocols in their plan to guide practice. The inspector was satisfied that this was being addressed as this issue had been highlighted through the registered providers own audits in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that included an assessment of need. Support plans were also in place to guide practice for staff. However, as discussed under healthcare some of these plans required review.

A monthly review was conducted on each residents plan by their key worker, this reviewed all the events that occurred for the resident. However, while this was comprehensive, the registered provider had identified through their own audits that this required review to ensure that the effectiveness of the care being provided was recorded. The inspector was satisfied that the person in charge was addressing this at the time of the inspection.

Residents had weekly key working meetings where they got to choose different things to do, and staff explained some of the care that was being provided to them.

An annual review was conducted every year with the resident and their representative. These were due to commence in the coming weeks and months for each resident.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and had required access to a range of allied health care professionals if required.

Support plans were in place to guide staff practice and inform the supports a resident required with their health care needs. However, some of these plans were not comprehensive. For example; there was no comprehensive plan to support one resident who had a significant health care need and guide the supports the resident required in certain instances. While staff met were clear about the supports required this needed to be reviewed for continuity of care and consistency.

Residents had the right to refuse specific medical treatment or interventions and this had been reported to the relevant health care professionals and doctors who supported the resident.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the different types of abuse and the procedures to follow in the event of an incident of abuse occurring in the centre. Residents reported in the surveys conducted by the registered provider that they felt safe. One resident informed the inspector that they felt safe and if they did not they would talk to the manager.

Education was provided to the residents on their right to feel safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found a number of examples where residents were supported with their rights. They were involved in decisions about their home. They were provided with education and information about their right to feel safe and make a complaint. They were provided with information in order to make a decision. For example; one resident had been provided with information on the cost of a trip away and had decided to go somewhere else.

The inspector spoke to one resident who had explained that they wanted to be able to store an item of theirs in the kitchen. Education and support had been provided to the resident about this. For example; as part of the residents service level agreement this item was not allowed to be stored in communal areas as per the registered providers policy. The resident was sourcing an alternative, to store the item in their bedroom. The person in charge also outlined that the registered provider was currently reviewing this policy to ensure that it was not impacting on

residents' rights in the centre.

A full review on the use of restrictive practices had been conducted by the person in charge, this had resulted in positive outcomes for one resident.

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 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Praxis Care Mullingar OSV-0001915

Inspection ID: MON-0040326

Date of inspection: 20/07/2023

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 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered Provider shall ensure :</p> <p>The Person In Charge has implemented an Agency Matrix to monitor ongoing compliance with regulation including their Gardaí vetting and training. This matrix will be reviewed monthly and maintained up-to-date : Completed 02/08/2023</p> <p>The Person In Charge will implement bi-monthly supervision with all agency staff, providing relevant changes and updates regarding residents care and support needs. To be completed by 30/09/2023</p> <p>The Person In Charge has linked with the organisations Clinical Nurse lead, informing them of all current healthcare needs of the residents. Completed 11/08/2023</p> <p>The organisations Clinical Nurse Lead will review all residents' healthcare needs and provide support and guidance. The residents healthcare needs and support will be clearly outlined in their Health Profile and Passport. The Person In Charge will ensure the implementation of these agreed plans, ensuring any training workshops required are delivered to guide and support staff. To be completed by 18/11/23</p> | |
| Regulation 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: The registered provider shall ensure:</p> <p>The Person In Charge will reiterate the importance of precise record keeping with staff team, this will be completed via a staff meetings and supervisions. The Person In Charge will review the daily notes, monthly summary and Healthcare Profile and Passport templates with the staff team as part of this process. To be completed by 30/09/2023</p> | |

The Person In Charge will monitor daily notes, monthly reviews to ensure that these are completed in full, with accurate information. The Person In Charge will ensure any identified areas of poor recording is addressed with staff through their 1:1 supervision. To be completed by 30/09/2023

The Head of Operation will monitor daily notes, monthly reviews and residents' personal plans to ensure high quality of accurate documentation, this will be conducted via monthly monitoring visits. To be completed by 30/09/2023

The Person In Charge will ensure all documentation in relation to health care need are accurate, up-to-date and with a clear dated recorded. These will be reviewed by the organizational Clinical Nurse Lead. To be completed by 18/11/2023

The Person In Charge will ensure that all out of date information in residents files are archived in line with the organisations policy. To be completed by 30/09/23

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| Regulation 17: Premises | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider shall ensure:

The Person In Charge and Head Of Operation will liaise with Health & Safety Officer, Property Management and the Occupational Therapist, seeking assessment of both the kitchen door and wheelchair access to the kitchen area. Following these assessments, with input from the residents, actions will be taken to address same in line with their consistent guidance. To be completed by 30/01/2024

The Person In Charge will continues to liaise with HSE regarding resident chair lift application. To be completed by 30/01/2024

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| Regulation 26: Risk management procedures | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The Registered Provider has set up a working group to review risk management policy to include a review risk escalation ratings and control measures. To be completed by 30/09/2023

The Person In Charge will highlight any risk rated red to senior management, the Head Of Operation will review same though their monthly monitoring visit. To be completed by 30/01/2024

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| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider shall ensure:

The Person In Charge has alert senior managers of all recommendations regarding emergency lighting. Completed on 21/7/23

The organisational Health and Safety officer is seeking further clarification from the current contractor regarding their recommendation to upgrade the emergency lighting, any necessary actions will be taken to ensure compliance with Health & Safety and Fire regulations. To be completed by 31/10/2023

The Person In Charge will communicate to staff via staff meeting, communication book and supervision the recording of fire drill scenarios in the comment section of current proforma. To be completed 30/8/23

The Person In Charge will escalate to Quality and Governance department and request that the fire drill proforma is adapted to prompt staff input specific scenarios to include; where resident was at time alarm sounded and which exit was used. The Person In Charge will ensure that staff rotate fire exits used during drill to ensure safe evacuation and learning from all fire exits. To be completed 30/8/23

The Person In Charge will liaise with Praxis Care Health & Safety Officer, Praxis Care Property Management with regards to the options to mitigate the risk highlighted in respect of the dining table partially blocking a fire exit. This will include reviewing the doorway into the sunroom and the size and location of the kitchen table. Any necessary recommendations will be actioned. To be completed by 31/10/2023

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The registered provider shall ensure:

The Person In Charge will review all medication held in the centre and ensure medicines are clearly labelled and that all records are consistent; medicine labels, prescription records and protocols. The Person In Charge has reviewed and confirmed that there is only one protocol is in place for PRN medication. Complete 31/8/2023

The Person In Charge has linked with the pharmacy and replaced the incorrect label on medicine to reflect correct recording of medication administration and or protocol. Completed 18/8/2023

The Person In Charge has implement a local policy to reflect current practice of transcribing medicines in the centre. Complete 11/8/2023

The Registered Provider has set up a policy review group to review management of medication policy. Completed 11/08/2023

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| Regulation 6: Health care | Substantially Compliant |
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| Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider shall ensure: | |
| The Person In Charge has updated all resident plans to include information, which is more comprehensive including, significant health care needs and support guides for staff to provide consistency and continuity of care. Completed 17/08/23 | |
| Healthcare Profile and Passport has been updated to capture all healthcare needs and guidance. Complete 17/8/2023 | |

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 15(2) | The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided. | Substantially Compliant | Yellow | 18/11/2023 |
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 17(6) | The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly | Substantially Compliant | Yellow | 30/01/2024 |

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| | reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all. | | | |
| Regulation 21(3) | Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre. | Substantially Compliant | Yellow | 18/11/2023 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 30/01/2024 |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in place. | Substantially Compliant | Yellow | 31/10/2023 |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate | Substantially Compliant | Yellow | 31/08/2023 |

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| | and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | | | |
| Regulation 06(1) | The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan. | Substantially Compliant | Yellow | 17/08/2023 |