



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

## Issued by the Chief Inspector

Name of designated centre:	Cavan
Name of provider:	Praxis Care
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	17 February 2025
Centre ID:	OSV-0001912
Fieldwork ID:	MON-0037672

## About the designated centre

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

The centre provides full-time residential care and support to adults with a disability. The designated centre comprises five bedded terrace house in a housing estate on the outskirts of a town. Residents have their own bedrooms and access a communal bathroom on both the ground and first floors. In addition, residents have access to a sitting room on both floors of the house and a kitchen, dining room, and utility room with laundry facilities. The provider uses the fifth bedroom at the centre as an office space. The centre is located close to local amenities such as shops, with access to additional amenities in the local area being supported by the provider's transport arrangements. Residents receive care from a team of support workers at the centre. At night, a support worker undertakes a waking night duty and is available as and when required to support the residents' needs.

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

Number of residents on the date of inspection:	4
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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
Monday 17 February 2025	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This was an announced inspection. The inspector met with one resident, the person in charge and two staff members. Throughout the day, the inspector spoke with the person in charge and reviewed a large volume of information relating to the care and support provided to the residents and how the centre operated. The inspector reviewed 15 regulations during the inspection and 12 of these were found to be fully compliant, and two were found to be substantially compliant with the regulations.

On arrival at the residents' home, the inspector was introduced to a resident who was eager to meet the inspector before they left to attend their day service programme. The inspector sat with the resident at the kitchen table, and the resident offered the inspector a cup of tea. The resident was supported in speaking with the inspector by the person in charge. The resident briefly talked about their day service and an upcoming outing with a family member. They appeared at ease in their home and in their interactions with the staff team.

When reviewing the residents' information, the inspector found three current residents were attending day service programmes. Two residents had left to participate in their day service programmes before the inspector arrived, and the other resident was in hospital.

Key working sessions were completed with residents regularly, and there were examples of staff members supporting residents to identify activities they enjoyed. Evidence of residents engaging in various activities, including overnight breaks in 2024. Social goals had also been set for residents for 2025, and there was some evidence of steps being taken to achieve these. The inspector found examples of staff members having regular contact with the residents' family members and supporting residents to attend important family events.

Through discussions with staff members and the review of information, the inspector found that residents' rights were promoted and respected. There were examples of staff members acting as advocates for residents and ensuring that residents could access appropriate support. When reviewing residents' information, the inspector found that family members had submitted several compliments regarding the care and support provided to their loved ones. Compliments were also submitted by allied healthcare professionals regarding the service provided to the residents.

The inspector found that appropriate assessments of the residents' needs had been completed and that there were well-developed support plans to guide staff members when working with the residents. One aspect of how residents were being supported required attention, and this related to the oversight and safeguarding of one resident's finances; the impact of this will be discussed in more detail later in the report.

The residents' home was well presented, painting had recently been completed, and there was a homely and welcoming atmosphere and the inspector saw that pictures of residents engaging in activities with staff were displayed in the dining area. However, the inspection identified concerns regarding the lack of storage facilities. This issue will be discussed in more detail later in the report.

In summary, the inspection process found that the residents were receiving a good standard of care and that their rights were promoted and respected by those supporting them.

The next two sections of the report outline 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 residents lives.

## Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding, staffing, staff training, statement of purpose and notification of incidents. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

## Regulation 15: Staffing

The inspector reviewed the staffing arrangements. They reviewed two staff members' information and the current staff roster and rosters from the first two weeks of September 2024.

The review of information demonstrated that the person in charge had ensured that they had obtained the relevant information listed under Schedule 2 of the regulations for the staff members.

The appraisal of the staffing rosters identified periods where there had been vacancies in the staff team. The provider carried out a recruitment drive in 2024 and addressed these vacancies. At the time of the inspection, there are again vacancies, and there is a plan for a further recruitment drive to be held in the coming weeks. Despite the vacancies, the inspector was assured that the provider was maintaining safe staffing levels each day; overall, a consistent staff team was in place supporting the residents.

In summary, the inspector was satisfied that the staffing arrangements were suitable for meeting the needs of the current residents

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. Evidence showed that the matrix was under regular review and that staff members attended training when required.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- safe administration of medication
- managing service users' finances
- dysphagia
- infection prevention and control
- human rights-based approach
- first aid
- diabetes
- epilepsy
- Children First
- managing behaviours of concern.

The inspector was also provided with information that demonstrated that staff members were receiving supervision. Two staff members' supervision records were reviewed; the sample showed that the supervision focused on performance management and ensuring the best possible service was provided to residents.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found that appropriate systems were in place to ensure that the service provided to residents was effectively monitored and aligned with their needs.

The provider had completed the required annual and six-monthly reviews, focusing on the quality and safety of care and support in the centre. The inspector reviewed these documents and noted that the provider was identifying areas that needed improvement when necessary and was taking steps to address the issues.

A member of the provider's senior management team conducted monthly monitoring visits and provided a report following each visit. The inspector reviewed the last three reports and found that these visits and reports ensured senior management was aware of the practices being conducted in the service, leading to good oversight.

Additionally, the inspector found that the person in charge was completing audits on a monthly basis.

These audits included:

- monthly money assurance report
- service users' monthly money audit
- medication audit.

The inspector reviewed a sample of these audits and found that they were generally effective tools for monitoring practices. However, it was noted that the audit focusing on residents' finances had not identified an area needing improvement. The implications of this will be discussed later in the report.

In summary, the inspector concluded that the provider had established effective governance and management arrangements. The person in charge demonstrated good oversight of the care and support provided to residents, and feedback from family members indicated that residents were well cared for.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incidents. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

### Quality and safety

The review of information and observations found that residents received a service tailored to their specific needs which was provided in a way that respected their rights.

The provider assessed the residents' needs comprehensively, and support plans were developed. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

As noted in earlier sections of the report, there were two areas that were found to require improvement: firstly, the house did not have sufficient storage facilities, and secondly, the oversight of one resident's finances was lacking and required improvement.

The inspector reviewed several aspects, including risk management, communication, healthcare, infection prevention and control and personal possessions. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team were delivering a safe service to the residents, but some areas required improvement.

### Regulation 10: Communication

The inspector reviewed three residents' information regarding their communication skills and supports required. The review found that where required, the provider had ensured that residents had been assessed by a speech and language therapist and that a guidance document had been developed to support staff members in

interacting with the residents.

Communication devices had been purchased for residents, and they were readily available. Family members recorded messages on the devices, and residents used them on a regular basis.

Alongside the communication assessments, several other documents identified the residents' communication skills and areas they may require support with. The inspector also found that activity planners had been developed for the residents that were specific to them. The speech and language therapist suggested how to maximise these planners, and the staff members made the adaptations.

In summary, the inspector found that the provider and the staff team had ensured that the communication needs of the residents had been captured and that there were systems in place to ensure that residents were supported to communicate and also that staff members were communicating with residents in a manner that they could understand.

Judgment: Compliant

## Regulation 12: Personal possessions

The inspector found that the provider and the staff team supported residents in managing their financial affairs. The residents had personal bank accounts and used debit cards. They were also supported in maintaining a sum of money kept in the office.

The inspector reviewed the system to ensure that the money stored in the house was under review. Staff members checked the residents' finances daily, and receipts were stored alongside the funds. The inspector reviewed the receipts and the sum of money for two residents and found that the records matched, demonstrating good oversight in this area. As mentioned earlier, there were improvements regarding the oversight of bank statements for one resident, and this issue is captured under another regulation.

In summary, the residents were supported in opening personal bank accounts, and they could access their finances when needed.

Judgment: Compliant

## Regulation 17: Premises

The person in charge showed the inspector around the resident's home. As mentioned previously, the house was well-presented and had a welcoming

atmosphere. It had recently been painted, and it was evident that efforts had been made to create a homely environment.

While touring the house, the inspector inquired about a shower chair that was stored in the hallway. The person in charge explained that a larger chair had been sourced for one of the residents, and there was no room for both chairs in the bathroom. The presence of the shower chair in the hallway detracted from the staff's efforts to promote a homely atmosphere.

During the inspection of a residents' home the inspector was shown residents bedrooms, the inspector noted a large volume of incontinence pads placed beside a resident's bed. Again, it was explained by the person in charge that there was a lack of storage options. Although the person in charge later moved the pads to a different location, the storage issues persisted.

The person in charge had already identified storage concerns to senior management and expressed worries regarding the design and layout of the residents' home, as the mobility needs of the residents were changing. The inspector was also informed that steps were being taken to explore alternative living arrangements for the residents. However, until that time, the provider and the person in charge needed to enhance the storage arrangements within the residents' home.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A resident's guide had been developed. The inspector reviewed this and found that the document contained the information per the regulations and was readily available for residents to review.

Judgment: Compliant

### Regulation 26: Risk management procedures

The person in charge ensured that individual risk management plans were developed for the residents. The inspector reviewed two of these plans and found that the risk assessments were tailored to the specific needs and circumstances of each resident. These assessments were linked to the residents' needs assessments and care plans.

The inspector noted that the risk control measures adopted were proportional to the identified risks. The information provided guidance on how to reduce the recurrence of incidents and maintain resident safety. Additionally, the assessments had been

updated to reflect the changing needs of the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The service was previously inspected in 2023, focusing on infection prevention and control practices. During that inspection, several areas requiring improvement were identified. The inspector followed up on these issues and found that the provider had effectively addressed the required actions.

The inspector reviewed the provider's policy and procedures regarding infection prevention and control, which provided adequate information on topics such as standard-based precautions, personal protective equipment, and outbreak management. Records showed that cleaning duties were conducted daily, and the residents' home was found to be clean and well-maintained.

In summary, the inspector concluded that the provider had successfully responded to the actions identified in the previous inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found through the review of two residents' information that there were appropriate systems for assessing residents' health and social care needs. Residents' needs were assessed, and the data was used to create care and support plans. The inspector reviewed the plans and found they were under regular review. The care plans captured the changing needs of the residents. The provider was shown to be responsive to residents' needs. The person in charge informed the inspector that multidisciplinary meetings were scheduled later in the week to address one resident's changing needs.

In summary, the inspector found that the provider had comprehensively assessed the residents' needs. Care and support plans were created following the reviews, and the appraisal of these found them appropriate, resulting in the residents receiving proper care.

Judgment: Compliant

### Regulation 6: Health care

The provider had recently implemented a "health profile and passport" document. The inspector reviewed two of these and found that the documents captured the healthcare needs of the residents, along with information on the person's preferences and how they communicated.

Each resident's diagnoses, health history, current medication etc were listed. This gave the reader a clear picture of the resident's previous and current healthcare needs. There was evidence of residents being supported in attending appointments when they needed to, and there was also evidence of staff members taking steps after appointments to ensure that the actions post appointments were being taken.

The review of information assured the inspector that the healthcare needs of the residents were under close review; the inspector was informed of planned appointments and procedures for some of the residents, how residents were being prepared and how they would be supported post-procedure.

Judgment: Compliant

## Regulation 8: Protection

The inspector identified a safeguarding concern while reviewing the management of resident finances. There was a system in place where the spending of three out of four residents on their debit cards was reviewed monthly to ensure it matched the receipts that were stored. However, for one resident, the person in charge informed the inspector that they only received annual statements. This made it difficult to accurately track the transactions on the resident's account, which posed a safeguarding concern. The person in charge acknowledged this as an area requiring improvement and accepted that audits conducted on residents' finances had not identified this issue.

The inspector did find that the provider had ensured that staff members received appropriate training regarding the safeguarding of vulnerable individuals. Additionally, there was evidence that after identifying safeguarding concerns, the person in charge conducted investigations and notified the relevant bodies in accordance with best practices.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The review of residents' information and complements submitted by residents' family members demonstrated that residents' rights were promoted and upheld by

those supporting them. Residents were encouraged to identify things they wanted to engage in; as stated earlier, there was evidence of residents being supported in identifying and achieving social goals.

The inspector also found an example where staff members had acted as advocates for a resident. The resident had been placed on numerous waiting lists for a procedure, but there was no further development. The person in charge raised a complaint with the necessary body. Eventually, an appointment was scheduled for the coming weeks.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cavan OSV-0001912

Inspection ID: MON-0037672

Date of inspection: 17/02/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.</p> <p>The person in charge will ensure that the storage concerns are addressed; a new storage cupboard will be purchase for storage of incontinence wear, the storage of the shower chair and other equipment is now stored behind closed doors, which is more aesthetically pleasing and homely. Date to be completed: 31/3/25</p> <p>The register provider will explore all options to ensure that the design and layout of the residents' home meet their current mobility needs.</p> <p>Allied health professionals have attended the service to review the residents and completed a functional assessment. Date: 07/03/25.</p> <p>Any findings and recommendations will be actioned including increased staffing support to meet changing needs. Date: 17/03/25</p> <p>Meetings have taken place with the relevant HSE representatives to address the current house and the changing needs of those that reside there. Date: 19/02/25</p> <p>Alternate property will be sought in conjunction with HSE. Date: 31/12/25</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The registered provider shall protect residents from all forms of abuse.</p> <p>The person in charge will ensure that resident’s bank statements are reconciled for all residents on a regular basis, at a minimum of quarterly. The person in charge has reconciled the bank statement referred to in the above report, and will ensure quarterly reconciliation of residents finances going forward. Date to be completed: 31/3/25</p>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/10/2025
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2025