



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

Name of designated centre:	DC1 - Praxis Care 1 (Navan)
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	24 April 2018
Centre ID:	OSV-0001907
Fieldwork ID:	MON-0021489

## About the designated centre

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

The service provided was described in the providers statement of purpose, dated March 2018. The centre provided residential care and support for 11 adults experiencing a learning disability. The centre consisted of two separate, two storey dormer style houses located within a short walking distance of each other in a large town in county Meath. Each of the residents had their own bedroom which had been personalised to their own taste. There were well maintained gardens and grounds surrounding each of the houses. The last inspection in the centre had been completed in July 2017 and as part of this inspection the inspector followed up on the actions from that inspection. The purpose of this inspection was to inform a registration renewal decision.

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

Current registration end date:	27/09/2021
Number of residents on the date of inspection:	11

## How we inspect

To prepare for this inspection the inspector or 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
24 April 2018	09:30hrs to 17:00hrs	Maureen Burns Rees	Lead

## Views of people who use the service

As part of the inspection, the inspector met with eight of the 11 residents living in the centre and observed elements of their daily lives at different times over the course of the inspection. Although, a number of these residents were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the residents and staff caring for them and that the residents were in good spirits. A number of other residents told the inspector: that they loved living in the centre, that staff were very good to them, that they were looking forward to their upcoming birthday celebrations and about the many activities that they were involved in. These activities included, swimming for the special olympics, bowling, cinema, trips to the races, football games and shows. One of the residents told the inspector that her preference would be to live at home with her family but that she was ultimately happy living in the centre. Two of the residents displayed for the inspector their talents at singing and disco dancing. Staff were observed to have a close bond with each of the residents and to easily interpret their verbal and non-verbal cues. Each of the residents had their goals for 2018 on display in a creative manner in their bedrooms and a number of residents happily discussed these with the inspector.

Five of the residents had completed a HIQA questionnaire regarding the quality of the service with the assistance of a staff member. These suggested that the residents were satisfied with the service and the care being provided. A further three questionnaires had been completed by family representatives or a staff member on behalf of a resident who was unable to complete the form themselves. Again these questionnaires indicated that the resident and or their family were happy with the service being provided. The provider had recently completed a survey with residents and a separate family survey to illicit their views on the care and support being provided. The results of these surveys showed a very high level of satisfaction.

The inspector found that residents were enabled and assisted to communicate their needs, wishes and choices which supported and promoted residents to make decisions about their care. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support their loved ones were receiving.

## Capacity and capability

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

The centre was managed by a suitably qualified, skilled and experienced person who had a clear vision for the service. The person in charge had been manager of the centre for the past 12 years. She held a social work degree and had recently completed a management course. She was found to have an in-depth knowledge of the care and support requirements for each of the residents. She was in a full time post and was not responsible for any other centre. Staff members spoken with told the inspector that the person in charge was a good leader, supported them in their role and promoted a culture of openness where the views of all involved in the service were sought and taken into consideration. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager, the assistant director of care

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the assistant director of care who in turn reported to the director of care. Effective information governance arrangements were in place to ensure that the designated centre complied with notification requirements.

The provider had completed an annual review of the quality and safety of care in the centre and six monthly unannounced visits to assess the quality and safety of the service as required by the regulations. The providers governance department had undertaken a number of other audits in the centre and there was evidence that appropriate actions had been taken to address issues identified. The person in charge also completed a number of audits on a monthly basis. Examples included, health and safety, medication management and finance audits. Reports relating to health and safety, key performance indicators and the training matrix were submitted to the assistant director of care on a monthly basis. The assistant director of care undertook a monthly monitoring visit in the centre. There was evidence that actions were taken to address issues identified on these visits.

Each resident had a written contract in place which dealt with the support care and welfare of the resident and the service provided. It also referred to a separate billing agreement. These had recently been reviewed and were signed by the resident and or their family representative where appropriate. However, the fees payable by the resident were not clear as the cost of rental was recorded as a stated amount and the same amount was also stated as the cost for utilities and other bills. The person in charge reported that the stated amount was only charged once.

There were effective recruitment and selection arrangements in place for staff. The inspector reviewed a sample of staff files and found that they contained all of the documents as required by schedule 2 of the regulations. Overall, the staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place and the majority of the staff team had been working in the centre for a prolonged period. A small panel of regular relief staff were used for occasions when

staff were on leave. This ensured consistency of care for the residents. On-call arrangements were in place for staff.

There were suitable staff supervision arrangements in place. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and that it was of a good quality. This was considered to support staff to perform their duties to the best of their abilities. The team leaders provided supervision to the staff team and had completed appropriate training in supervision theory and practice.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. Other training to meet specific needs of residents had been sourced. The person in charge had completed a training needs analysis for all staff.

#### Regulation 14: Persons in charge

The person in charge was found to be an experienced and qualified manager with an in-depth knowledge of the care and support requirements of the residents, and of the requirements of the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre. There were effective recruitment arrangements in place and a sample of staff files reviewed were found to contain all of the information as required by schedule 2 of the regulations.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Staff received appropriate supervision to support them to perform their duties to the best of their abilities.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Each resident had a written contract in place which dealt with the support care and welfare of the resident, and the service provided. However, the fees payable by the resident were not clear.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, dated March 2018, that accurately and clearly described the services provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and, where required, notified to HIQA.

Judgment: Compliant

## Quality and safety

The residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans, 'every day living plans' reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place were reviewed at regular intervals with the involvement of the resident's multidisciplinary team, the resident and family representatives. Meaningful personal and social goals had been identified for residents and their was evidence that progress in achieving goals was monitored on a monthly basis as part of key working sessions between residents and their identified key worker. Wish lists for 2018 had been identified for each of the residents and were on display in their bedrooms.

The residents were each supported to engage in meaningful activities in the centre and within the community. The majority of the residents attended a day service. Staff facilitated and supported the residents to travel to and from their day service and to participate in activities that promoted community inclusion such as, swimming, the cinema, nature walks, bowling, boat trips, walks, meals out, rugby matches, concerts, races and overnight trips. Individual daily and weekly schedules were in place for residents.

The processes in place for the handling of medicines, including controlled drugs, was safe and in accordance with current guidelines and legislation. A medication management policy was in place. There were secure storage arrangements in place. All staff had received appropriate training in the safe administration of medications. Staff were observed to follow appropriate medication management practices and medications were administered as prescribed. Assessments had been completed to assess the ability of individual residents to self manage and administer medications. These indicated that it was not suitable, at the time of inspection, for any of the residents to be responsible for the management and administration of their own medications. Individual medication management plans were in place. There were systems in place to review and monitor safe medication management practices which included regular counts of all medications and periodic audits of practices.

Each of the two houses were found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. Each of the residents had their own bedrooms which had been personalised to their tastes and choices. This promoted the resident's independence, dignity and respect. A number of refurbishment works had been completed since the last inspection. This included, the fitting of new bathroom facilities and flooring in a number of residents ensuites,

repainting of a number of areas, replacing carpet and items of furniture. However, the inspector observed that the worktop surface in one of the kitchens was worn with the surface broken in areas and that the paint on press doors had started to chip in a number of areas.

Residents' communication needs were met. Individual communication requirements were highlighted in residents' personal plans and reflected in practice.

Communication passports were on file for residents who required same. A number of the residents were non-verbal. Staff were observed to communicate well with these residents using visual cues such as, sign language, picture exchange and objects of interests. These were noted to assist residents to choose food choices, activities, daily routines and journey destinations. A full noticeboard area had been dedicated to displaying a range of sign languages and there was evidence that samples of these were discussed at staff team meetings.

The residents were provided with a nutritious, appetizing and a varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the residents. A weekly menu was agreed with residents at a weekly meeting. Two of the residents had specific feeding eating and drinking plans in place which had been compiled by an appropriate professional. These were being complied with.

The health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. A 'living' risk register was maintained in the centre. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

Suitable fire safety arrangements were in place and risks associated with fire evacuation arrangements identified at the time of the last inspection had been addressed. Works undertaken included establishing a new fire evacuation route for one of the residents from bedroom.

Residents were provided with appropriate emotional and behavioural support. The inspector found that the assessed needs of residents were being appropriately responded to. Multi-element support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in meeting the needs of the individual residents.

## Regulation 10: Communication

The communication needs of residents had been appropriately assessed with

appropriate supports put in place where required.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The centre was homely, accessible and promoted the privacy, dignity and safety of each resident. A number of areas had recently been re-painted with new furniture purchased in some rooms. However, it was identified that the kitchen work top and presses in one of the houses was in need of maintenance.
Judgment: Substantially compliant
<b>Regulation 18: Food and nutrition</b>
Residents were provided with a nutritious, appetizing and varied diet.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The health and safety of residents, visitors and staff were promoted and protected.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Suitable precautions were in place against the risk of fire.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
There were systems in place to ensure the safe management and administration of

medications.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support.
Judgment: Compliant
Regulation 6: Health care
The healthcare needs of residents were being met.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents were provided with appropriate emotional and behavioural support.
Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for DC1 - Praxis Care 1 (Navan) OSV-0001907

Inspection ID: MON-0021489

Date of inspection: 24/04/2018

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>24 (1) The registered provider has a Statement of Purpose Policy in place which ensures that the Designated Centre has an up to date Statement of Purpose. The Statement of Purpose includes admission criteria and is updated at a minimum of annually or as changes occur. The registered provider has an Admission panel &amp; Service Delivery policy and procedure in place which includes interpersonal compatibility risk assessments. The registered provider has a Safeguarding Vulnerable Adult's policy and procedure in place.</p> <p>24(2) The registered provider has a move in action plan which ensure that prospective resident and family or representative visits the Designated Centre before admission.</p> <p>24(3) The registered provider has a Residential Agreement, Licence agreement, Bills agreement and Transport agreements in place which must be completed on the move in date of the residents. The agreements are reviewed at a minimum of annually and/or when required.</p> <p>24.4(a) The registered provider has Bills agreement, Residential agreement, and Licence Agreement and Transport agreement in place as per regulation. The residential agreement and Bills agreement outline the fees to be charged to each resident. The registered provider will amend current bills agreement and residential agreement to clearly state fees charged by Registered Provider by 15/06/2018. The agreements are reviewed at a minimum of annually.</p> <p>24.4(b) The registered provider has an Everyday Living Assessment plan and Review plan, Risk assessment and management plan in place. The assessment plan and risk assessment &amp; management plan is completed prior to a new resident moving into the</p>	

designated Centre. The everyday living plan is completed within 28 days of the resident moving into the Centre. The assessment plan is reviewed at a minimum of annually. The Risk assessment & management plan and everyday living plan is reviewed at a minimum of six monthly and/or sooner if required. |

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

17 (1)

The registered provider has a statement of purpose in place which details the layout of the property including the number of bedrooms and admission criteria. The registered provider has a Repairs policy which outlines guidance in repairing and upkeep of property. The registered provider will ensure that the worktop and kitchen presses in premises will be renewed by 20.07.2018.

17(4)

The registered provider has a Health & Safety policy and a work equipment checklist policy and procedure in place which guides the maintenance of equipment and facilities. The registered provider also has a Repairs policy which provide guidance in management of repairs to equipment and facilities.

17 (5)

The registered provider has a Communication policy and a Work Equipment policy and procedure in place. The Designated Centre has assistive technology, aids and appliances to support and promote the full capabilities and independence of residents as per regulation. Each service user's individual needs are outlined in Everyday living Assessment and Needs plan.

17 (6)

The registered provider has ensured that the designated Centre is accessible to everyone. The designated Centre has outlined in the Statement of Purpose that the physical environment of the accommodation is designed for service users' convenience and comfort. The statement of Purpose of the Designated Centre is reviewed at a minimum of annually or as required.

17(7) The registered provider has ensured that the regulations set out in Schedule 6 are complied with in the Designated Centre.

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## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	20/07/2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	15/06/2018