



Report of an inspection of a Designated Centre for Disabilities (Mixed)

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| Name of designated centre: | Grange Bective |
| Name of provider: | Praxis Care |
| Address of centre: | Meath |
| Type of inspection: | Announced |
| Date of inspection: | 19 June 2018 |
| Centre ID: | OSV-0001913 |
| Fieldwork ID: | MON-0021495 |

About the designated centre

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

The service provided was reflected in the providers statement of purpose, dated April 2018. The centre provided full-time residential care for up to five residents with an intellectual disability who are transitioning from adolescence to adulthood. The proposed age range for residents living in the centre is 17 to 23 years. At the time of inspection all of the residents were over 18years and there was one vacancy.

The centre consisted of a two storey, dormer style bungalow, situated outside a large town in County Meath. Each resident had their own bedroom which had been decorated to the residents taste and choice. The centre included an independent living unit which accommodated one resident and was connected to the remainder of the house via a hallway and connecting door.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 |
|--------------|-------------------------|-----------------------|------|
| 19 June 2018 | 09:30hrs to 16:00hrs | Maureen Burns Rees | Lead |

Views of people who use the service

As part of the inspection, the inspector met with two of the four 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. The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported by staff that they were happy with the care and support their loved ones were receiving.

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.

Capacity and capability

Although there were four staff vacancies in place, management systems were 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 an in-depth knowledge of the care and support needs for each of the residents. The person in charge had taken up the post in January 2018. She had worked with a number of different providers within disabilities services before this position and had more than three years management experience. She held a degree in applied social studies and a certificate in management. She was found to have a sound 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. She was supported by a team leader. Staff members spoken with told the inspector that the person in charge supported them in their role, was approachable and a good leader. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

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/ head of operations who in turn reported to the director of operations. The person in charge was supported by four team leaders.

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. The assistant director of operations undertook a monthly monitoring visit in the centre. There was evidence that actions were taken to address issues identified on these visits.

There were policies and procedures in place for admitting residents, including transfers, discharges and temporary absence of residents. There had been no new admissions to the centre for a prolonged period. The residents living in the centre were in line with admissions proposed in the centres statement of purpose. Each resident had a written agreement in place which outlined the services to be provided, and a bills agreement and guide to costs, which detailed all fees. However, a number of agreements on file for residents had not been signed by the resident or their representative.

There appeared to be effective recruitment and selection arrangements in place for staff. However, at the time of inspection there were four staff vacancies in the centre. It was reported that recruitment was in the final stages to fill these positions. A small number of regular relief staff were used to cover staff leave. This ensured consistency of care for the residents. The inspectors reviewed a sample of staff files and found that all of the documents as required by schedule 2 of the regulations were in place. Overall, the staff team in place were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. On-call arrangements were in place for staff.

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

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.

Records of incidents occurring in the centre were maintained and where required, notified to the Chief Inspector within the timelines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

There were effective recruitment and selection arrangements in place. However, at the time of inspection there were four staff vacancies in the centre which were in the final stages of recruitment.

Judgment: Substantially 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 agreement in place which outlined the services to be provided, and a bills agreement and guide to costs, which detailed all fees. However, a number of agreements on file for residents had not been signed by the resident or their representative.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Records of incidents occurring in the centre were maintained and where required, notified to the Chief Inspector within the timelines required in the regulations.

Judgment: Compliant

Quality and safety

Overall, 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. 'Everyday living' support 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. Monthly review reports were completed by key workers with individual residents and recorded progress made in achieving specific goals in an identified month. However, it was noted that person centred plans were not available in an accessible format for residents and their family representatives.

The residents were supported to engage in meaningful activities in the centre and within the community. Two of the four residents attended a day service or school placement, whilst the remaining two residents engaged in activities with staff in the centre. Staff facilitated and supported the residents to travel to and from their placements and to participate in activities that promoted community inclusion such as, Irish dancing, swimming, the cinema, nature walks, shows, trips to local beach and tourist attractions, community sensory room visits, shopping and meals in restaurants.

Overall, the centre was found to be a suitable environment. However, it was identified that a number of areas in the centre required repainting and the flooring in a number of living and bathroom areas were worn and in need of replacement. 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.

Residents' communication needs were met. Individual communication requirements were highlighted in residents' personal everyday living plans and reflected in practice. A number of the residents were non-verbal. Staff were observed to communicate well with these residents using visual cues such as, picture exchange and object of interests. These were noted to assist residents to choose food choices, activities, daily routines and journey destinations. Sign language was also

being trialled for one of the residents.

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 menu was agreed with residents at a weekly meeting.

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 and included accurate details of controls in place. 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.

Residents were provided with appropriate emotional and behavioural support. Behaviour 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. There was a restrictive practice register in place which was regularly reviewed. Restrictive practice protocols were in place where required. An environmental restraint in place for the resident living in the independent unit was due for review.

There were measures in place to keep residents safe and to protect them from abuse. However, there had been one recent allegation of abuse. This had been appropriately responded to and was in the process of being investigated at the time of inspection. There had been no other incidents or suspicion of abuse in the previous 12 month period. A number of staff were overdue to attend safeguarding training but this had been booked. The provider had safeguarding policies in place. Staff members spoken with, were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. The inspector reviewed intimate care plans for individual residents which included a good level of detail to guide staff in meeting the intimate care needs of residents.

Regulation 10: Communication

The communication needs of residents had been appropriately assessed with appropriate supports put in place where required.

Judgment: Compliant

Regulation 17: Premises

The centre was accessible and promoted the privacy, dignity and safety of each resident. However, a number of areas were identified to be in need of repainting with chipped and worn paint on walls and woodwork. In addition flooring in a number of areas, including bathrooms were in need of replacement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious, appetizing and varied diet.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Care plans and personal support 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. However, it was noted personal plans were not available in an accessible format for residents.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were being met.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to keep residents safe and to protect them from abuse. However, there had been one recent allegation of abuse. This had been appropriately responded to and was in the process of being investigated at the time of inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

| 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 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| 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 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Substantially compliant |

Compliance Plan for Grange Bective OSV-0001913

Inspection ID: MON-0021495

Date of inspection: 19/06/2018

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 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The registered provider and the person in charge have ensured that any staff vacancies in the designated centre are filled, 4 vacancies that were in place at time of inspection have now been filled and staff are in post. Interviews were held in March and May 2018. Successful applicants at interview stage went through pre-employment check of references and garda clearance. Three staff booked to start induction on the 09/07/2018 and one staff booked on induction to start on the 30/07/2018.</p> <p>The Person in Charge will ensure that there is a bank of relief staff which are used to cover staff leave, this ensured consistency of care for the residents.</p> | |
| 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>The registered provider and the person in charge will ensure that the contract for the provision of services are agreed and updated with resident and their family representative . Agreements on file for residents will be signed by the resident or their representative by 1st of September 2018.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider and the person in charge will ensure that the premises will be kept of sound construction and in a good state of repair. It was identified that a number of areas in the center required repainting and the flooring</p> | |

in a number of living and bathroom areas were worn and in need of replacement. The Housing Association have a policy in place in regards to the upkeep of the building and the building will be maintained as per policy.

Capital requests to be completed and submitted for painting of the kitchen, hall, stairs and landing and residents bedrooms where required.

Capital requests to be completed and submitted for flooring in the sitting room, office and residents bedrooms where required. This will be completed by the 31.10.2018.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The person in charge will ensure that resident's personal plans are in an accessible format suitable to the communication needs of all residents and their family representative. Keyworker with the involvement of each resident will complete an accessible personal plan and will make it available to each resident and their family representative by the 1st of November 2018.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The person in charge will ensure that all staff are trained in Children's first training and HSE safeguarding training.

Staff that were outstanding for HSE safeguarding training completed same on the 28th of June 2018. Any new staff on induction to be booked onto HSE safeguarding training.

The organisation has a safeguarding policy in place in line with National Policy. The Designated Officer liases with the safeguarding champion they oversee any safeguarding issues that may arise.

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 | 01/09/2018 |
| 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 | 31/10/2018 |
| Regulation 24(3) | The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall | Substantially Compliant | Yellow | 01/09/2018 |

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| | reside in the designated centre. | | | |
| Regulation 05(5) | The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative. | Substantially Compliant | Yellow | 01/11/2018 |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 01/11/2018 |