



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

Issued by the Chief Inspector

| | |
|----------------------------|-----------------------------|
| Name of designated centre: | DC1 - Praxis Care 1 (Navan) |
| Name of provider: | Praxis Care |
| Address of centre: | Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 31 March 2022 |
| Centre ID: | OSV-0001907 |
| Fieldwork ID: | MON-0034520 |

About the designated centre

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

This centre is located in close proximity to a large town in County Meath and provides care and support to 11 male and female adults. The centre comprises of two houses which are within walking distance of each other. Each house comprises of a fully furnished kitchen, adequate communal areas, bathrooms and utility rooms. All of the residents have their own bedrooms. There are gardens and grounds surrounding each of the houses. The centre is staffed on a 24/7 basis by a full-time person in charge, team leaders, and direct support workers. Residents have access to a number of amenities in their local community including shops, hotels and restaurants. Transport is also provided so as residents can attend other social outings and go to their day services. Residents either attend a formal day service or a bespoke day service is provided around their needs and preferences in the centre.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 10 |
|--|----|

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 31 March 2022 | 10:00hrs to 17:30hrs | Anna Doyle | Lead |
| Thursday 31 March 2022 | 10:00hrs to 17:30hrs | Florence Farrelly | Support |

What residents told us and what inspectors observed

Overall, inspectors observed that the care and support being provided to the residents in this centre was to a good standard. Residents reported that they were happy living here and this was also observed on the day of the inspection. However, improvements were required in some of the regulations as discussed in the Section 1 and Section 2 of this report.

Inspectors met all of the residents living in both houses over the course of the inspection. In the first house visited, all of the residents had left to go to their day service when inspectors arrived in the centre. In the second house three of the residents were gone to their day service and two residents were in the centre. One of the residents had retired and was now enjoying planning their activities at their leisure and on the day of the inspection had opted to lie on in bed for the morning. The other resident had a bespoke day service provided which was more flexible and in line with the residents' preferences. Weekly activity planners and meetings were in place to discuss what these residents might like to do on a daily basis. For example; one resident was focusing on getting more active and was now going swimming 2-3 times a week and had started going to the gym.

A number of residents talked to the inspectors and gave feedback about what it was like to live in the centre. The residents said they liked their homes, were happy with the staff and the service provided. Residents reported that they felt safe and would talk to staff members if they were not happy about something.

All of the residents had created a wish list for the year. This wish list was displayed in picture format in each of their bedrooms and some residents spoke about some of the things they had planned on the list. Some were planning holidays for later in the year, one resident planned to go on a plane to visit a family member who was important to them. Others had planned activities in line with their specific interests. For example; one resident who was interested in farming wanted to attend the national 'ploughing championships' this year. Another resident spoke about one of their favourite singers and about the concert they were planning to attend this year to see this singer. This resident had celebrated a significant birthday recently and staff had arranged for the residents favourite singer to send them a personalised birthday message. The resident was very happy with this.

A sample of written feedback from residents on the service provided viewed by the inspectors also showed that residents were generally happy in their home, felt their daily choices and routine were respected by staff, were happy with the level of social activities on offer and they felt safe in the house. One resident commented that there was nothing to improve when answering one of the questions about how the service could be improved.

Another resident told an inspector that they liked the fact that they could be independent and go out on their own in the community.

Both of the houses were spacious and had been finished to a high standard. Residents had their own bedrooms and two residents showed inspectors their bedrooms. Each bedroom was spacious, had plenty of storage and was decorated with items that the residents liked or were important to them.

There was information available to the resident throughout the centre also to inform them about some practices. For example; easy read documents were available on complaints, staying safe and hand washing techniques. Inspectors found examples where information regarding important things that affected the residents were also available in easy read documents. For example, COVID-19, protecting themselves from abuse and human rights. Recently residents had made a poster about the FREDA principles which explained their right to Fairness, Respect, Equality, Dignity and Autonomy (FREDA).

One of the residents spoke to an inspector about the importance of checking temperatures and using the hand sanitisers available in their bedroom. Another resident spoke about the vaccinations they had received and said that they were very happy to have gotten this vaccination as they had found the public health restrictions difficult.

Inspectors observed that one resident who had sensory needs had a number of sensory objects in place to alleviate their anxieties. Staff were very aware of the non verbal cues that the resident displayed when they were anxious.

Key working meetings were held with residents. This was an opportunity for them to talk about things they might like to do or concerns they may have. For example; it was recorded on one of the records that a resident wanted to have a barbecue and this had taken place with residents from both houses meeting together to enjoy the experience.

Inspectors also viewed a number of photographs which showed residents enjoying celebrations such as significant birthdays.

Resident meetings were also held weekly where residents were included and informed about things that were happening in the centre. Some residents were also supported with social stories to educate them about things that were happening. This informed inspectors that residents' right to information was supported in the centre.

Residents were observed to be content and happy in their home. When residents returned from day services they were observed having a cup of tea with staff and talking about their day. One of the residents was going out for a walk and others were enjoying the good weather outside. Inspectors also observed that interactions with staff and residents were warm, jovial and respectful.

One resident had moved to the centre last year. The records indicated that the resident was happy moving here and had been provided with supports from allied health professionals and staff to support them with their move to this centre.

Overall, inspectors found that residents reported that they liked living here, were comfortable and at ease in their home and were supported to engage in activities they liked.

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 provider had management systems in place to oversee and review the quality and safety of care being provided to the residents living here. However, some regulations required review, in particular fire safety which is discussed in the next section of this report.

There was a clearly defined management structure in place, led by a person in charge who had only recently been appointed to the position.

The person in charge was employed full time in the centre. They were a qualified professional and had management experience of working in disability settings. They demonstrated a good knowledge of the residents needs in the centre and were aware of their responsibilities under the regulations.

The person in charge met regularly with their line manager who was the Head of Operations to review the quality of care provided. The person in charge also outlined a comprehensive induction programme that had been put in place to support them when they took up the role. This was provided by the assistant director and the person in charge said that their support was ongoing and regular.

Team leaders were also on duty every day to ensure that the care and support in the centre was monitored at all times. The team leaders and the person in charge also met regularly to discuss issues arising in the centre.

The provider had arrangements in place to monitor and review the quality of care in the centre. An unannounced quality and safety review had been completed, along with an annual review for the centre. The head of operations also conducted monthly monitoring visits to the centre. Actions arising from these visits and reviews were all compiled on a quality enhancement plan. A number of actions from this were followed up by inspectors. For example; a vehicle weekly checklist was to be completed and this was done.

However, as discussed under fire safety in section 2 of this report the provider's own auditing systems had not picked up on some of the issues identified on the day of the inspection, therefore this required review. The provider also needed to review the systems in place to maintain some of the equipment in the centre as discussed under section 2 of this report also.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. There was one staff vacancy at the time of the inspection and the registered provider had advertised for this post. The staffing arrangements were managed around the needs of the residents and to ensure consistency of care to them. The staff rosters were flexible to allow residents to go to chosen activities. For example; if a resident wanted to go to a concert then additional staff could be rostered on duty.

The staff team consisted of direct support workers and four team leaders. The team leaders had some responsibilities for the running of the centre, particularly when the person in charge was off duty.

Staff met 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. Staff had regular supervision with the team leaders every 6-8 weeks and when a new staff started this was completed every week to support the staff member. The person in charge completed supervision with the team leaders and the head of operations completed supervision with the person in charge. Annual performance appraisals were also conducted with all staff.

Staff meetings were held regularly where residents care and support needs were discussed. One of the themes discussed at this was promoting human rights. The person in charge also spoke about how they wanted to develop and enhance this even further for residents in the future.

A sample of personnel files reviewed contained all of the records required to be maintained under the regulations.

Residents had a contract of care in place which indicated the services provided to them in the centre. The services provided and the fees charged were divided into two documents. One of the documents which outlined the fees charged had been signed by a resident or their representative but the other had not. Inspectors were satisfied that the person in charge was going to follow this up with the resident. The provider had an admissions policy in place which included the procedures followed when a resident was being admitted to the centre. The inspector found that this procedure had been followed with the resident who was moving into the centre. For example; the resident had got to visit the centre and meet the people they were planning to live with.

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. This included; positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication, infection control and first aid. A sample of records viewed indicated that all staff employed at the time of the inspection had completed

these. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

Inspectors reviewed a sample of incidents that had occurred in the centre since the last inspection and were satisfied that the chief inspector had been notified where required.

The Statement of Purpose contained all of the requirements of the regulations and had recently been reviewed to reflect changes to the management structures in the centre.

The records stored in the centre still required some improvements to ensure that they were concise. The registered provider was in the process of installing a computer based records system in order to address this. This was ongoing at the time of this inspection.

Regulation 14: Persons in charge

The person in charge is a qualified social care professional who worked full time in the centre at the time of the inspection. They demonstrated a good knowledge of the regulations and the needs of the residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents.

A sample of personnel files reviewed contained all of the records required to be maintained under the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. This included; positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication, infection control and first aid. A sample of records viewed indicated that all staff employed at the time of the inspection had completed

these. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

Judgment: Compliant

Regulation 21: Records

The records stored in the centre still required some improvements to ensure that they were concise. The registered provider was in the process of installing a computer based records system in order to address this. This was ongoing at the time of this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in place. However, as discussed under fire safety in section 2 of this report, the provider's own auditing systems had not picked up on some of the issues identified on the day of the inspection, therefore this required review.

The provider also needed to review the systems in place to maintain some of the equipment in the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an admissions policy in place which included the procedures followed when a resident was being admitted to the centre. The inspector found that this procedure had been followed with the resident who was moving into the centre. For example; the resident had got to visit the centre and meet the people they were planning to live with.

Residents had a contract of care in place which indicated the services provided to them in the centre. The services provided and the fees charged were divided into two documents. One of the documents which outlined the fees charged had been signed by a resident or their representative but the other had not. Inspectors were satisfied that the person in charge was going to follow this up with the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all of the requirements of the regulations and had recently been reviewed to reflect changes to the management structures in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents that had occurred in the centre since /// the person in charge had notified HIQA in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the residents had a good quality of life and were being supported to have active lives in line with their personal wishes. However, the fire evacuation procedures in one of the houses required a full review and some improvements were needed in infection control and personal plans.

Inspectors found that the provider had fire safety systems in place which included having a fire alarm, fire extinguishers, emergency lighting, fire doors, personal emergency evacuation plans (PEEPS) and fire drills. However, in one of the houses following a review of fire drill records, talking to staff and reviewing a residents PEEP, inspectors were not satisfied that the fire evacuation procedures in this house would guide safe practice in the event of fire occurring in the centre. For example; the PEEP, outlined two evacuation aids that staff should use in the event of a fire to support the resident and staff spoken with were not clear which they would use if the resident was in bed. One fire drill record which was recorded as a night time drill on 28th Jan 2022 documented that the fire drill took 1 minute and 30 seconds, however, the PEEP for this resident indicated that this fire drill had taken over 2 minutes for this resident to evacuate the centre. In addition, this resident also required the support of two staff to evacuate the centre and other residents who were evacuated before this resident required the supervision of staff after they had

been evacuated, staff were unclear how this could be managed in the event of a fire in the centre when only two staff were on duty in this house at night.

Inspectors also found that one fire exit was partially blocked by a residents bed frame. While the inspector observed that the resident was able to evacuate through this door on the day of the inspection, this needed to be reviewed as it had not been identified through risk assessments or fire safety checks that this was a potential risk.

In the second house, one staff was not sure where the fire assembly area was. Two of the fire doors did not close properly when the fire alarm was activated. This was referred to the manager who was addressing it on the day of the inspection.

As described earlier the centre consisted of two houses. All of the residents had their own bedrooms. The premises were clean and decorated to a high standard. The downstairs floor area outside one residents bedroom and leading into the entrance hall in one of the houses was due to be changed as identified by the provider. The provider had also secured funding to create a sensory garden and a sensory room in one of the houses. New transport was also being purchased for the houses.

Residents were provided with aids to support them in the centre, such as shower chairs, however; at the time of the inspection, one of the shower chairs was broken. While staff had reported this, it was unclear when this chair would be fixed as it was dependent on the assistance of community allied health supports which relied on a referral system process. This did not ensure that the shower chair would be fixed in a timely manner and as referenced under governance and management the provider needed to review this system.

Each resident had a personal plan in place. An easy read version was also in place for residents. Support plans were in place to guide practice where an assessed need had been identified. For the most part they guided practice, however one plan needed to be reviewed to ensure that it contained the personal preferences of the resident and another plan for the same resident needed to be more detailed to guide practice. This resident had also been referred to an allied health professional last year. However, at the time of this inspection no appointment had been confirmed. This matter required review.

Support plans were reviewed by the staff team and annual reviews were due to take place for some residents in the coming weeks. Residents family representatives were invited to attend this also. As discussed earlier residents had been supported to decide on goals they might like to do which had been documented as a wish list in the residents' bedrooms.

Residents were supported to enjoy good health and had access to a range of allied health professionals to support them with their assessed needs.

Inspectors reviewed a sample of behaviour support plans in place and found that they clearly guided staff on how to support residents with their anxieties. These plans were reviewed regularly and residents had access to a behaviour specialist to support them and the staff team. Staff spoken with were able to communicate the

main supports in relation to one of the plans for a resident. There were restrictive practices in place for residents' safety; for example, some food items were locked away. From a sample viewed, restrictive practices were appropriately identified and reviewed by the provider. The provider had also considered the impact that some restrictive practices may have on other residents living in the centre. For example; as mentioned one resident could not access some food due to an identified risk. To address the impact that this had on other residents, each resident had their own locked box in the fridge where they could store their preferred foods.

Residents were supported to have active meaningful activities in the centre. Weekly activity planners were in place to discuss what they might like to do. As discussed earlier in the report on the day of the inspection the residents were busy engaging in numerous activities both inside and outside the centre.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The resident said they felt safe in the centre and would talk to staff if they felt unsafe. At the time of the inspection the registered provider had identified some compatibility issues in one of the houses and one resident was transferring to a bespoke service in the coming months.

The provider had systems in place to manage risks, including individual risk assessments, a risk register and a system to review incidents in the centre. Inspectors followed up on some of the controls listed in the risk assessments and found that they were in place. For example; the first aid box was checked on a weekly basis to ensure that it contained the necessary equipment.

Transport was provided in the centre and the records indicated that they were roadworthy and insured. Staff were also allowed to use their own cars to transport residents. In this instance the registered provider ensured that up to date records were maintained to ensure that staff had the appropriate insurance and road worthy certificates.

The provider had systems in place for the management of an outbreak of COVID-19 along with systems to try and prevent an outbreak. Enhanced cleaning schedules were in place. Checks were being completed to ensure that staff and residents were monitored for signs and symptoms of COVID-19. Staff had been provided with training on infection prevention and control and were knowledgeable around the precautions required when a resident or staff member presented with symptoms of COVID 19. The registered provider had policies, procedures and contingency plans to guide infection prevention and control measures to be followed. Staff were observed wearing masks, however, some were not wearing the required FFP2 masks. This was brought to the attention of the managers who addressed this with the staff. The inspectors also observed that some of the waste bins in the centre were not pedal bins and the mops and buckets in one of the houses needed to be replaced.

At the time of the inspection there were number of examples where residents were supported with their rights. Easy read information was available to inform residents

about their right to make a complaint, keeping safe and their human rights. They were also informed at residents meetings about different things going on in their lives. The residents had received their COVID-19 vaccinations and one told inspectors they were happy to have received this. Key working meetings were also held with residents. These meetings were an opportunity for residents to share any concerns they may have or plan activities they may wish to do.

Residents were supported to keep in contact with family and friends. The impact that some restrictive practices had on other people living in the centre had been reviewed and systems had been put in place to address this.

Regulation 13: General welfare and development

Residents were supported to have active meaningful activities in the centre. As discussed earlier in the report on the day of the inspection the residents were busy engaging in numerous activities both inside and outside the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was well decorated, spacious was designed and laid out to meet the assessed needs of the residents. Some minor repair works needed but there were plans in place to address these.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and review risks in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were observed wearing masks, however, some were not wearing the required FFP2 masks. This was brought to the attention of the managers who addressed this with the staff.

The inspectors also observed that some of the waste bins in the centre were not pedal bins and the mops and buckets in one of the houses needed to be replaced.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire evacuation procedures in one house required significant review.

One fire exit was partially blocked by a residents bed frame, this needed to be reviewed as it had not been identified through risk assessments, fire safety checks that this was a potential risk.

In the second house, one staff was not sure where the fire assembly area was. Two of the fire doors did not close properly when the fire alarm was activated. This was referred to the manager who was addressing it on the day of the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

One plan needed to be reviewed to ensure that it contained the personal preferences of the resident and another plan for the same resident needed to be more detailed to guide practice.

A resident had also been referred to an allied health professional last year. However, at the time of this inspection no appointment had been confirmed. This needed to be reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to enjoy good health and had access to a range of allied health professionals to support them with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to mental health and behavioural support specialists as required. Behaviour support plans clearly directed staff has to how best to support the resident. Restrictive practices in use in the centre were identified and reviewed by the provider.

Judgment: Compliant

Regulation 8: Protection

All staff were trained in safeguarding vulnerable adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

At the time of the inspection there were number of examples where residents were supported with their rights. Easy read information was available to inform residents about their right to make a complaint, keeping safe and their human rights. They were also informed at residents meetings about different things going on in their lives. The residents had received their COVID-19 vaccinations and one told inspectors they were happy to have received this. Key working meetings were also held with residents. These meetings were an opportunity for residents to share any concerns they may have or plan activities they may wish to do.

Residents were supported to keep in contact with family and friends. The impact that some restrictive practices had on other people living in the centre had been reviewed and systems had been put in place to address this.

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 | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

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

Inspection ID: MON-0034520

Date of inspection: 31/03/2022

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 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: The Registered Provider is currently building a new online computer based care plan. This will commence in use from July 2022. To be Completed by 01.08.2022</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider has ensured that the Personal Emergency Evacuation Plan for one resident has been reviewed, updated and risk assessed. The Head of Fire Safety has reviewed updated documentation. Completed 26.04.2022</p> <p>The Registered Provider has ensured that the fire exit which is partially blocked by a residents bed frame has been reviewed and risk assessment completed. Risk assessment has been reviewed and signed off by Praxis Head of Fire Safety Officer. Completed 07.04.2022</p> <p>The Registered provider will ensure that all staff are aware of Fire evacuation procedures in the centre. The Person Participating in Management will monitor same in Monthly monitoring visits. Completed 20.04.2022</p> <p>The Registered Provider has commenced a monthly fire door check to monitor all fire doors in the centre. Completed 01.04.2022</p> | |

The Person In Charge will commence a monthly equipment checklist. The Person Participating In Management will review equipment checklist monthly through monthly monitoring visit. Completed 01.05.2022.

The Registered Provider will ensure there is a full review of Fire procedures in Centre completed by Praxis Head of Fire Safety. To Be Completed by 30.05.2022

| | |
|---|-------------------------|
| Regulation 27: Protection against infection | Substantially Compliant |
|---|-------------------------|

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The Person In Charge has addressed the requirement of wearing FFP2 masks in daily handover meetings and monthly staff meeting. The Person Participating in Management will monitor wearing of FFP2 masks in monthly monitoring visits. Completed 20.04.2022

The person in charge has replaced all bins in the centre with pedal bins. Completed 01.04.2022

The Person in Charge has replaced all mop buckets and mops as required in the centre. Completed 01.04.2022

The Person participating in Management will monitor infection control procedures in monthly monitoring visit and through the environmental audit tool. Completed 20.04.2022

| | |
|---------------------------------|---------------|
| Regulation 28: Fire precautions | Not Compliant |
|---------------------------------|---------------|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Person In Charge has communicated fire evacuation plans including fire assembly point location to all staff in the Centre at daily handovers and at staff meeting. Completed 27.04.2022

The Person Participating in Management will monitor staff's knowledge of evacuation plans monthly through the monthly monitoring visit. Completed 20.04.2022

The Registered Provider ensured that the Fire doors which did not close on day of inspection were fixed onsite 31.03.2022.

The Registered Provider has commenced a monthly fire door check to monitor all fire doors in the centre. Completed 01.04.2022

The Registered Provider has ensured that the fire exit which is partially blocked by a residents bed frame has been reviewed and risk assessed. Risk assessment has been reviewed and approved by Praxis Head of Fire Safety Officer. Completed 27.04.2022

The Person in Charge has liaised with allied health professionals to order a new bed which is measured for space available and compliant with fire evacuation procedure. To be Completed by 29.07.2022.

The Registered Provider has ensured that the Personal Emergency Evacuation Plan for one resident has been reviewed, updated and risk assessed. The Head of Fire Safety has reviewed updated documentation. Completed 27.04.2022

The Registered Provider has ensured that the Personal Emergency Evacuation Plan is line with staffing resource during day time and night time evacuation. Completed 20.04.2022

The Person Participating in Management will monitor and review residents Personal Emergency Evacuation Plans during monthly monitoring visits. Completed 20.04.2022

| | |
|---|-------------------------|
| 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 has reviewed and updated the resident's personal plan to ensure preferences and assessed needs are reflected in same. Completed 04.04.2022

The Person Participating in Management escalated the referral to the allied health professional. The Person in Charge has liaised with allied health professional and appointment date scheduled for 18/05/2022. To be Completed 18.05.2022

The Registered Provider will ensure that where there is a delay in appointments from allied health professionals, a multi- disciplinary team meeting will occur to escalate same. Completed 04.04.2022

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 21(1)(b) | The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector. | Substantially Compliant | Yellow | 01/08/2022 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 30/05/2022 |
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare | Substantially Compliant | Yellow | 20/04/2022 |

| | | | | |
|------------------------|---|-------------------------|--------|------------|
| | associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | | | |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Not Compliant | Orange | 29/07/2022 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Not Compliant | Orange | 27/04/2022 |
| Regulation 05(2) | The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in | Substantially Compliant | Yellow | 18/05/2022 |

| | | | | |
|---------------------|--|-------------------------|--------|------------|
| | accordance with paragraph (1). | | | |
| Regulation 05(4)(b) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes. | Substantially Compliant | Yellow | 04/04/2022 |