



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

Issued by the Chief Inspector

Name of designated centre:	Cavan
Name of provider:	Praxis Care
Address of centre:	Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	02 June 2021
Centre ID:	OSV-0001912
Fieldwork ID:	MON-0032061

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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
Wednesday 2 June 2021	10:00hrs to 15:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

Through observations and review of residents' information, the inspector found that residents received appropriate care and support. Residents were supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights.

On arrival to the centre, the inspector observed three residents relaxing in their home. One of the residents was watching television, and the other two residents were sitting at the kitchen table and were interacting with a staff member. The residents appeared comfortable in their environment and were at ease.

One of the residents spoke with the inspector about a recent birthday they had celebrated and some of the gifts they had received. The inspector met with the same resident later in the day. The resident was engaging in their preferred activity at a desk in their room. The resident chatted with the inspector about where they were from and about their family. A review of information and discussions with family members demonstrated that the staff supported the residents to maintain links with their families. Residents were living near their family members, visits had recommenced, which was leading to positive outcomes for the residents.

The inspector had the opportunity to speak with two family members; both spoke positively of the service being provided to their loved ones. They expressed that they were kept informed regarding the care being provided to their family members. They also highlighted how happy their loved ones were in the service. The inspector notes that a number of family members had submitted compliments regarding the care and support being provided to the residents in recent months.

A review of residents' information demonstrated that before restrictions were imposed due to the current pandemic, residents were engaged in activities in their communities. All residents were attending day service programmes before restrictions. To minimise the impact of the restrictions the staff team had developed structured routines for some residents to support them while not attending their day services. There was evidence of the staff team supporting the residents to engage in in-house activities which included activities such as arts and crafts, baking, and knitting. This had led to positive outcomes for the residents in that they were occupied and participating in activities they enjoyed.

The inspector found that the centre was laid out to meet the needs of the residents. The inspector notes that adaptations had been made to the centre to support the changing needs of the residents. There were pictures of residents throughout the centre, and the inspector observed that some areas were designed to residents' preferred tastes.

Overall, residents were receiving a service that was meeting their needs. Residents were engaged in goal-setting sessions with their key workers and also attended

monthly resident meetings. This demonstrated that residents were well cared for, were consulted on the care provided and the service to be delivered and made choices about their daily lives.

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 the quality and safety of the service being delivered.

Capacity and capability

The centre was effectively resourced with a clearly defined management structure in place. The management team was made up of a person in charge and a team leader. For the most part, there were appropriate arrangements in place to ensure that service was effectively monitored. There was some attention required to records regarding residents' information; this was discussed with the centre's person in charge, who sought to address this during the inspection.

Overall, the monitoring systems ensured the service provided to residents was effective and focused on meeting the needs of residents. For example, the provider had ensured that an annual review of the quality and safety of care and support had been completed. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these. Actions identified following these reports and reviews had been actioned by the centre's management team promptly.

The centre's person in charge was completing audits, that, identified areas that required attention to ensure that the best service possible was being provided to residents. A member of the provider's senior management team also completed a monthly visit to the centre and carried out an audit. Actions identified following these audits were responded to promptly.

The inspector found that the residents were receiving continuity of care. There was a well-established management and staff team in place that were focused on supporting residents and providing the best possible care. A review of the centre's planned and actual roster demonstrated that the provider had ensured that the number and skill mix of the staff team was appropriate to meet the needs of the residents.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. There was a training needs analysis system that was under regular review was ensuring that staff were identified for training when required. A review of a sample of staff information demonstrated that the staff team received supervision in line with the provider's policies.

There was an effective complaints procedure that was accessible to residents. The

inspector reviewed the centre's complaints log and noted that there had been no recent complaints. There were, however, systems to respond to complaints if required. Residents discussed the complaints procedure as part of their monthly meetings and were encouraged to raise issues if required.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications when required as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Regulation 21: Records

The sample of residents' information that was reviewed demonstrated that there were certain areas that required attention. Some of the resident's everyday living plans did not contain the most up-to-date information and did not capture the supports being provided to the resident.

Judgment: Substantially compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

Residents had received comprehensive assessments of their health and social care needs. The inspector reviewed a sample of residents' everyday living plans and found them to be person-centered and they captured the supports required to maximise the residents' development. The inspector did observe that aspects of the information reviewed required updating, a residents everyday living plan did not reflect the most up to date information or the care being provided to the resident. This had the potential to impact on the service being provided to the resident.

The review of residents' information did demonstrate that residents were consulted regarding planning activities and goals; there was evidence of staff members completing key working sessions with residents regarding this. There were also monthly reports completed for each resident regarding completing goals, assessing their needs, and identifying areas they may need support with.

The information reviewed also demonstrated that residents were receiving and had access to appropriate health care. The inspector reviewed a sample of residents' medication procedures and found them detailed and resident-specific. A review of adverse incidents demonstrated that there had been a reduction in medication

errors when compared to 2020 and that the administration of medication was under review by the centre's management team. The person in charge had also ensured that there were appropriate systems in place for the ordering and returning of medications as per the regulations.

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns. There were no active safeguarding plans in place at the time of inspection; there were, however, systems in place to respond to them should the need arise. The provider and staff team were seeking to develop residents independence and self care skills and in order to facilitate this residents were receiving information via resident meetings regarding developing their self-awareness, understanding, and skills needed for self-care and protection.

There were arrangements for the identification, recording, and investigation of and learning from serious incidents or adverse events involving residents. The inspector reviewed the centre's adverse incident log and found that there were detailed reports produced following incidents and that learning was prioritised to enhance the support being provided to residents. There was a local and clinical risk register; these were under review by the centre's management team.

Infection control arrangements at the centre were robust in nature and reflected current public health guidance associated with the management of a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities including an outbreak amongst residents, staff members or staff shortages. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs.

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections

published by the Authority.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, storage, disposal, and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cavan OSV-0001912

Inspection ID: MON-0032061

Date of inspection: 02/06/2021

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: In order to ensure compliance in Reg 21 (a) Records. The documentation in question has been reviewed and updated as per regulation requirement. The PIC will ensure robust collation and triangulation of all information regarding each individual service user’s outcomes and hand written documentation to ensure that Everyday Living plans continue to be live documents. PIC will bring the finding of the recent inspection to the staff attention through team meetings and discussion will be communicated also in supervisions. PIC will oversee the substantiality of all care plans by audits and self-assessment.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	07/06/2021