

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

Issued by the Chief Inspector

Name of designated centre:	Cornerstones
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	04 April 2024
Centre ID:	OSV-0001909
Fieldwork ID:	MON-0034344

About the designated centre

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

This is a service providing residential care and support to four adults with disabilities. The centre comprises a large five-bedroom single-story detached house in Co. Louth and is near a number of large towns and villages. Each resident has their own large bedroom (all en-suite), which are decorated to their style and preference. Communal facilities include a spacious, fully furnished sitting room, a large well-equipped kitchen cum dining room, a utility facility, an entrance lobby, communal bathrooms, and a staff office/sleepover room. There is also an additional small TV room provided. The centre has a large private parking area to the front of the property, and a spacious well maintained private garden area to the rear of the property for residents to avail of. Private transport is provided to residents so as they can avail of trips to town, go on holidays and social outings. The centre is staffed on a twenty-four-hour basis with a full-time person in charge who is supported in their role by three team leaders and a number of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 April 2024	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The findings from this inspection were positive. All areas that were reviewed were found to be compliant with the regulations. Regarding the residents, the inspector reviewed samples of daily notes, personal plans, and assessments of the residents' needs. Following the review, it was evident that the residents were being cared for in a responsive and person-centred manner that adapted to their changing needs. The residents were also cared for in a manner that respected their rights and maintained their safety.

On arrival at the residents' home, the inspector was greeted by the person in charge and the house manager. The person in charge brought the inspector to the kitchen, to meet the residents and staff. The kitchen area was a hub of activity, with residents moving in and out and staff members preparing to go on an outing. One of the residents was relaxing at the kitchen table. The resident spoke to the inspector about things they enjoyed doing, such as attending sporting events, attending their day service and going out for a drink. The resident, with the support of a staff member, explained that they had been at a match the previous evening and planned to go to another game later in the day. A staff member explained that two residents were involved in a local GAA club. The residents helped with preparation for some training sessions and helped on match days. The staff member spoke about how involvement in the club had helped the residents meet new people.

The inspector was introduced to the second resident in the kitchen. The resident appeared well and communicated non-verbally using gestures and physical prompts. The resident brought a book to the person in charge. The person in charge explained that this was the resident's handover/communication book, and the resident's activities were documented in the book each day, and oncoming staff reviewed the contents with the resident. This practice had been introduced to support the resident with transition and anxiety. It was part of guidance documents on how best to communicate and support the resident.

The inspector was introduced to a third resident. The resident came into the kitchen area and said hello but preferred to engage in their routines. The resident sought assurances from staff members regarding their routine, and staff members were observed responding to the resident in a supportive manner.

The inspector met with the fourth resident, who was relaxing in the sitting room watching TV. The person in charge chatted with the resident and introduced the inspector. The resident liked to complete jigsaws and showed the inspector some of the ones they had finished.

The inspector spoke with the person in charge and the house manager about the residents' daily routines. Both spoke of how the residents were very active and explained that they benefited from an active lifestyle. Two of the residents were attending a regular day service programme. One of the residents informed the

inspector that they enjoyed attending the programme.

The other two residents were receiving a bespoke day service programme. The person in charge explained that the programme was introduced following the COVID-19 pandemic. The impact of the COVID-19 pandemic meant that residents could not attend their day service programmes. This coincided with a reduction in incidents of challenging behaviours for two of the residents. The management team explained that the bespoke services had been a success for the residents, and the impact will be discussed in more detail later in the report.

The inspector did not meet with residents' representatives, but they did review feedback questionnaires submitted by all families. The inspector found that the feedback was positive. Family members mentioned that they were happy with the quality of the service and that residents were engaged in numerous activities. The review of daily notes and discussions with the management team identified that residents' families were very involved, with some residents going home or visiting family regularly.

The inspector observed jovial and caring interactions between staff and the residents during the early part of the inspection. While the house was busy, staff stopped preparing for outings and supported an resident who appeared a little anxious, reassuring and reminding them of their plans for the day and helping them relax.

In summary, the inspection found that the residents were receiving a service that responded to their needs. They appeared happy in their homes and in their interactions with those supporting them.

The following two sections of this report present the findings of inspecting the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, appropriate to their needs, consistent, and effectively monitored. The provider had ensured that the necessary reviews and reports had been completed as per the regulations and were available for review.

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

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team

had access to and had completed training programmes to support them in caring for the resident. The staff team had also received regular supervision.

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

Regulation 15: Staffing

The review of rosters and staffing records found that the provider's arrangements regarding staffing were appropriate.

The person in charge maintained planned and actual rosters, and the inspector reviewed the current staff roster and previous rosters (October 2023) and found that the provider had ensured that safe staffing levels were maintained. The staff team comprised the person in charge, the house manager team leaders and direct support workers.

The inspector reviewed the current roster and rosters from previous periods and found a consistent staff team supporting the residents. Consistent relief staff were also utilised when required. Therefore, the residents were supported by a consistent team, which had been identified as essential for them. As noted earlier, the inspector observed the staff members interact with the residents respectfully and in a caring manner.

The inspector reviewed two of the staff team's records and found that the provider had ensured that the information relating to schedule 2 of the regulations was available for review.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had developed a staff training matrix that captured the staff members' completed training. Following the appraisal of the matrix, the inspector was assured that the staff team had access to appropriate training, including refresher training, as part of a continuous professional development programme. Staff members had also completed training specific to the needs of the residents further enhancing the quality of care provided to the residents.

For example, staff members had completed numerous training programmes:

- children's first training
- basic life support

- fire safety
- infection prevention and control
- safe administration of medication
- human rights-based approach
- autism
- suicide awareness
- manual handling
- restrictive practices
- assisted decision-making act

The staff team received supervision bi-monthly. The inspector reviewed two staff members' supervision records and found that the supervision sessions focused on supporting staff members and ensuring they had the required skills and knowledge to support the residents best.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted up-to-date insurance details as part of the registration renewal process. The inspector reviewed these and found that the required areas had been insured per the regulations.

Judgment: Compliant

Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them appropriate. They ensured that the service provided was safe, relevant to the resident's needs, consistent, and effectively monitored. The person in charge led a clearly defined management structure, and the house manager, team leaders, and staff team supported them in their duties.

Monthly monitoring visits were completed by senior management. Areas reviewed during this practice include:

- residents personal plans
- restrictive practices
- staff supervision
- health and safety
- residents' finances
- medication

- staff training

The provider had also conducted the six monthly and annual reviews per the regulations. The inspector reviewed these and the monthly monitoring visits completed in 2024. The six monthly, annual reviews and monthly visits were focused on enhancing practices and the service provided to residents. There was evidence of areas that required improvement, being added to action plans. These actions were added to the service quality improvement plan. The inspector reviewed this and found that actions were being addressed promptly.

The analysis of staff meeting minutes revealed that adequate arrangements were in place to support, develop, and performance-manage all members of the staff team. As mentioned earlier, staff received regular supervision, and the review of rosters identified that a long-standing staff team was in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The inspector reviewed the statement of purpose and found that it had been updated when required. A copy was available to residents and their representatives.

The statement of purpose contained the required information and reflected the systems the provider had adopted to ensure that the residents were receiving good service.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority of incidents occurring in the centre in line with the regulations

Judgment: Compliant

Quality and safety

The review of information and observations found that the residents were receiving a service tailored to their specific needs and provided in a way that respected their

rights. As previously discussed, the residents were engaging in activities of their choosing, and the staff team was supportive and respectful of their choices.

The provider ensured that the residents' health and social care needs were comprehensively assessed, and support plans were developed to guide staff members in providing positive outcomes for them. The inspection found that guidance documents were created to help staff support the residents in the best possible way. The creation of bespoke day programmes for two residents had proved positive for the residents and this will be discussed in more detail later.

The inspector reviewed several aspects, including risk management, premises, medication management, communication and information for residents. The review found these areas compliant with the regulations.

In conclusion, the inspection report confirmed that the provider, person in charge, and staff team provided a safe service that met each resident's needs. The residents appeared happy in their daily lives and their overall living arrangements.

Regulation 10: Communication

The inspector reviewed information about three residents' communication abilities and required support. The inspector found information on communicating with the residents across several documents.

One of the residents communicated non-verbally and, as mentioned earlier, a handover book had been introduced to support the resident. The residents also used a large volume of individual signs. The staff team had completed significant work to capture what the signs meant to the resident, with pictures of the resident showing the signs and a written explanation under each image. This piece of work reduced the potential for confusion between staff members and the resident and, therefore, reduced anxiety levels for the resident, who could become anxious when unable to get their view across to others.

The other residents communicated with varying levels of verbal communication. There was guidance on how to communicate with the residents, for example, how to give them information, how to support them in processing information, how to support them with repetitive questioning, and how to support them with planning.

Visual planners were used with some residents to help them with anxiety regarding their routines, which was very important for some of the residents. The inspector observed all three staff members interact with the residents in a caring and respectful manner.

Judgment: Compliant

Regulation 12: Personal possessions

During the review of the two residents' information, the inspector found that systems were in place to ensure that residents had access to and retained control of their personal property. Clothing and property inventories had been carried out. The residents had their rooms where their belongings were stored.

The person in charge had ensured that financial capability assessments were conducted. The inspector reviewed two of these and found that the two residents required financial support. The systems for safeguarding residents from financial abuse included daily checks regarding spending, receipt collection, and the review of bank statements to ensure that residents were being protected.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector reviewed all four residents' records regarding their daily activities, which were documented in their daily notes. The residents were found to be active members of their local community. They were involved in several groups, clubs, and leisure activities, including walking groups, aqua aerobics, a local GAA club, dance classes, and Special Olympics. The residents were supported in engaging in what they wanted to do, and there was evidence of their happiness with their daily lives.

As stated earlier, the provider introduced a bespoke day service programme for two of the residents. The transitions relating to attending their previous day service programmes and the handover between different staff were identified as triggers for residents. The services staff now supported the residents throughout the day, which had proven to be positive. The residents had their own hub in the local town and engaged in activities there with staff support.

Residents were supported in maintaining regular contact with their families, and there was also evidence of some residents meeting with friends to play pool. Three residents were due to go on a holiday to Spain in the coming weeks, which all residents have done in recent years.

Judgment: Compliant

Regulation 17: Premises

The inspector found the residents' home to be clean and well-maintained. The house had been suitably decorated and there were pictures of residents throughout. The

staff members and the residents had created a homely atmosphere that was very welcoming.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that a resident's information guide had been developed. The guide contained the headings listed in the regulations and was easily accessible.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had created individual risk assessment management plans for each resident. The inspector reviewed two residents plans. The plans were linked to residents behaviour support and care plans. The risks were clearly identified along with the steps required to manage and reduce the risk. The control measures to manage the risks were reviewed and were found to be proportionate.

The inspector reviewed the records of adverse incidents and found that incidents were occurring. The review identified that the staff team were responding to them in a consistent manner and also line with the behaviour support plans. Incidents were reviewed and responded to in an appropriate manner. They were discussed during team meetings and learning from the incidents was a central part of the discussion.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had ensured that there were appropriate medication management practices in place. Staff members had completed medication management and administration training. The review of medication records for two residents showed that they were well maintained with clear guidance for staff to follow when administering medicines. The inspector also found that there were safe practices regarding the ordering, storage and disposal of medication.

Medication assessments had been completed for the residents, assessing whether or not the residents wanted to or had the skills required to self-administer their

medication. Some enhancements were required for one resident however, the person in charge identified how this would be addressed promptly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Following the appraisal of two residents information, the inspector was assured that comprehensive assessments of the residents' health, personal and social care needs had been conducted. Following the assessments, care plans were created to guide staff on how to support the resident best.

The inspector found that the care plans accurately reflected the residents' presentation and areas they required support with. The care plans were under review and gave the reader detailed information on caring for and supporting the resident.

Judgment: Compliant

Regulation 6: Health care

Health profiles and health passport documents had been created for residents. The inspector reviewed two of the residents' information. The documents captured the residents' health status and needs and guided the reader on best supporting them. There was evidence that residents were accessing a range of allied healthcare professionals and that their health needs were being closely monitored.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been developed for some of the residents. The inspector reviewed two of these. The review showed that the plans were specific to each resident, gave the reader critical information regarding the resident and why they may present with challenging behaviours, how best to respond to incidents and to also take steps to prevent such scenarios.

The inspector found that residents' behaviour support plans had been recently reviewed and that the residents were supported by members of the provider's multidisciplinary team when required.

Restrictive practices were in place to maintain the safety of residents. The provider had systems that reviewed the restrictive practices ensuring that they were appropriate and respecting the rights of the residents. There was evidence where restrictive practices had been reduced and discontinued and steps being taken to discontinue other restrictive practices. The reduction and discontinuation of restrictive practices is directly linked to the reduction in challenging incidents for some of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

As previously stated in the report, the residents had the freedom to do the things they wanted to do. The staff members respected and promptly responded to residents' requests whenever possible. The residents appeared content and satisfied with their daily routines and lives.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant