



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:	Short Notice Announced
Date of inspection:	18 May 2021
Centre ID:	OSV-0001909
Fieldwork ID:	MON-0032219

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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How we inspect

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
Tuesday 18 May 2021	10:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

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

On arrival to the centre the inspector was introduced to two of the residents. One of the residents spoke to the inspector about a gardening project that they were engaging in. The residents, their staff and the inspector then went out to the garden. Residents had been supported to build a greenhouse and were in the process of growing vegetables. The residents appeared proud of their work. The inspector observed that there were goal posts and some exercise equipment located in the garden. The residents spoke to the inspector about their planned activities for the day and that they had some errands to complete. One of the residents communicated non-verbally and those supporting them assisted the inspector to interact with the resident. Some of the residents had been carrying out delivery duties with the support of staff to other centres. The residents appeared to enjoy this task. A third resident came out to the garden and introduced themselves to the inspector. All residents appeared comfortable in their interactions with the staff members supporting them.

The inspector also reviewed questionnaires that residents had been supported to complete regarding the quality and safety of care being provided to them. The residents' responses demonstrated that they were happy with the service and their home.

One of the resident's was eager to show the inspector their bedroom, which was designed to their preferred taste and had adequate space. The inspector noted that the centre had space for residents to relax and take time away if they wished. There were pictures of residents throughout the centre including ones from an overseas holiday some of the residents had been on. Overall, the centre was homely and well maintained.

A review of daily notes and residents everyday living plans demonstrated that residents living in the centre when possible were active members of their community. Some of the residents were attending day service placements and other were partaking in individualised programmes with the support of staff. On the day of inspections all four residents were engaging in activities away from the centre and this was the regular practice as the residents enjoyed going on walks and day trips. Individual goals had been identified for residents and there was evidence of some of these being actioned or postponed due to the impact of COVID-19.

One of the residents brought a book to the inspector that captured some of the activities residents had engaged in during recent COVID-19 restrictions. Restrictions, had at times impacted on residents engaging in activities in the community.

Residents as mentioned earlier had been supported to engage in gardening projects and some residents had also taken more interests in supporting staff with activities of daily living (house chores and DIY projects) and as a result were developing their independent living skills.

There was also clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members through assistive technology and physical visits when possible. The inspector reviewed questionnaires that residents representatives had completed regarding the quality and safety of care being provided to their loved ones. These questionnaires demonstrated that family members were happy with the service.

The inspector had the opportunity to speak to two residents family members. Both expressed their satisfaction with the service being provided and that their loved one was happy in their home. They felt that the staff team were aware of the needs of the residents and were supporting the residents development. The family representatives also spoke of open communication between them and the staff team.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

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.

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 of team leaders. For the most part, there were appropriate arrangements in place to ensure that service was effectively monitored. There was some attention required to residents' COVID-19 care plans; 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 that had been identified following these reports and reviews had been addressed promptly by the centre's management team. There was also a monthly audit system in place that, when required, identified areas requiring attention to ensure that the best service possible was being provided to residents. Actions

identified following these audits were again responded to promptly.

The provider had developed a number of information sharing activities in response to COVID-19, and this was leading to enhanced information sharing between the provider's management teams and staff teams supporting residents. The inspector reviewed a sample of the centre's staff team meetings and found them to be detailed and focused on providing the best service to residents.

A review of the centres staffing rota showed that there was a consistent staff team. There was a large staff presence daily, which supported individual (one-to-one) activities for residents. This was identified as being important for some 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 and ensured that staff were identified for training when required.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. The person in charge had also ensured that quarterly notifications were being submitted as set out in the regulations.

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 14: Persons in charge

The person in charge had the required qualifications, skills and experience necessary to manage the centre.

Judgment: Compliant

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.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

While the inspection found that residents were receiving appropriate care and support. There were some improvements required in regard to COVID-19 preparedness.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. In general, 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. However, the review found that there were some adaptations required to residents COVID-19 care plans and aspects of COVID-19 risk assessments. In particular there were improvements required to a residents care plan that would find self-isolating a challenge. The person in charge was made aware of this by the inspector and addressed the required improvements during the inspection and submitted further evidence of steps taken on the day following the inspection.

The provider had ensured that staff members had completed appropriate training in infection prevention and control, that there were enhanced cleaning practices in place. There were also systems in place to ensure that staff members had access to sufficient personal protective equipment (PPE).

The centre was being operated in a manner that promoted and respected the rights

of residents. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community.

Residents had received comprehensive assessments of their health and social care needs. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that the care being provided to residents was person centred and reflected the changes in circumstances and new developments for residents.

Residents had access to appropriate health care professionals. Residents' health care needs were under review and clearly documented along with the supports required to promote their physical and mental health.

There were arrangements in place that ensured that residents had access to positive behavioural support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident specific. The support plans were focused on identifying and alleviating the cause of residents' behaviours. There were restrictive practices in place that were under regular review. The person in charge was ensuring that the least restrictive practice was being utilised for the shortest duration necessary and there was evidence of restrictive practices being discontinued when possible.

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. The person in charge had carried out investigations into concerns when necessary and there was clear recordings of the process and outcomes. The staff team had also received appropriate training in relation to the safeguarding of residents.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. The review of adverse incidents was detailed and promoted learning for the staff team. These reviews were carried out by the centres management team and discussed at monthly team meetings.

There was also an active risk register in place that captured the environmental and social care risks present in the centre. Residents' individual risk assessments were detailed and were linked to their support plans. These assessments were being reviewed and updated if required on a regular basis.

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

Regulation 10: Communication

The person in charge and staff team had ensured that all information was formatted

and presented in a manner that was appropriate to the information and communication abilities of each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had not adequately defined the steps to be taken if a resident would not comply with self-isolating following a suspect or positive case of COVID-19.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The centre's management team and staff team had developed individualised supports for residents, and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that the residents were receiving or being offered positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cornerstones OSV-0001909

Inspection ID: MON-0032219

Date of inspection: 18/05/2021

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The review found that there were some adaptations required to residents COVID-19 care plans and aspects of COVID-19 risk assessments. The Person in Charge has reviewed all residents risk assessments and Covid-19 Careplans to ensure that issues relating to self-isolating were addressed. The person in charge submitted the care plan and risk assessment that required revision to the inspector on 19/05/21. All documentation in relation to Covid-19 has been reviewed by the person in charge. The provider will ensure that all COVID-19 documentation is monitored through monthly audits. Covid-19 risk assessments and care plans are up to date as at 19/05/2021.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	19/05/2021