



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:	Announced
Date of inspection:	22 February 2022
Centre ID:	OSV-0001912
Fieldwork ID:	MON-0027547

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 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 and a kitchen, dining room, and utility room with laundry facilities. The provider uses the fifth bedroom at the centre as an office space. The centre is located close to local amenities such as shops, with access to additional amenities in the local area being supported by the provider's transport arrangements. Residents receive care from a team of support workers at the centre. At night, a support worker undertakes a waking night duty and is available as and when required to support the residents' 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 (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 22 February 2022	09:45hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the providers compliance with the regulations and standards and make a recommendation regarding the renewal of the registration of this centre. The inspector found that the residents were in receipt of an appropriate service which catered to their needs. Three out of the four residents had returned to their day service placements and when spoken with they stated they were happy with this. The other resident was transitioning into retirement.

The review of information demonstrated that residents were supported to maintain links with their families. They were receiving guests in their home or visiting family regularly. Evidence also indicated that they were active in their local community and were being facilitated to engage in activities of their choice.

Key working sessions were completed monthly, and these were focused on gaining input from the residents and identifying short term goals or activities they would like to engage in. They were also used to promote learning and help some residents appropriately manage their interactions with their peers. The provider had also ensured that comprehensive assessments of residents' health and social care needs had been completed. These were person-centred and focused on supporting each resident to maximise their potential.

The residents were either at day service or on an outing with staff for the majority of the inspection. The inspector did get to meet with two of the residents towards the end of the day. The inspector said hello to one resident who was relaxing in the kitchen. The inspector was introduced to a second resident who interacted with the inspector and showed them around the house's ground floor, including their room. Both residents appeared comfortable in their environment and were being supported by staff.

The inspector had the opportunity to speak to two residents' family members. Those spoken with expressed that they were happy with the service their loved ones were receiving. They felt that the residents were happy where they were living. The family members also stated that they could visit the service when it suited and spoke positively of the staff team supporting the residents.

The inspector observed that the house was well maintained and had a homely atmosphere. Pictures of residents and their items were dotted around the house. Residents had their own rooms, and there was space for residents to receive guests if they wished to do so.

Through observations and the review of information, the inspector found some improvements were required to areas, such as ensuring that all staff had access to suitable refresher training and that appropriate fire drills were being completed. Some improvements were also required to ensure that all restrictive practices being

utilised were reported as per the regulations.

The following 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

Management systems were in place that ensured that the service provided was safe, consistent and appropriate to residents' needs. However, improvements were required in the areas such as staff training, fire evacuations and ensuring that all restrictive practices were notified to the Chief Inspector as required.

The provider had developed a clearly defined management structure in place. The service was led by a person in charge. A team leader and support workers reported to the person in charge. A member of the provider's senior management team completed reviews of the service each month. The review analyses the care provided to the group of residents. The person in charge also completes a schedule of audits. The inspector found that these arrangements were appropriate and ensured effective oversight of the care provided to the group of residents.

The provider had also ensured that the required reviews and assessments of the quality and safety of care provided to residents had been completed as per the regulations. Areas that needed improvements were identified and added to the services quality improvement plan. The inspector reviewed the plan and found it was reviewed and updated monthly.

Overall, the governance and management systems were adequate; as mentioned above, some areas required improvement. One of these was ensuring that all restrictive practices in use were being reported to the Chief Inspector as per the regulations. The inspector observed a window restriction in place in the upstairs sitting room. This practice was not recorded as part of the quarterly review of restrictive practices or the provider's audits.

The review of staff training records showed robust systems to monitor and provide staff training. The staff team had been provided with a range of training. The inspector noted that all staff members had received "once-off" training in positive behaviour support. Some of the staff team had not received any follow-up training in the area since 2015, with others receiving the training in 2019. Positive behavioural support plans had been developed for some of the residents and were in regular use. Despite this, there was no scheduled refresher training for the staff team in this area. The inspector does note that all other aspects of the staff team's training needs were being responded to.

The provider had ensured that the number and skill mix of the staff team was

appropriate to the needs and number of residents. The planned and actual rosters were available for review. An appraisal of these demonstrated a consistent staff team supporting the residents.

Regulation 15: Staffing

The provider had ensured that the number, 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 not ensured that all staff members had access to required refresher training.

Judgment: Substantially 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

Improvements were required to ensure that all restrictive practices were reviewed, recorded, and submitted to the Chief Inspector as per the regulations.

Judgment: Substantially compliant

Quality and safety

The provider had ensured that the staff team had received appropriate fire precautions training. The inspector reviewed recent fire drills and found that they were taking place regularly. The appraisal of the recording of these drills found that some improvements were required. Records showed that a simulated nighttime drill had taken place on 04.11.21; however, the records stated that two staff members had completed the drill along with the four residents. This did not demonstrate that the residents could safely be evacuated during nighttime circumstances as there is only one staff member supporting residents at night. This was brought to the attention of the person in charge.

The inspector observed that there were systems in place to ensure that fire safety equipment was appropriately serviced and that the staff team reviewed fire detecting and containment measures regularly.

A sample of residents' information was reviewed, and it was found that a range of care plans had been developed that were specific to each resident. The plans were under regular review and reflected the changing needs of the residents. Comprehensive assessments of residents' health and social care needs were completed. Residents' healthcare needs were reviewed and documented, along with the supports required to promote their physical and mental health.

As mentioned earlier, residents were encouraged to identify activities they would like to engage in via key working sessions. Residents were engaging in activities in their community, such as attending barbers or hairdressers going out for lunch or dinner. Some residents also liked to go for a drink with staff support. The staff team promoted and supported the rights of the group of residents. There was evidence of some service users declining treatments; the staff team respected this.

Furthermore, the staff team, along with a member of the resident's family, had advocated on behalf of the resident and supported the resident to transfer into retirement. There were meeting minutes where this had been documented, and they demonstrated that the resident's needs were being prioritised.

Residents had access to positive behavioural support services. A review of a sample of behaviour support plans demonstrated that residents were regularly reviewed by allied healthcare professionals and the provider's multidisciplinary team members.

There were arrangements for identifying, recording, investigating and learning from serious incidents or adverse events involving residents. The inspector reviewed the centre's adverse incident log and found that incidents were reviewed by the centre's management team and members of the provider's senior management. There was also a local risk register; these were under review by the centre's management team and captured environmental and social risks.

Infection control arrangements at the centre were robust. They reflected current public health guidance associated with managing a possible outbreak of COVID-19. The provider 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 inspector found that slight adaptations were required to the response plan; this was completed during the inspection. COVID-19 risk assessments were developed for residents, the staff team, and visitors. They contained the relevant information from the Health Protection Surveillance Centre (HPSC).

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

Regulation 11: Visits

The provider was facilitating residents to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

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 28: Fire precautions

The review of fire evacuation records demonstrated that improvements were required. The provider had not shown that they could safely evacuate all residents under nighttime circumstances with minimum staffing levels.

Judgment: Substantially 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 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

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 (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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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

Compliance Plan for Cavan OSV-0001912

Inspection ID: MON-0027547

Date of inspection: 22/02/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The registered provider will ensure that:</p> <p>All Staff will receive refresher in Positive Behaviour Support training 3 yearly. This will be reflected in the training matrix. Date 30/4/2022</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC will ensure that:</p> <p>All Restrictive practices are submitted each quarter. Date 30/4/2022</p> <p>A window restrictor was removed by the provider on the day of the inspection. Date 22/02/2022</p> <p>All restrictive practices are reviewed quarterly. Date 30/4/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant

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

The Registered Provider will ensure that:

Night time fire drills are completed and recorded to reflect the minimum staffing levels to ensure the safe evacuation of all service users. Date 08/3/2022

The PIC will ensure that all records will accurately reflect the safe evacuation of the fire drill. Date 08/3/2022

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	08/03/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Substantially Compliant	Yellow	30/04/2022

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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