



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

Issued by the Chief Inspector

Name of designated centre:	Canal View
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	03 July 2024
Centre ID:	OSV-0008634
Fieldwork ID:	MON-0042468

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 care and support to adults with disabilities. It is located in a residential area in Co Monaghan in close proximity to a number of towns and villages. The centre comprises of a large two story house with an additional one bedroom apartment within the house. All bedrooms are ensuite. Communal facilities include a large sitting room, a well equipped and large kitchen cum dining room, a utility facility, communal bathrooms and a staff office. There are gardens to the front and rear of the property with adequate private and on-street parking available. Transport is provided to the residents so as they can attend their various day services and go on community outings. The centre is staffed on a 24/7 basis by a person in charge, team leads and a number of direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Wednesday 3 July 2024	09:45hrs to 16:15hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were two residents living in the centre and the inspector met with one of them. Written feedback on the quality and safety of care from both residents was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the service.

The centre comprised of large detached two story house in a residential area in Co. Monaghan. Within the house there was a separate one bedroom apartment. A large garden area was provided to the rear of the property for residents to avail of in times of good weather.

On arrival to the centre the inspector observed that the house was spacious, clean, warm and welcoming. At this time both residents were attending day services.

The person in charge explained to the inspector that one of the residents attended a horticultural programme in their day service and very much enjoyed this work. This resident lived in the apartment in the house and the inspector observed it was decorated to their individual style and preference. The resident liked gardening and, had their own private garden area to the rear of their apartment. On reviewing a sample of this residents personal plans, the inspector noted that they liked to go for a pint in one of the local pubs at the weekend, liked to go for walks and have a hot chocolate. They also liked relaxation therapies such as foot massage. As part of their goals for 2024 they had attended a tractor run, went on a number of day trips for example to the airport to see planes and visited horses. The resident was also supported to maintain regular contact with their family members.

The other resident had recently started in a new day service placement and the person in charge said that they were doing very well there and enjoyed attending each day. This resident also liked beauty and relaxations treatments such as reflexology and other activities such as going for drives and/or walks and helping staff around the house. This resident was also supported to maintain very regular contact with their family members.

Later in the day the inspector met with one of the residents. They appeared in good form, smiled and shook the inspectors hand. They had their own style of communication which staff were familiar with. The inspector observed the resident had a good sense of humour and enjoyed being in the company and presence of staff. Staff were also observed to be kind, caring and person centred in their interactions with the resident. The resident appeared very much at home in the house for example, the inspector observed that they had a cup of tea whilst chatting

to staff at the kitchen table and later, they were observed watching television with staff.

Staff had supported the residents to provide written feedback on the quality and safety of care provided in the centre. This feedback was both positive and complimentary. For example, residents reported that the service was a nice place to live in, people were kind, they felt safe, could make phone calls and receive visitors in private, staff knew their likes/preferences and that staff were nice.

Additionally, one family member spoken with over the phone was also positive and complimentary about the quality and safety of care provided to their relative. They reported that their relative was very well looked after, staff were tuned into their needs, and, the resident appeared very happy in the house. They also said that they spoke to their relative every evening via a video call, were made to feel very welcome when they visited the house and that the staff team were very accommodating. Additionally, they reported that their relatives room was lovely and that they had everything they needed. When asked had they any complaints about the service the relative said that they had none at this time and were very happy with the quality and safety of care provided in the house.

While some minor issues were identified with the risk management process, the inspector observed staff supporting one of the residents in a professional, person-centred and caring manner at all times over the course of this inspection. They were attentive to the needs of the resident and the resident was observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the resident and feedback from one family member on the quality and safety of care was positive and complimentary.

The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

The one resident met with appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge and house manager. They were supported in their role by a regional director and a number of team leads.

The inspector spoke with the person in charge over the course of the inspection and they demonstrated a good knowledge of the residents' assessed needs and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with

Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters for the month of June 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and one team lead on the day of this inspection.

Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. Staff spoken with also had a good knowledge of residents' individual care plans

The provider had systems in place to monitor and audit the service. The annual review of the quality and safety of care was not due for completion at the time of this inspection however monthly audits were being facilitated and, a six-monthly unannounced visit to the centre had been carried out in June 2024. On completion of these audits, action plans/quality improvement plans were developed so as to address any issues identified in a timely manner.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations for the role of person in charge.

They were an experienced social care professional with qualifications in Health/Social Care (Residential Management) and positive behavioural support.

They were found to be responsive to the inspection process and had systems in place for the oversight and management of the designated centre.

They were also aware of their legal remit to the regulations and, aware of the assessed needs of the residents availing of this service.

Judgment: Compliant

Regulation 15: Staffing

A review of rosters for the month of June 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and team lead on the day of this inspection.

For example:

- There were two staff on each day
- One staff was on a sleep over arrangement each night (who also worked

throughout the day)

- One staff was on live waking night duty

This meant there were three staff present each day and two staff present overnight in the designated centre. It was observed however, that when one of the residents were at home over the weekend, the staffing arrangements could change to reflect this.

The inspector reviewed two staff files and found that they contained the information and documents as required by regulation 21: records - Schedule 2. Additionally, both staff had appropriate vetting on file as required by the regulations.

The person in charge also had systems in place for the supervision of their staff team.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training records/matrix for four staff, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included the following:

- safeguarding of vulnerable adults
- fire safety
- manual handling
- basic first aid
- enhanced care of medication (to include a medication competency assessment)
- infection prevention and control
- management of people with dysphagia
- children's first
- food hygiene
- positive behavioural support
- restrictive practices
- personal safety
- human rights

One staff member spoken with by the inspector was aware of the assessed needs of the residents living in this service.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the service. There was a person in charge who was supported in their role by a regional director. Additionally, there were a number of team leads working in the centre.

The provider also had systems in place to monitor and audit the service as required by the regulations. The annual review of the quality and safety of care was not due for completion at the time of this inspection however monthly audits were being facilitated and, a six-monthly unannounced visit to the centre had been carried out in June 2024. On completion of these audits, an action plan/quality improvement plans were developed so as to address any issued identified in a timely manner. For example, the auditing process identified the following:

- the lone working risk assessment was to be clearly identified in the risk register
- full names of staff were to be visible on staff rosters
- there was a gap in one staff members file
- staff were to carry out weekly checks were to be carried out on the company vehicle

All these issued had been addressed (or plans were in place to address them) at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge/house manager was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. A minor issue was identified with the process of risk management.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities that was of interest to them.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. Staff spoken with were familiar with residents care plans.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was no active safeguarding concerns. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. However, as identified above, aspects of the risk management process required review.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations.

Overall this inspection found that the one resident met with appeared happy and content in their home. The house was clean, warm and welcoming on the day of this inspection and provided an adequate environment to meet the needs of the residents.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their needs and wishes. Their communication needs and preferences were also detailed in their personal

plans and staff were observed to be respectful of the residents communication style.

Residents had access to a telephone where they made regular phone calls/video calls to their family members. Other media such as television, radio and Internet were available to the residents.

Where required, easy to read information was provided to the residents to include pictures. For example, one resident had pictures of all staff members so as they would know what staff were working each day and night in their home.

Additionally, a referral to a speech and language therapist (SALT) had been made for one of the residents for a communication assessment.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities and supports to engage in recreational and social activities of their interest, choosing and preference.

Both residents attended a day service where they participated in activities that was of interest to them.

For example, one attended a horticultural programme in their day service and was reported to very much enjoyed this work. The resident also liked gardening and to go for a pint in one of the local pubs at the weekend. They liked to go for walks and liked relaxation therapies such as foot massage. As identified above, as part of their goals for 2024 they had attended a tractor run, went on day trips for example to the airport to see planes and visited horses.

The other resident had recently started in a new day service placement and it was reported that they were doing very well there and enjoyed attending each day. They also liked beauty and relaxations treatments such as reflexology and other activities such as going for drives and/or walks and helping staff around the house.

Residents were also supported to maintain very regular contact with their family members..

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own ensuite bedroom which were decorated to their individual

style and preference.

One resident had their own apartment within the centre. This too was observed to be decorated and furnished to their individual preference and to meet their assessed needs

The premises were warm, welcoming and in a good state of repair. They were also clean and generally well maintained.

There were garden areas to the front and rear of the property and it was also observed that the grounds of the property were well maintained. The apartment had its own small private garden.

Adequate space was provided to residents so as they could receive visitors in private. Additionally, there was adequate private and on street parking to the front of the property.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available in the centre, a risk matrix and, each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example:

- where a resident was at risk in the community due to safety awareness, they were provided with staff support at all times in the community. Where required, this was 2:1 staff support.
- where a resident was at risk of choking at mealtimes, they were supervised at all times during meals and, had been reviewed by a speech and language therapist.

It was observed however, that aspects of the risk management process required review. For example:

- a referral to an occupational therapist (OT) had been made for one resident who was at risk of falling. However at the time of this inspection the resident and their living environment had not been reviewed by an OT. (The inspector did acknowledge however, that the resident had not had any falls since moving into the house and was provided with staff supervision and support at all times)
- on occasion, a resident could disengage from their healthcare-related

appointments. While this issue was being managed in the centre, more information was required in residents individual risk assessments on how the issue was being managed and mitigated.

- fire exits had a locking mechanism on them however, on the day of this inspection, all fire doors were unlocked and accessible. More written information was required in the fire folder/risk register so as to ensure any risk associated with this was mitigated and to ensure that all fire doors were accessible at all times

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the emergency lighting system and fire alarm system was being serviced quarterly as required by the Regulations. They were both serviced in January 2024 and March 2024.

Fire extinguishers had been serviced in October 2024.

Staff also completed as required checks on all fire equipment in the centre and from reviewing four staff files/training matrix, they had training in fire safety.

Fire drills were being conducted as required and each resident where required, had an up-to-date personal emergency evacuation plan in place.

It was observed that the fire doors from the dining room into the living room required review. However, when this was brought to the attention of the regional director and person in charge they assured that they would get a competent person to review these doors.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)

- speech and language therapy
- dentist
- optician
- chiropody

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice. Where or if required, hospital appointments were also facilitated

It was also found that where or if required, residents had access to mental health support services and behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no active safeguarding concerns in the centre.

The inspector also noted the following:

- one staff member spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- there were no open complaints about the service on file at the time of this inspection
- feedback on the quality and safety of care from a family representatives was positive and complimentary
- the concept of safeguarding was discussed with residents (at meetings/key working sessions)
- safeguarding formed part of the standing agenda at staff meetings
- information on how to contact the safeguarding officer, safeguarding champion and the complaints officer was readily available in the centre
- an independent advocate had been scheduled to visit with the residents to discuss their role and the role of advocacy for July 30, 2024.

Additionally, the person in charge informed the inspector that if any safeguarding concern were to arise in the service, it would be dealt with as required by policy and procedure.

From reviewing four files/training matrix, the inspector noted that staff had the following training

- safeguarding of vulnerable adults and,
- children's first

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines, experience new opportunities and engage in activities they liked and enjoyed.

Staff were observed to be respectful of the individual communication style and preferences of the residents and ensured supports were in place so as the residents voice was heard and respected.

Where or if required, advice and support could be sought from the services human rights committee and an independent advocate was due to visit the centre on July 30, 2024.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Canal View OSV-0008634

Inspection ID: MON-0042468

Date of inspection: 03/07/2024

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Registered Provider requested an urgent assessment from the OT and this took place on the 15/7/24. 3 fluted grab rails have been recommended and supplied. These are due to be fitted on the 26/7/24.</p> <p>The Registered Provider has updated the individual's risk assessment to reflect what staff should do if the individual refuses to engage in health care appointments. Completed on 16/7/24</p> <p>The Registered Provider has updated the Risk Register to ensure fire doors are unlocked and accessible at all times. An email has also been circulated to staff team to ensure they are aware of this. Completed on 19/7/24.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/07/2024