

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

Issued by the Chief Inspector

Name of designated centre:	Praxis Care Mullingar
Name of provider:	Praxis Care
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	25 June 2024
Centre ID:	OSV-0001915
Fieldwork ID:	MON-0043682

About the designated centre

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

The service provides residential care to six male and female residents. Four residents live here on a full-time basis and two residents live here on a shared-care basis meaning that one resident stays for a period of time and then goes home and the other resident then stays for a period of time. The staff team consist of direct support workers, team leaders and the person in charge. There are three staff on duty during the day and two staff at night (one of whom is on a sleep over). An additional staff member is also provided during the day to facilitate activities in the community. The centre comprises of a dormer style bungalow situated outside a large town in County Westmeath. Each resident has their own bedroom which has been decorated to the resident's taste and choice. Residents are supported by a range of allied health professionals in line with their assessed needs. Most of the residents attend a day service either full-time or on a part-time basis. Residents who choose not to attend are supported by staff to engage in activities of their choice.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 25 June 2024	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was announced following the provider's application to renew the centre's registration. The findings from this inspection were for the most part positive with four areas requiring improvement, these areas will be discussed later in the report.

Throughout the day, the inspector was introduced to four residents and met with the person in charge, and a member of the provider's senior management team. The inspector also had brief interactions with members of the staff team.

The inspector reviewed a large volume of information relating to how the service was managed and the care and support provided to residents. The review of information and discussions with the persons mentioned earlier confirmed that residents were being provided with person-centred care. Where possible, the residents were supported by staff to engage in what they wanted to do.

On arrival to the centre, the inspector found the residents' home to be a busy environment. Staff members were moving in and out of rooms, preparing to support residents at the beginning of their day. The inspector was introduced to one resident sitting at the dining-room table. The person in charge supported the conversation, but the resident chose not to engage. The resident was preparing to attend their day service placement.

The inspector met with a second resident later in the morning. The resident chatted to the inspector about their plans for the day and informed the inspector they were also attending day service. The resident appeared happy in their interactions with those supporting them and comfortable in their environment.

In the afternoon, the inspector met with a resident who was watching TV with staff. The resident appeared to be enjoying the staff members' company. The resident introduced themselves to the inspector, and the staff member supported them in talking about their activities and some of the things they liked. The inspector was introduced to the fourth resident; the resident said hello to the inspector but chose not to engage in any further discussion.

Residents or their representatives were asked to give their views regarding the care and support provided and four questionnaires were returned. Two were completed by residents, and the other two by residents' family members. The feedback was positive with residents documenting they were happy where they lived. Family members also said they felt their loved ones were happy living in the service. Family members expressed they were pleased with the service and that the staff team knew the residents very well.

The inspector observed residents coming and going from the house throughout the day. As mentioned, some residents attended day service programs, and others were

engaging in a day program tailored to their needs. On the day of inspection, the inspector observed positive interactions between residents. However, the review of adverse incidents identified that there had been occasions where residents had negatively impacted on one another. This will be addressed in more detail later in the report.

The person in charge showed the inspector around the residents' home. The house was well presented, clean and free from clutter. The inspector found that the staff team and residents had created a homely environment with pictures of residents throughout the house. The house had also been adapted to suit the residents, with specialised equipment readily available to support them if required.

In summary, the inspector observed that the residents appeared to be comfortable in their homes and interactions with others. The centre was well maintained, and there was at times, a busy but homely atmosphere. The residents were receiving a good service, but some areas required improvement namely, residents negatively impacting one another on occasion, the provider failing to ensure that the communication needs of all residents had been assessed. Finally, improvements were required to ensure all residents engaged in meaningful activities.

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 the residents lives.

Capacity and capability

This service was previously inspected in 2023. The findings from that inspection identified that there were a number of areas that required improvements. The provider responded with a comprehensive action plan. The inspector reviewed the actions identified in the 2023 inspection and found that the provider and the services management team had responded to the actions. While this inspection identified areas that required attention, the inspector found that the quality of the service provided to the residents had improved.

The current management arrangements ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored. The person in charge actively followed the provider's systems, demonstrating their strong oversight of the service being provided to the residents.

Following the review of a sample of rosters, the inspector found that the provider had maintained safe staffing levels and that the skill-mix of staff was appropriate to the residents' needs.

Regulation 14: Persons in charge

The provider ensured that the person in charge possessed the necessary experience and qualifications to fulfil the role. The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management as required by regulations.

While the person in charge was responsible for another of the provider's services, the inspector found that this did not impact on their ability to manage this centre. Through discussions, the review of audits and quality improvement plans, the person in charge had good oversight of practices and the care provided to the residents. The person in charge demonstrated that they had a good understanding of the needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

As part of the inspection, the inspector reviewed the current staff roster and rosters from February 2024. The inspector found that there had been minimal changes to the staff team; there was a consistent staff team in place, which ensured that the residents were receiving continuity of care from persons they knew.

The review of staffing arrangements also identified that the provider and person in charge ensured safe staffing levels were maintained. The person in charge explained that consistent relief staff were utilised if required. This was corroborated when reviewing the rosters.

The inspector also found, through the review of information and documentation, that the provider had ensured that, the skill-mix of staff was appropriate to meet the residents' needs. Four staff members were rostered each day. The arrangements for night-time were one live night staff and one sleepover staff. The inspector found that when reviewing information regarding the residents' care, the staff team was proactive in reviewing and updating documents when required. This approach led to care and support plans accurately reflecting residents' changing needs, which will be discussed in more detail in later sections of the report.

As part of the ongoing assessment of compliance with safe recruitment and selection processes, the inspector reviewed information on two staff members. The review showed that the provider and person in charge had ensured that all data had been gathered per schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. Evidence showed that the matrix was under regular review and that staff members were attending training when required.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- safe administration of medication
- infection prevention and control
- human rights-based approach
- moving and handling
- first aid
- Children First
- managing behaviours of concern.

The inspector was also provided with information that demonstrated that staff members were receiving supervision. Two staff members' supervision records were reviewed; the sample showed that the supervision focused on performance management and ensuring the best possible service was provided to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The provider's audit and reporting mechanisms were also reviewed and found to be effective. The management structure was clearly defined, with the person in charge leading a competent staff team who provided residents with a good standard of care.

The provider had completed the required annual and six-monthly reviews, which focused on the quality and safety of care and support provided in the centre.

The person in charge was conducting audits, and a member of the provider's senior management team carried out monthly audits/visits. A report was furnished after each audit. The inspector studied the reports from the last two months.

Topics covered included:

- risk management

- person-centred services
- staffing matters
- staff training
- restrictive practices
- safeguarding.

Following the review of the audits and reports, the inspector was satisfied that, when required they were identifying areas that required improvement. Action plans had been developed, and there was evidence that the person in charge had responded to the actions.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incident and restrictive practices. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector of Social Services.

Judgment: Compliant

Quality and safety

As discussed earlier, the inspection process identified four areas that required improvement. There were incidents where residents negatively impacted one another and their rights regarding their living environment. The provider failed to ensure that communication skills and needs were assessed for residents who required support. Lastly, there was insufficient evidence to show that all residents were being provided opportunities to engage in meaningful activities.

The review of information showed that, apart from the above-mentioned areas, the residents were receiving a good service. There was evidence of staff members treating residents with dignity and respect and supporting them to be the decision-makers regarding their lives as much as possible.

The inspector reviewed other areas, including risk management, health, the premises, medication management and positive behaviour support. The review found these areas compliant with the regulations.

In summary, the provider needed to improve some areas, but the overall service being provided to the residents was to a high standard, and the residents on the day

of the inspection appeared happy in their home.

Regulation 10: Communication

During the review of a resident's behaviour support plan, the inspector noted the report listed that, the resident could struggle with "effectively communicating their needs", and this could lead to episodes of behaviour that can challenge. The inspector sought assurances that the resident's communication skills and needs had been assessed by an appropriate person. The person in charge confirmed that such an assessment had not been conducted. There was a section in the resident's care plan regarding their methods of communication, but the information was limited.

Following discussions with the inspector, the person in charge submitted a request for the resident to be reviewed by the provider's Speech and Language therapist (SALT). However, this should have been identified and addressed before the inspection.

Following a meeting with a resident, the inspector requested to review their communication support plan. The inspector was provided with a document that the staff team had created that captured information about the residents, including their likes, dislikes and how they communicated their emotions. The inspector again asked if an appropriate person had assessed the resident's communication skills and needs. The person in charge explained that this had not occurred.

In summary, the inspector found that improvements were required to ensure that residents who required support regarding communication were receiving them.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector reviewed three residents' daily note recordings for 14 days. There was evidence of two residents engaging in activities with others and the community. However, one resident's recordings did not demonstrate they were being offered the opportunity to engage in meaningful activities; the same resident had also been the aggressor in many of the incidents between residents.

The inspector noted that, residents were being supported in maintaining links with family members; some residents were visiting family and entertaining visitors in their homes on a regular basis. As mentioned earlier, some residents attended day service programs, and others were provided with individualised services. Social goals had been set for residents, and there was evidence of some goals being achieved and steps being taken to achieve the others.

In summary, the inspector found that, for the most part, residents' general welfare and development were being met. However, the information reviewed did not demonstrate that all residents were supported in engaging in meaningful activities.

Judgment: Substantially compliant

Regulation 17: Premises

The person in charge showed the inspector around the residents' home. The inspector found it 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 26: Risk management procedures

There were systems in place to identify risks and respond to adverse incidents. Risk assessments had been conducted for each resident. The inspector reviewed two of the residents' assessments and found that they were linked to the residents' care and behavior support plans

The person in charge had ensured that risk assessments had been conducted for all residents. The inspector reviewed two of the residents risk assessments. As mentioned earlier, there were incidents where residents had negatively impacted one another. The provider had identified this as a risk and assessments had been developed. The assessments provided guidance on steps to ensure the residents' safety, the inspector also found that the control measures introduced to manage the risks were appropriate to the level of risk.

Overall, the review of risk management practices found them to be appropriate and under regular review.

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 who required it had completed medication management and administration training. The review of medication records showed that they were well maintained with clear guidance for

staff to follow when administering. 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.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of two residents' information that there were appropriate systems for assessing residents' health and social care needs. Residents' needs were assessed, and care and support plans were created. The inspector reviewed the plans relating to two residents and found they were under regular review. The care plans captured the changing needs of the residents and gave the reader directions on how to support them best.

Judgment: Compliant

Regulation 6: Health care

The inspector found that care and support plans had been developed focused on the resident's health needs. Residents were accessing allied healthcare professionals, and the staff team arranged appointments when required and supported residents in attending. Residents meet with members of the staff team and discuss their health needs and their options. Records showed evidence of residents' views and decisions being respected following the meetings.

In summary, the inspector found that the health needs of the residents were under close review. The care and support plans had been enhanced since the last inspection, and they gave the reader clear guidance on maintaining the residents' health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The review of information showed that the provider had ensured that residents had access to positive behaviour support if required. The inspection reviewed two residents' positive behaviour support plans. The plans focused on understanding

residents' behaviours and giving the reader an insight into why the behaviours may occur and how best to prevent and respond to incidents if they did happen.

Following incidents in the resident's home, the provider had arranged for behaviour support plans to be reviewed, and the staff team had also been provided with additional training regarding the management of behaviours.

The inspector was satisfied that the challenging behaviours of the residents were under close review and that the provider and staff team were actively trying to reduce incidents and promote positive outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the adverse incident logs and notifications submitted by the person in charge. These showed there had been occasions where peer to peer behaviours of concern such as, verbal aggression or intimidation had negatively impacted on residents.

There was evidence of the provider taking steps to reduce such incidents and supporting residents in positive interactions. There were recordings of staff members meeting with residents and discussing such issues as sharing their home with others. The person in charge met with residents after incidents to discuss what had happened and ensure they were okay. However, at the time of the inspection, the provider could not provide assurances that all residents were protected from all forms of abuse.

The inspector noted that, following safeguarding incidents, the person in charge took the appropriate steps, carried out investigations, and notified the necessary bodies and persons as per the regulations. The provider had also ensured that the staff team had been provided with appropriate safeguarding training.

In summary, the inspector found that the provider promoted a positive living environment for the residents. However, incidents still occurred that negatively impacted residents and further review was required to ensure all residents were safeguarded in their home.

Judgment: Substantially compliant

Regulation 9: Residents' rights

As discussed in the above section, there were incidents where residents negatively impacted one another. The review of daily notes and adverse incidents showed that

there had been occasions where a resident had attempted to control the environment of parts of their home. The resident had blocked residents accessing areas and shouted at residents, telling them to leave the rooms they were sitting in. Such behaviours impacted their peers' rights to access all areas of their home. They were negatively impacting the residents' daily activities.

Again, the inspector acknowledges that the provider was responding to these incidents and was trying to reduce their occurrences and develop support to promote positive outcomes for all residents. There were examples of residents' opinions and views being respected by those supporting them. On the day, the inspector observed the staff members respectfully supporting the residents.

Judgment: Substantially 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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	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 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Praxis Care Mullingar OSV-0001915

Inspection ID: MON-0043682

Date of inspection: 25/06/2024

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: The Registered Provider shall ensure that each residents with additional communication needs are formally assessed by Speech and Language therapy (SALT).</p> <p>The Person In Charge submitted a referral to Speech & Language therapy (SALT) requesting a formal assess the resident’s communication skills and needs. This assessment has been scheduled for 1st August 2024.</p> <p>Following these assessment and on receipt of their individual communication plans the individuals will be supported with same. To be completed by 01.10.2024</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development: The Registered Provider shall ensure that :</p> <p>The Person In Charge will assess and monitor that all residents within the service are provided with the opportunity to participate in meaningful activities of their choosing. The Person In Charge will review and update each residents’ activity planner, in line with the resident preferences and encourage new experiences / activities. The Person In Charge will monitor daily notes on a monthly bases to ensure ongoing compliance and development in this area.</p>	

Each resident will be supported in setting social goals, and there will be clear evidence of goals being achieved, this will be monitored and captured through both key-working meetings and the individual residents annual review meeting.

The Person In Charge will ensure through staff meetings, supervisions that staff are aware of the resident's preferences related to activities and the level of encouragement for the residents to engage. Staff will record all activities/ opportunities offered, and residents' engagement in same.

To be completed by 01/10/2024

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Registered Provider shall ensure :

The Person In Charge will ensure that within the service, we as a staff team will take the appropriate measures to escalate internally & externally any occurrences of peer to peer behaviors of concern that negatively impact on others.

Person In Charge will ensure that the service continues to provide residents with a safe and open space to discuss their worries or concerns to ensure a positive living environment, through 1:1 meetings and key-working.

The Person In Charge arranged bespoke training in :

- Safeguarding awareness training 12th & 15th July
- Recording & communication 26th July

Person In Charge will ensure that staff team continue to apply their learning from these additional trainings

The Person In Charge has arranged a meeting with senior management and HSE representative to escalate and review incidents of peer to peer behaviours of concerns, verbal aggression or intimidation that has negatively impacted on the other residents. This meeting is scheduled for 14/08/24.

The Registered Provider will ensure that necessary steps are taken to ensure the safety and protection of those residing together, review their compatibility and exploring an necessary options where concerns arise regarding peer to peer compatibility to live together.

To be completed by 01/02/2025

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered Provider shall ensure :</p> <p>The Person In Charge will ensure to minimize the occasions where a resident is attempting to control certain environments, through continued use of the supports from Positive Behavioral Support plans and engaging residents in meaningful activities.</p> <p>Person In charge will ensure that Residents are educated in been respectful of those and sharing communal spaces through social stories in key working and positive engagement between peers.</p> <p>To be completed by 01/10/2024</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	01/10/2024
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	01/10/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/02/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy	Substantially Compliant	Yellow	01/10/2024

	and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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