Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Iona House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0003415
Fieldwork ID:	MON-0034491

About the designated centre

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

Iona House provides full-time residential services to up to eight adults with an intellectual disability who may have associated physical disabilities. The centre is a purpose-built bungalow close to a nearby town, with easy access to all local amenities and shops. The service is staffed on a twenty-four-hour basis by a team made up of the person in charge, team leaders, and support workers. Two residents are supported in individual self-contained apartments. The remaining residents are supported in the main part of the centre, with five single bedrooms including four with en-suite facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 (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 2 February 2022	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead
Wednesday 2 February 2022	09:30hrs to 15:30hrs	Florence Farrelly	Lead

What residents told us and what inspectors observed

This service was previously inspected in March 2021. That inspection found that there were improvements required across a number of areas. This inspection was focused on ensuring that the provider had appropriately responded to the required improvements.

The inspectors found that the provider had adequately responded to the compliance plan and had done so within the identified timeframes. The provider had made adaptations to the centre's layout to best meet the needs of all residents and one resident in particular. Although the changes were relatively recent, the review of documentation and discussions with staff members demonstrated that the adaptations led to positive outcomes for residents.

The inspectors did not have the opportunity to meet with the residents on this occasion; six out of the seven residents were attending their day service placements. One resident engaged in their preferred activities and chose not to interact with the inspectors. The inspectors observed that the resident appeared comfortable in their environment and that there were adequate systems to support them.

Inspectors found that key working sessions were being used as an opportunity to aid residents understanding of their rights as individuals. In some cases, comprehensive work had been completed to support residents regarding their rights and developing their understanding of the rights of those they lived with. Residents were also provided with information so that they could develop the knowledge, self awareness, understanding and skills needed for self-care and protection.

Residents had received comprehensive assessments of their health and social care needs, and plans had been developed to support each resident to maximise their personal development in accordance with their wishes. Residents were engaging in key working sessions with staff members regularly. These sessions were individualised, there was evidence of some residents being provided with information regarding groups they may like to become involved with. There were other pieces of work that were aimed at supporting residents to develop independent living skills. These sessions were also used as information sharing sessions, residents were informed of changes occurring in the service, such as shift patterns or staffing changes.

An appraisal of the most recent annual review demonstrated that residents' family members or representatives had been asked to give their opinions on the service provided to their loved ones. Inspectors found that the feedback was positive and that family members were happy with the provided service. Information reviewed also demonstrated that residents were supported to maintain links with their family via phone calls, video calls or visits.

While positive steps had been taken regarding the service being provided to residents since the last inspection, the inspectors found some areas of concern regarding the premises, infection prevention and control practices, fire precautions, and governance and management. The provider was issued with an urgent action regarding the premises and fire precautions on the day after the inspection. This will be discussed in more detail in the Capacity and Capability and the Quality and Safety section of the report.

Overall, the inspectors found that there were systems in place focused on supporting and promoting positive outcomes for each resident.

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 on the quality and safety of the service being delivered.

Capacity and capability

Inspectors reviewed the existing governance and management arrangements and found that, for the most part, there were effective systems in place. There was a strong management presence led by the person in charge and team leaders. There were, clear lines of authority and accountability. Through observations and review of information, inspectors were assured that the person in charge had the relevant qualifications and experience necessary to manage the designated centre.

The person in charge was completing audits regularly, and there were monthly visits/reviews conducted by a member of the provider's senior management team. The existing management systems were focused on ensuring that the service provided was appropriate to residents needs and was effectively monitored. The provider had also completed the required annual and bi-annual reviews of the quality and safety of care provided to the residents as per the regulations.

As noted earlier, the inspectors observed that there were improvements required. In particular, there were issues identified with the centre's premises and fire safety precautions. An audit had been completed by a fire prevention officer on 21.01.2022 that identified concerns. The provider had yet to address all of these, particularly fire containment issues which had the potential to put residents at risk should a fire break out in the centre.

The provider had also failed to ensure that the premises were appropriately maintained and that facilities such as heating had been appropriately maintained. The provider, as per the regulations, had notified HIQA that there had been a loss of heating that occurred on the evening of 31.01.22. This had not yet been addressed at the time of inspection on 02.02.22. Therefore, there were some improvements

required to ensure that the service was effectively resourced and that all actions identified via audits were being responded to appropriately.

Staff members were receiving appropriate training, including refresher training. The training needs of the staff team were reviewed as part of the monthly audits, which had ensured that all training needs were met. Along with mandatory training, the staff team were also receiving appropriate supervision.

A review of records also demonstrated that the person in charge submitted notifications for review by the Chief Inspector of Social Services as per the regulations.

Regulation 14: Persons in charge

The person in charge had the relevant qualifications and experience necessary to manage the designated centre.

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 appropriate to the residential service's size, purpose, and function.
However, some improvements were required to monitoring systems to ensure that areas that needed improvement were addressed in an appropriate timeframe. For example fire safety, the premises and infection control.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications for review by the Chief Inspector of Social Services as per the regulations.

Judgment: Compliant

Quality and safety

As discussed earlier, inspectors observed improvements were required to existing fire safety precautions. An inspection carried out on 21.01.22 by a fire prevention officer identified that there were some improvements required in particular that a number of fire containment doors were not closing. These issues remained present on the day of inspection. All fire containment measures were, as a result, not effective. An inspector also observed that the door to the utility room was being held open by a locker as the closing mechanism had been damaged. This meant that the door could not close effectively in the event of a fire, meaning that there were further fire containment issues. This had also been raised in the fire prevention officers report but had yet to be addressed.

The provider was issued with an urgent action regarding fire containment issues. The provider submitted an appropriate response and listed how they would respond to the concerns.

The inspectors did find that the staff team had been provided with appropriate fire safety training and that effective fire drills were taking place regularly. Firefighting equipment was also being appropriately serviced.

There were aspects of the residents' home that had not been appropriately maintained. These included the kitchen and utility room areas. Kitchen presses were damaged, and in some cases, doors had been removed. There was also damage to the presses in the utility room.

The inspector observed that there was damage to the flooring in a number of areas and that there were also issues with bathrooms used by the residents. These issues detracted from attempts to promote a homely environment for the residents. The provider had completed some painting works in recent months, but overall the provider had failed to ensure that the property's interior had been kept in a good state of repair. Funding requests had been submitted to address the required works, but there were no clear timelines on when the works would commence.

As discussed earlier, there were also issues with the existing heating system. The provider was issued with an urgent action regarding this. The provider again responded with an appropriate response stating that the heating system had been reviewed on the day of the inspection and that the heating system was again working effectively on the day following the inspection.

The provider had adopted a number of procedures in line with public health guidance in response to COVID-19. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. Notwithstanding these measures, infection control risks were identified. Inspectors found that the issues with the premises had impacted the provider's ability to employ effective infection prevention and control practices. As noted above, there was damage to the kitchen and utility room presses. These areas which were in regular use could not be appropriately cleaned.

Furthermore, during the walk through the premises, inspectors observed that a door had been removed from a kitchen press and that a general waste bin without a cover was located in the press. This did not promote effective infection prevention and control practices.

Inspectors also observed damage to handrails and that rust had formed on them. There was also rust observed on a shower chair in the main bathroom. Grouting around a shower also required replacing, and there was damage to the flooring in the main bathroom. These issues again impacted the staff team's ability to clean the surfaces effectively.

The provider had ensured that residents had received comprehensive assessments of their health and social care needs. The review of a sample of residents' information found that plans were in place to support residents. These plans were under regular review and captured the changing needs of the residents. The provider reviewed residents' progress monthly. If required, action plans were implemented for staff or residents to follow to best support the residents. This demonstrated that there were systems in place to meet the needs of each resident.

Following the previous inspection in March 2021, the provider had completed comprehensive compatibility assessments of the group of residents living together. As mentioned earlier, adaptations were made to the premises to reduce computability issues amongst residents. These changes were proving to be positive for the group of residents, with some residents being provided with personalised areas to engage in their preferred activities and other residents accessing areas of their home which they previously did not.

Following the review of information, it was evident that the staff team were promoting and respecting the rights of those they were supporting. Residents were, where possible, being supported to develop independence and were being supported to engage in their preferred activities.

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. Detailed support plans and clear guidance on how to best support residents had been developed. The staff team supporting the residents had also received appropriate training in positive behavioural support.

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns. As noted earlier, residents were also being provided with

information regarding self-care and protection through key working sessions. The review of records also demonstrated that the staff team had completed appropriate safeguarding training.

The provider had developed a comprehensive risk register that captured environmental, social and organisational risks. This was under frequent review and demonstrated that there were effective systems for the assessment, management and ongoing review of risk. Adverse incidents were reviewed on a monthly basis, and where required, learning was identified. Individual risk assessments had been developed for residents. The identified control measures were listed, and the assessments were again under regular review.

As noted above, there were improvements required across a number of areas. However, inspectors found that the service and support provided to the residents were appropriate. It was person-centred and focused on the development of each resident.

Regulation 17: Premises

The provider had not ensured that all aspects of the residents' home was kept in a good state of repair.

Judgment: Not compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had not adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by HIQA.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspection found improvements were required to ensure that the provider's fire precautions were adequate. The provider had failed to respond to concerns identified in an audit in an appropriate timeframe.

Judgment: Not 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 7: Positive behavioural support

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

Judgment: Compliant

Regulation 8: Protection

The review of information demonstrated that the provider had developed appropriate systems to safeguard residents.

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 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Iona House OSV-0003415

Inspection ID: MON-0034491

Date of inspection: 02/02/2022

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The Registered Provider has ensured that a monthly monitoring visit is completed in service by the Head of Operations to ensure the quality and Safety of the service to Residents. This audit includes reporting on Health & Safety of the premises and has a rag rating escalation system to ensure any concerns with the centre are escalated appropriately. Date: 3.02.2022

• The Registered provider has ensured the appropriate company for the service of the heating system completed an emergency call out. Date 2.02.2022

• The Registered Provider ensured a full service of the heating system was completed. Date 03.02.2022.

• The PIC has ensured oil levels in the centre can be monitored with the use of a Watch Man. Oil has been delivered and the heating system is in full working order. Date: 03.02.2022

• The Registered Provider contacted the Contract company to urgently fix the fire doors to ensure they are in working order and meet with required Fire Precautions. Date: 11.02.2022

• Replacement fire doors are required in the long term and have been ordered. New fire doors will be installed. Date: 30.04.2022

• The Registered Provider will ensure Property issues are addressed, to include:
Complete kitchen upgrade
Flooring
Sanitary ware & Bathrooms

These items were planned but completion impacted by a recent COVID 19 outbreak.
Date: 30.04.2022.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The Registered provider has ensured the appropriate company for the service of the heating system completed an emergency call out. Date 2.2.22

• The Registered Provider ensured a full service of the heating system was completed. Date 03.2.22.

• The PIC has ensured oil levels in the centre can be monitored with the use of a Watch Man. Oil has been delivered and the heating system is in full working order. Date: 03.02.22

• The Registered Provider contacted the Contract company to urgently fix the fire doors to ensure they are in working order and meet with required Fire Precautions. Date: 11.02.2022

• Replacement fire doors are required in the long term and have been ordered. New fire doors will be installed. Date: 30.04.2022

• The Registered Provider will ensure Property issues are addressed, to include:

Complete kitchen upgrade
Flooring
Sanitary ware & Bathrooms
These items were planned but completion impacted by a recent COVID 19 outbreak.
Date To be completed by 30.04.2022.

• The PIC has ensured new handrails have been delivered and installed.
Date: 4.2.22

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

• The Registered Provider will ensure Property issues are addressed, to include:
Complete kitchen upgrade
Flooring
Sanitary ware & Bathroom grouting replacement and upgrade
These items were planned but completion impacted by a recent COVID 19 outbreak.
Date: 30.04.2022.

• The PIC has ensured new handrails have been delivered and installed. Date: 4.02.2022

• The PIC has ensured that all bins throughout the center have been replaced with pedal bins to meet required Infection Prevention Control Standards. Date: 4.02.22

• The PIC has ensured a replacement Shower chair was sourced and in place.
Date: 4.02.2022.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The Registered Provider completed 3 monthly check of electromagnetic doors on 25.1.22 in line with Policy. On 28.1.22 fault in the closure of 4 fire doors were identified when they did not close fully once fire alarm was activated.

• The Registered Provider has ensured the frequency of fire door checks has been increased to monthly and the policy and recording template has been amended to reflect this. Date: 7.02.2022

• The Registered Provider contacted the Contract company to urgently fix the fire doors to ensure they are in working order and meet with required Fire Precautions. Date: 11.02.2022

• The Registered Provider has ensured that all fire doors are fully closed and checks are conducted every 30 minutes and documented. Date 02.02.2022

• Replacement fire doors are required and have been ordered. New fire doors will be installed. Date: 30.04.2022

• The PIC has ensured that fire doors are checked on a monthly basis to ensure they are in full working order. Date: 28.02.2022

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/04/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise	Not Compliant	Red	04/02/2022

	disruption and inconvenience to residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2022
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.	Not Compliant	Orange	30/04/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/02/2022