



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

Name of designated centre:	Arigna House
Name of provider:	Praxis Care
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	27 November 2018
Centre ID:	OSV-0005684
Fieldwork ID:	MON-0025210

About the designated centre

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

Arigna House is a centre operated by Praxis Care. The centre comprises of one bungalow dwelling located in a village in Co. Leitrim. The centre can provide residential care for up to three male and female residents, who present with an intellectual disability. Residents have access to their own bedroom, shared communal areas and garden space. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

To prepare for this inspection the inspector or 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
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Views of people who use the service

The inspector met with one of the residents who lives in this centre. This resident did engage with the inspector but was unable to speak with the inspector about the care and support they receive. During the course of this inspection, the inspector observed this resident to access all areas of the centre freely, to take part in baking with staff and appeared very comfortable in the company of staff who were on duty. Overall, the inspector found staff were very understanding in their approach and engagement with this resident.

The person in charge and staff working in the centre spoke confidently with the inspector about the care and support all residents received in areas such as, social care, health care, behaviour support and general welfare and development.

Capacity and capability

Following on from the last inspection of this centre in December 2017, the inspector found the provider had completed the actions required from that inspection.

The person in charge was found to meet the requirements of the regulations and had a good knowledge of residents' needs, the needs of the service and of her regulatory responsibilities. She was supported in her role by a person participating in management and by team leaders working in the centre. She told the inspector that the current governance arrangements within the organisation supported her to have the capacity to fulfil their role as person in charge for this centre. She was regularly present in the centre to meet with residents and staff and also regularly met with her line manager to discuss operational issues, which had a positive impact on the oversight of this service.

Staffing arrangements ensured that the number, qualifications and skill mix of staff was appropriate to meet the needs of the residents. Staff attended regular meetings which facilitated them to discuss and raise concerns with the person in charge about the care received by residents. Effective training arrangements ensured staff were adequately supervised, received mandatory training and had access to refresher training courses, as required. Rosters were found to be well-maintained and demonstrated the start and finish times worked by staff in the centre. Since the last inspection, the provider had made improvements to the records maintained for staff in line with Schedule 2 of the regulations. However, improvements were still required to ensure references were obtained for some staff members in line with the requirements of the regulations.

The centre was resourced to ensure the effective delivery of care and support to residents and there was a clearly defined management structure in place which identified clear lines of authority and accountability. The provider had effective monitoring systems in place, ensuring six monthly provider-led audits were

completed and action put in place to address the identified areas for improvement. Plans were also in place to complete the annual review once the centre was one year in operation. Where adverse incidents occurred, the person in charge had a system in place to ensure all incidents were responded to and reported to the Chief Inspector as required by the regulations.

Although there was a directory of residents in place, it required review to ensure it included all information as required by Schedule 3 of the regulations.

Regulation 14: Persons in charge

The person in charge was found to meet the requirements of regulation 14 and had the capacity to fulfill her duties as person in charge of this centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff number and skill-mix was appropriate to meet the needs of residents. Although the provider had made improvements to obtaining the documents as required by Schedule 2 of the regulations, further improvements were required to ensuring references were obtained from the person's most recent employer.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A system was in place to ensure staff received training and refresher training, as required. Supervision arrangements also ensured that each staff member received regular supervision from their line manager.

Judgment: Compliant

Regulation 19: Directory of residents

Although there was a directory of residents in place, it did not include all information as required by Schedule 3 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this centre. The provider had arrangements in place to ensure the service delivered to residents was monitored and regular reviewed. Where areas for improvement were identified, measures were put in place by the provider to address these.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were reported, reviewed and responded to. A sample of incidents were reviewed by the inspector who found all incidents were reported to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Residents enjoyed a good quality of life in this centre and they had access to the transport arrangements and the staff support they required to take part in activities of interest to them. Residents were consulted daily on how they wished to spend their time and staff were very knowledgeable of each resident's interests and preferences for their daily routine. Although no residents were participating in education or employment at the time of this inspection, the provider had systems in place to support residents who may wish to do so.

The centre comprised of one bungalow, where residents had access to their own bedroom, spacious communal areas, bathroom facilities and a garden area. Since the last inspection, the provider reviewed the layout of the centre to ensure adequate office space was provided for the secure storage of residents' information. The centre was found to be clean, comfortable, in a good state of repair and provided residents with a comfortable environment to live in.

Residents who presented with specific health care needs received regular review. Staff who spoke with the inspector, were very knowledgeable of how they were required to support these residents. However, some improvements were required to

ensure the personal plans in place for residents, with assessed health care needs, adequately guided staff on the specific support they were required to give to these residents. Residents had access to a spacious kitchen area and were supported to assist staff in the preparation of meals, if they wished to do so.

Staff also spoke confidently with the inspector about how they supported residents requiring behavioural support and were very familiar with the specific de-escalation techniques in place for each resident. There was a restrictive practice in place, which was regularly reviewed and staff told the inspector about the positive impact this restriction had on the safety and welfare of residents since its implementation. Safeguarding arrangements ensured that residents were safeguarded from abuse and the provider ensured systems were in place to support staff to identify and report any concerns they had regarding the safety and welfare of residents.

The provider had ensured effective fire safety precautions were in place, including, clear evacuation plans, regular fire checks and adequate emergency lighting. Although fire drills were occurring on a regular basis, the provider had not completed a fire drill using minimum staffing levels. In addition, the displayed fire procedure did not adequately guide staff on how to respond to fire in the centre. In the days subsequent to this inspection, written assurances were provided to the inspector that the fire procedure had been revised and a minimum staffing fire drill was completed, which ensured the timely evacuation of all residents from the centre. Staff had received up-to-date training in fire safety and spoke confidently with the inspector on their role in evacuating residents from the centre. However, some improvements were required to residents' evacuation plans to ensure they adequately guided staff on the specific supports required to effectively evacuate each resident from the centre in the event of a fire.

The registered provider had a system in place for the identification, assessment and monitoring of risks. Staff who spoke with the inspector were aware of specific risks relevant to the residents living in the centre of their responsibility in keeping these residents safe at all times. The risk register was regularly reviewed by the person in charge and a process was in place for her to escalate high-rated risks to senior management, as required. However, the inspector found that some improvements were required to the review of risk assessments. For instance, the provider had failed to ensure high-rated risks were reassessed where additional control measures were implemented, and effective and in response to specific risks. Although the person in charge and staff informed the inspector of how the provider had responded to specific risks, it was unclear from the risk assessments reviewed by the inspector, what additional controls were implemented and their overall impact on managing risk in the centre.

Regulation 13: General welfare and development

The registered provider had provided each residents with appropriate care and support, giving regard to the extent of the resident's disability, assessed needs and interests. Residents had opportunities for recreation and to take part in activities of

interest to them.

Judgment: Compliant

Regulation 17: Premises

The premises was found to provide residents with a clean, comfortable and homely environment. The centre was in a good state of repair and was designed and laid out to meet the needs of residents living there.

Judgment: Compliant

Regulation 18: Food and nutrition

Systems were in place to ensure residents were supported to chose and prepare the meals they wanted to have. Residents were observed to freely access the kitchen and dietary plans were in place to guide staff on how what foods residents liked to have. Residents had access to snacks and refreshments. as required.

Judgment: Compliant

Regulation 26: Risk management procedures

Although the provider had systems in place to identify, assess, respond to and monitor risks in the centre, improvements were required to:

- ensuring the risk ratings on risk assessments were reviewed to assess the effectiveness of measures implemented in response to identified risks
- ensuring risk assessments considered the additional control measures required to mitigate against risks
- ensuring the risk register included the measures in place to mitigate against the risk of fire in the centre

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had fire precautions in place, including, emergency lighting arrangements, regular fire checks, up-to-date staff training in fire safety and fire detection and containment measures. However, some improvements were required to ensuring residents' evacuation plans adequately guided staff on the specific support each resident would require in the event of an evacuation

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that all staff had received up-to-date training in the safe administration of medicines. However, some improvements were required to ensure prescription records for the administration of emergency medicines, adequately guided on the maximum dosage to be administered.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A system was in place to ensure residents received assessment and regular review of their health, social and personal care needs prior to admission and on a minimum annual basis thereafter. Residents were involved in the development of their own personal plans and personal plans were found to reflect the assessed needs of residents.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each resident and residents had access to a variety of allied health care professionals and general practitioner of their choice. However, some improvements were required to the personal plans in place to support the neurological needs of residents to ensure they accurately guided staff on how to support these residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents requiring behaviour support received regular review and had clear plans in place to guide staff on how to support them. Where restrictive practices were in place, these were regularly reviewed and staff were knowledgeable of their appropriate application in practice.

Judgment: Compliant

Regulation 8: Protection

There were safeguarding plans in place and staff were aware of how to implement the recommended safeguarding measures in practice. Staff had received up-to-date training in safeguarding and the provider had a system in place to support staff to identify and report any concerns regarding the safety and welfare of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Arigna House OSV-0005684

Inspection ID: MON-0025210

Date of inspection: 27/11/2018

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ol style="list-style-type: none"> 1. The Registered Provider will ensure that the information and documents as specified in Schedule 2 are obtained in respect of all new staff, prior to their commencement in post. 2. The information outlined as outstanding on the day of inspection has now been obtained and is part of the individual's Schedule 2 file. Completed on 18th December 2018 	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ol style="list-style-type: none"> 1. The Person in Charge will ensure the Directory of Residents is in place with all information as required by Schedule 3. 2. The information identified on the day of the inspection has now been added to the Directory of Residents in line with Schedule 3. Completed 6th December 2018 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ol style="list-style-type: none"> 1. The Registered Provider will ensure following the implementation of effective control measures to manage risks that the PIC will reassess these risks appropriately. 2. The Person in Charge following the inspection reviewed the risk register to include the additional control measures currently in place to ensure mitigation against these risks. . 3. The Person in charge reviewed the effectiveness of all control measures in place and reflected this in the updated risk rating. 4. The Person in Charge has updated the risk register to include measures in place to mitigate against the risk of fire in the centre. Completed 18th December 2018 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

1. The Provider will complete a fire drill with minimum staffing levels as required.
2. The Person in charge will revise the existing fire procedure on display to ensure they adequately guide staff in the appropriate response in the event of a fire in the Centre.
3. The Person in Charge has reviewed both service users PEEPs and they now reflect the evacuation procedure required for each individual in all circumstances. Completed 10th December 2018

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

1. The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.
2. The Person in Charge will ensure prescription records for the administration of emergency medicines, adequately guide staff on the maximum dosage to be administered.
3. The Person in Charge will ensure the General Practitioner updates the prescription record for Emergency medication by 21st December 2018.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

1. The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.
2. The Person in Charge will ensure the personal plans in place to support the neurological needs of residents accurately guide staff on how to support these residents.
3. The Person in Charge has reviewed and updated the layout and content of the Epilepsy Management Plan to include further information from Neurology and family, in a concise document, based on recommendations from the inspector. Complete by 21st December 2018.

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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	18/12/2018
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	06/12/2018
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	18/12/2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	10/12/2018
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored	Substantially Compliant	Yellow	21/12/2018

	securely.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	21/12/2018