Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Iona House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	28 May 2019
Centre ID:	OSV-0003415
Fieldwork ID:	MON-0022526

About the designated centre

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

Iona House provides residential services to adults with an intellectual disability. The service provides nine full-time residential placements to adults who are over 18 years of age and have an intellectual disability who may have associated physical disability. At the time of inspection, all residents were male. Some residents were provided with individualised day programmes which incorporate home based activities. The centre is a purpose built bungalow close to a nearby town, with easy access to all local amenities and shops. The centre comprised of eight single bedrooms including five with en-suite facilities. In addition, the centre also consisted of a one bedded self contained apartment. There are gardens to the rear of the centre. Residents are supported by a staff team that includes a manager, team leaders and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 - 2015 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
28 May 2019	10:10hrs to 16:45hrs	Andrew Mooney	Lead
28 May 2019	10:10hrs to 16:45hrs	Valerie Power	Support

Views of people who use the service

In response to the needs of residents the inspector did not engage verbally with residents for any extended time. The inspectors judgments in relation to the views of the people who use the service, relied upon observation of residents, documentation, brief interactions with residents and discussions with staff.

On the day of inspection, the inspectors met with five of the residents who used the service. Some residents spoke with the inspectors briefly and appeared happy in the centre. Residents appeared comfortable in the company of staff.

Capacity and capability

The capacity and capability of the centre was enhanced through robust governance and management arrangements, that had ensured appropriate resources were available within the centre.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge in place who provided effective leadership. The provider had systems in place to monitor and review the quality of services provided within the centre. These governance and management arrangements ensured there were clear lines of accountability. The provider utilised a suite of audits to identify service deficits and developed action plans to address any deficits noted. This showed that the provider could self identify issues within the centre and drive improvement.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection the inspectors observed staff interacting in a very positive way with residents. The provider had safe and effective recruitment practices in place to recruit staff. This ensured that all appropriate schedule 2 information was in place.

The provider had ensured that staff had the skills and training to provide support for the residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. Staff were supported and supervised appropriately to carry out their duties to protect and promote the care and welfare of the residents within

the centre.

Information on the complaints procedure was available and explained to residents during regular residents meetings and residents had access to advocacy when required.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Information and documentation specified in Schedule 2 was present and available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received ongoing training that was relevant to the needs of residents. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were made aware of the complaints process and are supported to understand the process.

Judgment: Compliant

Quality and safety

This inspection found that significant progress had been made in the centre and this had positively impacted upon the quality and safety of the centre. However, the provider had not commenced building works to extend the centre to ensure arrangements were in place to meet the assessed needs of residents, this remained an area requiring improvement.

In response to non compliance identified during the last inspection in January 2019, the provider had proposed to extend the premises to meet the assessed needs of all residents. However, these plans had changed and a new proposal was currently being explored by the provider and their funder the Health Service Executive (HSE). Interim measures were put in place to meet residents needs but the provider recognised that these measures were not sustainable in the longer term. The provider acknowledged the centre's current layout required reconfiguration in order to ensure the needs of all residents are met.

The centre maintained a risk register which outlined the risks in place in the centre such as slips, trips and falls, staff shortages and behaviours that challenge. In addition, individualised risk assessments were completed for residents including mobility and eating and swallowing. When adverse events occurred they were documented as per the centres policy and were subsequently reviewed. These reviews and the learning derived from them, had substantially reduced the occurrence of adverse incidents. This positively impacted the quality of life and lived experiences of residents within the centre.

The inspectors completed a walk through of the centre and found the physical environment was clean and kept in good structural and decorative repair. Residents bedrooms were personalised to their tastes and there was suitable storage facilities available for the personal use of residents. The communal areas within the designated centre were appropriately decorated and this contributed to a warm and homely feel to the centre.

Residents were facilitated and encouraged to integrate into their communities. The provider had taken proactive steps in identifying and facilitating initiatives for residents to participate in their wider community. For instance residents went swimming, engaged in local retirement groups and social groups on a weekly basis. These activities were very important to residents.

All incidents, allegations and suspicions of abuse at the centre were investigated and reported in accordance with the centres policy. The provider had put systems in place to respond to any safeguarding concerns. Where compatibility of residents was identified as an issue, appropriate transition plans were put in place to ensure residents long term safety and wellbeing was being protected.

Arrangements were in place to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans. Staff were

very familiar with residents needs and any agreed strategies used to support residents. The provider had assessed that a number of restrictive procedures were required within the centre. However, improvements were required in the documentation of certain restrictions, to demonstrate that the least restrictive option was being implemented. For instance, some presses were locked in response to a residents assessed needs. However, this restriction impacted on all residents, it was therefore unclear if it was the least restrictive option available.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

Regulation 13: General welfare and development

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

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. The physical environment was clean and kept in good structural and decorative repair.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were now in place for identifying, recording, investigating and learning from serious incidents involving residents.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. There was adequate means of escape, including emergency lighting. There was a procedure for

the safe evacuation of residents and residents were involved in fire drills whenever possible.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The centre in its current configuration remains unsuitable to meet the assessed needs of all residents.

Judgment: Not compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place to support residents' with their assessed needs.

However, the documentation for supporting the implementation of some restrictions did not demonstrate that they ere the least restrictive option, for the shortest duration possible.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and takes appropriate action where any resident is harmed or suffers abuse.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place when residents transfer between or moved to new centres.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant

Compliance Plan for Iona House OSV-0003415

Inspection ID: MON-0022526

Date of inspection: 28/05/2019

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 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Registered Provider shall ensure that the designated centre is suitable for the purpose of meeting the needs of each resident, as assessed by ensuring the footprint of the centre is altered.

The Registered Provider is altering the footprint of the designated centre to provide a self-contained apartment for 1 resident. This will ensure the designated centre provides an environment suitable to meet the needs of all residents.

The following is the proposed schedule of works to be undertaken.

Submission of Fire Safety Certificate: 19.07.19

Assumed grant of permission: 13.09.19

Tender package issued: 18.09.19

Tender package returned: 02.10.19

Commencement of works on site: 16.10.19

Completion of Works: 20.11.19

The tender package for the works will work in tandem with the Fire Safety Certificate.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The Person In Charge shall ensure, where a resident's behaviour necessitates intervention under this regulation the least restrictive procedure, for the shortest duration necessary is used.

The Person In Charge has reviewed all restrictive practices implemented in the designated centre using a newly devised evidenced based tool. 18.06.19

The Person In Charge has reduced the number of restrictive practices in the designated centre from 10-7. 18.06.19

The Person In Charge will ensure all restrictive practices in the designated centre are reviewed a minimum of 3 monthly and submitted to the Chief Inspector through quarterly returns.

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 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	20/11/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	18/06/2019