



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

Issued by the Chief Inspector

Name of designated centre:	Arigna House
Name of provider:	Praxis Care
Address of centre:	Leitrim
Type of inspection:	Announced
Date of inspection:	14 August 2023
Centre ID:	OSV-0005684
Fieldwork ID:	MON-0031769

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 provides full-time residential care for two adult residents with intellectual disability at present. Residents have access to their own bedroom, shared communal areas and garden space. The staff team comprises health and social care workers who support residents during the day. Waking night-time support is provided if required.

The following information outlines some additional data on this centre.

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 14 August 2023	14:30hrs to 19:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre. The service was experiencing some challenges which were reviewed on this inspection, however the provider had arrangements in place to respond to them, mitigating their impact on the quality and safety of the care provided. These will be expanded on below. The residents were enjoying a good quality of life where their rights were respected and they were supported to participate in the running of their home and be involved in their communities.

Arigna House is a bungalow located in a residential area close to busy village. The entrance hall was bright and welcoming. The kitchen and dining room had new units fitted and the walls were painted. This was an improvement on the last inspection. There was a comfortable sitting area in this room which one resident liked to use. A utility room was provided for the storage of cleaning products and the laundering of linens and clothing. On the day of inspection, two bedrooms were occupied and each one had an en-suite bathroom. The bedrooms were comfortable and cheerfully decorated. At the rear of the house there was a paved area for residents use and a shed for storage of equipment.

In advance of the inspection, residents had completed questionnaires with the support of their family members. In general, the feedback from the residents and their representatives said that they were happy in their home and with the quality of the care and support provided. However, they raised some concerns in relation to staffing levels, food and the use of the rooms provided. The inspector met with one representative on the day of inspection. They said that their family member felt safe in the service and that the staff were very good. In addition, they reiterated the concerns outlined above which the inspector found were being addressed by the provider through their complaints procedure.

The inspector met with both residents on the day of inspection. One resident attended a structured day service which was closed that day. Due to this they went on an outing which included a visit to a beach with staff from the centre. On return, they greeted the inspector. They were observed enjoying their evening meal and later, relaxing in the sitting room with a foot spa treatment while watching television.

The second resident did not attend a structured day service. Instead they participated in a range of home and community-based activities facilitated by the centre's staff and directed by their choices. The staff on duty told the inspector that on some days, the resident preferred to remain at home and if so, their wishes were

respected.

The inspector met with the staff members on duty on the day of inspection. When asked, they spoke with the inspector about using a human rights approach to their work. They said that they completed training modules in human rights and the information gained acted as a reminder of the importance of using a person centred rights based approach in their work. They were aware of the Assisted Decision-making Act and spoke of its potential impact on residents and their decisions.

Overall, the inspector found that the staff on duty were very familiar with residents' support needs and attentive to their requirements. The residents were provided with a good quality, person-centred and rights based service and were active participants in their community.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre which ensured that the care delivered to the residents met their needs and was under ongoing review. As outlined, the inspector found that although the service was experiencing some challenges, the provider had arrangements in place to respond to those identified in order to mitigate against risk.

As outlined, this inspection was completed in order to monitor compliance and to inform a registration renewal application. The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation. A contract of insurance was in place.

The management structure consisted of a person in charge who reported to the head of operations. Both were present on the day of inspection. The person in charge was supported by a team leader who was on duty. The person in charge had responsibility for the governance and oversight of two designated centres in total. They told the inspector that they had the capacity to provide this oversight. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The provider had a statement of purpose which was available for review. It was revised recently and contained the information required under Schedule 1 of the

regulation.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of the residents. On occasions, the person in charge was required to assist with daily tasks in order to ensure the smooth running of the service. If additional staff were required, they were provided from the current staff team, regular relief staff or with staff from other designated centres who were familiar with the residents and their needs. The provider was aware of the need to recruit additional staff and a recruitment process was in place. When the person in charge was not available, an on-call system was used, which was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. All training modules from the sample reviewed were up to date. In addition, a formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support. A range of audits were in use in this centre. The annual review of care and support provided and the unannounced six monthly audit were up to date and the actions identified formed a quality improvement plan (QIP). This was a comprehensive document which was reviewed regularly. Team meetings were taking place on a regular basis. They were well attended and the minutes were available for review.

The provider had arrangements in place to manage complaints. The complaints policy which was up to date. Information on the complaints policy and the complaints officers was displayed prominently and in easy-to-read format for residents use. A sample of three complaints were reviewed by the inspector who found that the records were up-to-date and that the concerns arising were addressed in line with the provider's policy.

Overall, the inspector found that the good governance and management arrangements in the centre led to improved outcomes for residents' quality of life and care provided. As outlined, the provider was aware of some concerns arising in relation to the service. They had a plan in place to address these and to mitigate against any risks that may occur.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a full application which complied with the requirements of Schedule 1 of the registration regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. The centre was adequately resourced to ensure the effective delivery of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had arrangements in place to ensure that concerns raised were documented and addressed in line with the provider's complaints policy. The complaints policy was up to date and an easy-to-read version of the process was available for resident's use.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. Those reviewed were up to date and in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided in Arigna House was person-centred, safe, and one where residents' rights were respected.

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve good health and wellbeing outcomes. Each resident had a personal-centred plan which was reviewed regularly. Residents were actively involved in their local communities through a range of activities. One resident attended a structured day service. Another participated in a number of community activities if they choose to do so. All residents had contact with their family members. This included visits home and telephone calls. In addition, residents' family members visited the centre in accordance with the residents' wishes.

Residents that required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example, a resident had a speech and language therapy referral in place and was awaiting an appointment. In addition, residents had access to consultant based services if required and plans were in place for this.

The provider had arrangements in place to assist and support residents with their communication needs. This included picture based staff rosters and meal plans and each resident has a communication profile completed. The residents in this centre did not use assistive technology at the time of inspection. However, residents were observed enjoying television programmes, listening to music and one resident was reported to enjoy using a tablet device on occasion. In addition, a residents' guide was available in easy-to-read format which met with the requirements of the regulation and it was available for residents use if required.

Residents that required support with their behaviour had positive behaviour support plans in place. This was reviewed recently and staff spoken with were aware of the recommendations made. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly and discontinued if not required.

The provider had effective management systems in place to reduce and manage risk in the designated centre. This included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had individual risk assessments with actions in place to mitigate against the risks identified. Where concerns arose, these were identified by the provider and a plan was put in place to manage the risk.

As outlined, the premises provided was comfortable, welcoming and well-presented. The provider had made improvements to the property since the last inspection. The walls were freshly painted and there were new units in the kitchen and utility room.

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector

found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans and all staff had fire training. In addition, the inspector found an easy-to-read evacuation poster was available for residents' use.

In summary, residents at this designated centre were provided with a good quality and safe service, where their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. Where concerns arose, the provider was found to put actions in place in order to address the concerns and to mitigate against the impact on the residents.

Regulation 10: Communication

The provider ensured that residents were assisted and supported with their communication needs in accordance with their needs and wishes. Easy-to-read information was available and residents had access to television, telephone and a tablet device.

Judgment: Compliant

Regulation 11: Visits

The provider facilitated residents to receive visitors in line with their wishes and there were no visiting restrictions in place.

Judgment: Compliant

Regulation 17: Premises

The premises provided was designed and laid out to meet with the aims and objectives of the service and the number and needs of the residents. It was of sound construction and in a good state of repair.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a residents guide available in easy-to-read format which met with

the requirements of the regulation.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had some fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Annual reviews were up to date.
Judgment: Compliant
Regulation 6: Health care
Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.
Judgment: Compliant
Regulation 7: Positive behavioural support

Residents that required support with their behaviour had positive behaviour support plans in place. There were some restrictive practices used in this centre. A restrictive practice committee was in place and restrictions were reviewed regularly and discontinued if not required.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant