



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:	Short Notice Announced
Date of inspection:	25 March 2021
Centre ID:	OSV-0003415
Fieldwork ID:	MON-0032062

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 six single bedrooms including five with en-suite facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 25 March 2021	09:45hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection was undertaken in a manner so as to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre.

The inspector found that the centre's environment was a busy one due to the number of residents and staff members supporting them. There were varying levels of support provided to residents dependent on their needs, and residents were observed to engage in activities in and outside the centre. There were pictures of residents engaging in activities throughout the centre, and there were parts of the centre that displayed some of the residents' arts and crafts projects.

Through observations and review of residents' information, the inspector found that, for the most part, residents were receiving appropriate care and support. There was, however, improvement required to ensure that the needs of all residents were being addressed. The provider had developed systems to provide supports to all residents. However, one resident's refusal to engage in these supports impacted their quality of life and the care they were receiving. The resident was observed during the inspection to sit alone throughout and, on one occasion, require prompts to maintain their dignity in regards to their clothing. The staff team sought to support the resident each day and to introduce them to new activities. The resident, however, declined these offers, instead selecting to engage in a sensory type activity of their choosing, the resident was observed to engage in this activity throughout the inspection. The resident's perceived preference was to be alone and, as a result had engaged in controlling like behaviours regarding certain areas of the centre. The resident's behaviours had led to other residents not accessing all areas of their home and was therefore impacting upon them in a negative manner. This will be discussed in more detail in sections two and three of the report.

The inspector had the opportunity to meet with four residents during the course of the inspection. On arrival to the centre, a resident asked to meet with the inspector before they departed to attend an appointment. The resident was having a cup of tea and chatted with the inspector about their plans for the day. The inspector asked the resident about some of the pictures in the room that showed the resident and their peers at the beach. The resident was supported to discuss a day trip they had been on with fellow residents; the resident spoke fondly of the trip. The resident discussed their plans to see family in the coming weeks and of how they spoke with their family via video calls on a weekly basis.

The inspector was supported to meet with a second resident for a brief period. The resident appeared comfortable with the staff members supporting them and asked the inspector's name. The resident was observed to be engaging in activities of daily living with the support of staff later in the day and appeared to be enjoying the activity. The inspector also noted warm and friendly interactions between staff and residents throughout the inspection.

The inspector met with a third resident who was supported to communicate through

the use of visual aids and visual planners. The resident appeared comfortable in their environment, and the staff member supporting them was knowledgeable of the resident's needs.

The inspector met with a fourth resident. The inspector interacted with the resident via the use of a visual scrapbook that the staff team had created. The scrapbook contained pictures of the resident and other residents engaging in activities such as gardening, house chores, day-trips, and baking. The resident was also supported to speak to the inspector about their preferred music and that they had in the past attended concerts.

The inspector had the opportunity to speak with two residents' family members; both spoke positively of the service being provided to their loved ones. They expressed that they were kept informed regarding the care being provided to their family members and that they could, prior to COVID-19 visit the service whenever it suited. Both family members referenced that before the COVID-19 pandemic that their loved ones were active in their community. The family members also referenced the positive impact the service had had for their loved ones and that they were happy with the care being provided. Furthermore, the centre's staff team had received a number of compliments from residents' family members. The compliments were focused on the high standard of care and support provided to residents.

An appraisal of a sample of residents' information demonstrated that residents were supported when possible to engage in activities of their choosing. A review of residents' information demonstrated that before restrictions imposed due to the current pandemic, that the majority of residents were engaged in activities in their communities. Staff members also informed the inspector that before COVID-19, residents were partaking in day trips, going on holidays and that some of the residents attended day services. The person in charge referenced that the staff team were seeking to re-engage residents back into community activities, and there was evidence of this being achieved for some residents.

The next 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 the quality and safety of the service being delivered.

Capacity and capability

The inspector was not assured that the providers existing management arrangements were appropriate in regards to ensuring that the needs of all residents were being addressed.

The provider had ensured that there was a management structure in place that was led by a person in charge and a team of team leaders. There was management presence daily, and in general, this led to the effective oversight and effective

delivery of care. However, a review of available information and observations demonstrated that aspects of the service being provided required attention. The provider had failed to respond to the negative impact some resident's behaviors were having upon the persons that they lived with and also the impact that these behaviours were having upon the resident themselves. Overall, there was attention required in regard to ensuring that management arrangements were focused on ensuring improved outcomes for all residents.

The provider had completed the required reviews and reports focusing on the quality and safety of care provided in the centre as per the regulations. Actions had been identified following these, and there were appropriate systems in place that ensured that identified actions were being addressed. Monthly audits were being completed that reviewed areas such as residents' person plans, adverse incidents, restrictive practices, risk management, and staffing levels. However, the most recent reviews and reports did not capture that there were required improvements to ensure that the service being provided was appropriate to the needs of all residents.

The provider had ensured that the number and skill-mix of staff was appropriate. A review of the staff roster showed that there was a large staff presence in the centre daily to support residents. There was a consistent staff team in place, and the person in charge had ensured a planned and actual roster in place. The inspector reviewed a sample of staff members' information; the person in charge had ensured that they had obtained the required information as per schedule two of the regulations.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. The person in charge had also ensured that quarterly notifications were being submitted as set out in the regulations. There were also systems in place to respond to adverse incidents, and the provider's senior management were involved in the review of incidents.

Residents were encouraged to attend regular resident meetings. These meetings covered important topics such as the complaints process. A review of the centre's complaints process, demonstrated that residents were aware of their right to raise a complaint. The review also showed that complaints were addressed in a prompt manner and that the complainant was informed of the outcome.

Overall, the provider's governance and oversight arrangements had failed to address and respond to the impact of some residents behaviours upon themselves and those they lived with.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements did not ensure that the service being provided was appropriate to the needs of all residents. The provider had failed to respond to the negative impact some resident's behaviors were having upon the persons that they lived with and also the impact that these behaviours were having upon the resident themselves.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly notifications were being submitted as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had developed an effective complaints procedure and ensured that residents knew their right to raise complaints.

Judgment: Compliant

Quality and safety

The provider had ensured that assessments of residents' health and social care needs had been carried out. As discussed in the earlier sections, the needs of one resident and their impact upon other residents required attention. While the provider had sought to implement a number of supports for the resident, a review of the supports and observations demonstrated that the designated centre and supports were not effective in meeting the needs of the resident.

A review of documentation demonstrated that the resident was refusing to engage with those seeking to support them; this had impacted upon areas such as maintaining the resident's personal hygiene and the resident engaging in activities of daily living. There was evidence of the provider seeking to support the resident, but their refusal to engage impacted the providers ability to meet their needs. An assessment of control measures regarding the resident's behaviours found that there were risk assessments addressing aspects of the resident's behaviours and a detailed behaviour support plan developed by the person in charge and members of the provider's multidisciplinary team. Overall, incidents of challenging behaviour displayed by the resident had reduced, but the resident's behaviours continued to impact their quality of life and those they lived with. The review of information and observations also demonstrated that, at times, the resident's behaviours impacted upon their dignity. There were again supports in place to address this, but there had been occasions where the resident had refused to engage.

As mentioned earlier, the resident was engaging in repetitive and controlling type behaviours regarding certain areas of the centre (a large part of a dining room and the centres back garden). These behaviours were negatively impacting upon the resident's peers. The other residents were not accessing these areas due to the potential challenging behaviours of the resident. This was, therefore negatively impacting upon the rights of the other residents regarding their personal and living space.

The person in charge's ability to address all risks in the centre was being impacted by the refusal of a resident to engage with the staff team or the provider's multidisciplinary team seeking to support them. This was therefore impacting on the providers and person in charges ability to mitigate risks in the centre. The inspector found that there was a further review of risk management required to ensure that all risks had been appropriately identified, recorded, and managed. The person in charge had, however, displayed that there were appropriate arrangements in place to identify, record, investigate and learn from adverse incidents.

An additional review of a sample of residents' information displayed that the staff team sought to support and promote residents' rights and were implementing a person-centered approach. Regular key worker meetings were held with the residents who wished to engage. This practice promoted communication between residents and those supporting them. Activities the residents wished to engage in were identified during these meetings and reviewed at residents' everyday living plan meetings. There were support plans to inform the staff team on how to best care for the residents, and these were under regular review.

The provider had ensured that residents were receiving or being offered appropriate healthcare. Residents had access to relevant healthcare professionals. There was evidence of residents being supported to attend appointments and that they were also accessing the local general practitioner (GP) when necessary.

Residents were receiving adequate positive behavioural support when necessary. Inspectors reviewed a sample of behaviour support plans and found them to be individualised, detailed, and developed by members of the provider's

multidisciplinary team. Plans promoted an explanation of the residents' behaviours and laid out proactive, reactive, and post-incident strategies for staff members to follow. There were restrictive practices being utilised in the centre, and reviews of same were taking place regularly. There was also evidence of the person in charge and staff team seeking to reduce restrictive practices where possible.

Residents were being provided with information to help them develop the knowledge, self-awareness, understanding, and skills needed for self-care and protection. The information was being shared during residents' meetings and was promoting learning for residents. The provider had also ensured that there were systems in place to respond to safeguarding concerns if required.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. The review found that the provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, there were a number of areas that required improvement; these areas were impacting on the providers and person in charge's ability to provide the best service possible to all residents. There was, however, aspects of the service that were leading to positive outcomes for the majority of residents.

Regulation 26: Risk management procedures

While the provider had system in place to manage risk appropriately for the most part, the provider had failed to ensure that all risks in the centre had been addressed appropriately.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had not ensured that there were effective arrangements in place to meet the needs of all residents.

Judgment: Not compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 8: Protection

Residents were being supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to respond to the negative impact some resident's behaviors were having upon the persons that they lived with. The provider had failed to ensure that each residents privacy and dignity was maintained in regard to their personal and living space.

Judgment: Not 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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Iona House OSV-0003415

Inspection ID: MON-0032062

Date of inspection: 25/03/2021

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>he 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 by:</p> <ul style="list-style-type: none"> • Revise current Monthly Monitoring Reviews with the Quality and Governance Department and working group (Timescale: By 25/07/2021). • Compatibility assessments for all current residents as well as future admissions to be completed (Timescale: By 21/05/2021); • Shared learning across organization in terms of suitability of each service user with other residents as well as the environment in each centre, eg in Zone and staff meetings. • The registered provider will reassess the needs and supports of each service user in the service to ensure each person is receiving a service in line with their assessed needs. (Timescale: 30/05/2021) • Management systems are in place in the Centre to ensure the service provider is safe, in line with residents' needs and monitored. The Registered Provider will review how these systems are applied in this centre (Timescale: 30/05/2021) • The Registered Provider will complete a further full review of risk management to ensure all risks are appropriately identified, recorded and managed to include review of individual, risk assessments, risk register for the centre (Timescale: 21/05/2021). The Registered Provider will complete a full review of the resident's Positive Behaviour Support Plan (Timescale: 30/05/2021). 	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider will ensure to review the systems in place for the assessment management and ongoing review of risks by:</p> <ul style="list-style-type: none"> • Revising and ensuring a more robust risk assessment, risk register and Positive Behavior Support Plan in order to appropriately identify, record and manage all the risks; particularly those associated with one resident's refusal to engage in supports offered for same and how it impacts of the providers ability to meet their needs. This will involve the multi-disciplinary team (Timescale: 21/05/2021). • Review with PBS team the resident's refusal to engage in supports and how to mitigate risks due to their behaviors of concern. (Timescale: 21/05/2021). 	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident by:</p> <ul style="list-style-type: none"> • Review with PBS team the resident's refusal to engage in supports and establish if further measures can be put in place to encourage engagement or to address the resident's will and preference in regards to supports (Timescale: 21/05/2021) • Restructure of designated centre to incorporate a personal space to assist in meeting the needs of one individual. A work station room and segregating areas of the garden for sole purpose of one resident. The environment would be more suited to ensuring privacy and dignity of the resident as well as providing an area within the house to complete own activities from other residents. (Timescale: 24/01/2022). <p>The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident by providing a suitable area for the individual;</p> <ul style="list-style-type: none"> • By adapting the environment to suit the one resident's needs (Timescale: 24/01/2022). 	
<p>Regulation 9: Residents' rights</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and</p>	

personal information by;

- Restructure of designated centre to incorporate a personal space as a work station area to assist in meeting the needs of one individual whilst not having a negative impact on all other residents within the centre. This restructuring will have minimal impact on other residents by adapting the current office area to be solely used by one resident and it will therefore provide all residents the opportunity for full use of all communal areas of their home. The office will be moved to what is currently a front dining room area and this dining area will be moved in the far end of the kitchen for all residents to use.

(Timescale: 24/01/2022).

- Providing an adapted garden area for one resident. This will ensure that privacy and dignity will be maintained in relation to one resident's behaviors. This will also provide other residents within the home full access to all areas. This will not having a negative impact on all other residents within the centre as they will be able to utilize the remaining garden area. (Timescale: 24/01/2022).

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 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.	Not Compliant	Orange	25/07/2021
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	30/05/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably	Not Compliant	Orange	24/01/2022

	practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
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	24/01/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	24/01/2022