



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:	Unannounced
Date of inspection:	26 March 2025
Centre ID:	OSV-0005684
Fieldwork ID:	MON-0046381

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 three adult residents with an intellectual disability. Residents have 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 March 2025	10:15hrs to 17:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection completed in April 2025. During the course of the inspection, the inspector met with all three residents living at Arigna House and spoke with five staff members. From time spent with residents and from what the inspector observed, it was clear that residents were enjoying a good quality life where their rights were respected and where they were supported to be active participants in the daily activities of their home.

The purpose of this inspection was to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013). It followed the receipt of information of concern which was submitted for the attention of the Chief Inspector of Social Services.

This inspection was facilitated by the person in charge who was recruited to the role in December 2024. It was clear that they had settled into the role and had good oversight of the service provided. The inspector provided the residents with a 'nice to meet' you introduction sheet and requested that the person in charge contact resident's representatives and inform them of the presence of the inspector should they wish to speak with them.

On the morning of inspection, the inspector met with a resident who was preparing for their day. They sat with the person in charge, the inspector and the staff team and had a cup of tea together. The inspector observed interactions between the resident and staff as kind, companionable and respectful. Later, they left their home on the transport provided as they had lunch plans that day.

Two other residents returned home from their day service that afternoon. They were observed returning items to their bedrooms and settling back home for the evening. Dinner was prepared for their arrival and the smell of home cooked food was welcoming. The meal provided was plentiful and nutritious and as per the easy-to-read menu plan displayed. When one resident appeared uncertain of the inspector's presence at their home, they were reassured discretely by the staff team. Another resident invited the inspector to visit their bedroom. It was clear that they were proud of their spacious room which was personally decorated and comfortable. They showed the inspector items of interest to them and joked and laughed with staff.

A walk around of the premises found that it provided a spacious home which was suitable to the assessed needs of the residents. All residents had large bedrooms with sitting areas provided so that they could spend time together or alone if they preferred. The kitchen and living room provided a pleasant space to cook, eat and relax. It opened onto a well maintained outdoor space which some residents were reported to enjoy in the summer months. A review of the kitchen found that it was well equipped and a good supply of fresh and frozen foods were provided. The premises as whole, was clean, tidy and well maintained. The inspector found that

the provider and the staff team had an ongoing quality improvement plans for the premises which included changes to the bathroom and garden facilities.

During the course of the inspection and as outlined, the inspector met with the person in charge, three members of the staff team and the registered provider representative. They spoke about the residents respectfully and were knowledgeable on the likes and dislikes of each person. They spoke about managing interpersonal issues that may arise and the provision of a high staff resident ratio in order to mitigate against risks. When asked they told the inspector that they had training in human rights which they said impacted positively on their work. For example, they acknowledged the changes in staffing supports and the admission of a new resident over the past year. The said that they felt that residents had the right to welcome their families to their home and in order to facilitate this they planned a party together. This included making choices about the guest list, the invitations and the decorations. Residents assisted with shopping for and preparing refreshments which were served on the day. Staff said that the residents very much enjoyed this process and that the day was a great success. It meant that residents could host their families in their home in line with their wishes and as would happen in any other home. In addition, it meant that their families had an opportunity to meet with each other.

Overall, from observations made, conversations held and review of the documentation, the inspector found that the residents in this centre received a good quality, person-centred service where their rights were respected. The atmosphere on the day of inspection was organised and calm. Staff knew what to do and the residents appeared happy and content participating in the daily activities of a typical household.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that this service was well governed and lines of accountability were clearly defined. The person in charge was skilled and knowledgeable and met with the requirements of the regulation. They had effective oversight of the service.

There was a sufficient number of staff employed with the relevant skills required to meet with resident's needs.

The provider had maintained good governance arrangements through routine audits and unannounced visits. The person in charge had developed a system where findings from audits were recorded on a quality improvement plan. Actions to address issues found were documented and completed within a specific timeframe.

This ensured that they were addressed promptly and the service was continually improved.

Residents and their representatives were provided with a system through which they could raise concerns if required. Information on this was readily available in the centre.

A review of matters arising at the centre found that the provider had submitted notifications to the Chief Inspector in line with the regulations.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 14: Persons in charge

The person in charge commenced employment in December 2024. They worked full-time and had the appropriate qualifications, skills and experience for the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had sufficient staff employed with appropriate skills and experience to meet with the assessed needs of the residents in line with the statement of purpose and the size and layout of the service.

The inspector reviewed a sample of planned and actual rosters from 1 February 2025 to 26 March 2025. They were well maintained and provided an accurate account of the staff on duty on the day of inspection. Where additional staff were required this was planned for. Staff were familiar with the residents which meant that consistency of care and support was provided.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a directory of residents which was available for review when requested.

The inspector found that the directory was up to date and well maintained. It

contained the information specified in Schedule 3 of the regulation.

All residents had contracts for the provision of service dated 16 October 2024.

The registered provider had systems in place for the safekeeping of money or valuables held on the resident's behalf. The inspector completed a sample reconciliation of the financial ledgers for all three residents. This found that the information held was accurate and the system used was working well.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had good governance and management arrangements in this centre. This had a positive impact on the quality and safety of the service provided to residents.

There were clear lines of accountability which meant that staff knew who to report to. Team meetings were taking place on a regular basis and staff said that they felt free to raise compliments or concerns if required.

Audits were completed in line with the provider's schedule and the requirements of the regulation. The six monthly provider-led audit was completed on 15 October 2024. The annual review of care and support was completed in March 2024 and this year's review was in process at the time of inspection. The provider had an enhanced audit plan in place and a monitoring visit was completed on 25 March 2025. This identified three actions which were being actioned by the person in charge.

Where compatibility issues arose they were monitored and subject to assessment. Risks were documented, assessed and action plans were put in place if required.

Clear and comprehensive documentation systems were in place which ensured consistent guidance for staff. These included daily logs, monitoring documents, assessments, care plans and support plans.

Resident's meetings and team meetings were taking place regularly and were well attended. Overall the good communication systems used, along with the quality of the documentation meant that there were good governance and oversight arrangements at this centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that the process followed during the admission of a resident to the service was in line with the admission process and the statement of purpose.

The registered provider had a transition plan in place which considered the assessed needs and safety of the resident and compatibility among others. The resident's representatives were involved in all steps of the process which was gradual and allowed for a full transition to take place. Visits to the centre were facilitated.

The resident had a written contract for the provision of the service which was agreed on admission and it included all the required information.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose that reflected the operation of the service. It was available in easy-to-read version for the residents and was subject to regular review.

The copy provided was updated on 31 January 2025 and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incidents arising in the centre from 1 January 2025 to 26 March 2025. All notifiable information was submitted for the attention of the Chief Inspector in line with this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints process which was working well when required. It was accessible to residents and their representatives and displayed in a prominent position in easy to read format.

A review of the process found that residents and their representatives were supported to have their voices heard. Where this occurred, matters were

documented in line with the process and resolved in a proactive and timely manner.

Evidence was also provided to show that staff were aware of how to raise concerns arising and that this was supported and actioned promptly.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had written policies and procedures which were available for review in the centre, implemented and updated in line with the regulations.

They were specific to the centre and provided clear guidance to staff.

Judgment: Compliant

Quality and safety

The inspector found that this centre provided a good quality service. The residents' needs were assessed and appropriate supports put in place to meet those needs.

The registered provider ensured that a person-centred service was provided in this centre. The residents' health, social and personal needs had been identified and assessed. The necessary supports to meet those needs had been put in place. Staff were provided with clear streamlined information in order to support residents' assessed needs.

The safety of residents was promoted in this service. Staff were aware of the systems in place to ensure residents' safety. This included safeguarding procedures and the control measures in place to protect residents from risk. Risks to residents and the service as a whole had been identified and control measures put in place to reduce those risks.

Further findings relating to the regulations under this section of the report are provided below.

Regulation 10: Communication

The provider had made arrangements to support residents to communicate their

needs and wishes.

The inspector observed staff speaking with residents in a supportive manner. They were aware of the particular communication strategies used by residents when communicating and had a good knowledge of residents' preferred means of communication.

The inspector saw that each resident had an individual communication profile which provided clear guidance on the supports required. The inspector found that recommendations were used. For example, there were a number of visual communication sheets around the residents' home. These included picture based rosters, menu plans and personal care tips such as hand washing. Easy-to-read minutes were used for resident's weekly house meeting. In addition, staff spoke about using objects of reference to assist understanding. For example, the use of the keys when going out for a drive.

In addition, access to the internet was provided and residents used messaging applications to chat with their families and websites to listen to music. The local newspaper was available in the house and used to research local events which the residents may be interested in. This was discussed at weekly house meetings. On the week of inspection, the residents were reported as pleased as photographs of them attending the St Patrick's Day parade were published that week.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had implemented good systems for the assessment and control of risk.

The inspector reviewed the centre's risk register which was updated on 17 March 2025. It was comprehensive and the risks identified were specific to the service.

Where risks were identified through the centre's audit system, these were addressed. For example, risks of medicines error were actioned with the staff team through a combination of review, discussion, training and individual staff supervision.

The inspector reviewed two resident's individual risk management plans. All risks identified were documented, risk rated and control measures were in place. This meant that staff had clear guidance on how to promote resident's safety and reduce the risks arising.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual folders with assessments of their health, social and personal care needs.

The inspector reviewed three assessments and found that they were well presented, well maintained, in date and subject to regular review.

Residents had review meetings held annually and associated person-centred plans. These documented goals such as planning a community walk, going swimming and horse riding. Home-based goals included baking, cooking and trying new foods. One resident had gym membership at a local hotel which they were reported to enjoy.

Overall, the inspector found that staff were provided with clear information through support plans and activities of interest were arranged with the input of resident, their representative and in line with their preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare support which took their personal plan into account.

All residents had a general practitioner (GP) and where medical treatment was recommended this was supported by the staff team in consultation with resident's representatives.

In addition, residents had access to allied health professionals such as speech and language therapy, audiology, dental care and consultant-led care as required. Where enhanced support was required, this was provided. For example, one resident was reported as fearful of some appointments. Arrangements were put in place to support this. For example, the staff purchased similar equipment to what would be used in clinic and a social story was developed to aid understanding. In addition, gradual visits to the health professional's clinic were taking place in order to build up their confidence.

The inspector found that all residents had an up to date health profile and a hospital passport. Matters important to them were documented and actioned. These included routine blood monitoring and healthy eating and exercise plans. There were clear linkages with resident's person centred plans which showed an integrated approach to their care. For example, one resident participated in regular exercise which impacted positively on their health and wellbeing.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider had effective positive behaviour support arrangements at this centre.

The positive behaviour support policy was up to date and staff had completed training. Where specific matters required attention, bespoke training at the residents' home was provided.

Information to guide staff was clearly documented and access to specialist in behaviour was provided if required.

Where proactive recommendations were made, these were followed. For example, residents were supported calmly with distraction and the use of simple language. Behaviour support strategies were reviewed at team meetings to ensure that consistency of approach was used and that the strategies were effective.

Where restrictive practices were used, they were found to be the least restrictive, monitored effectively and used for the shortest time possible.

Judgment: Compliant

Regulation 8: Protection

The registered provider had clear systems in place which were effective in ensuring that residents were safe. While some residents had safeguarding plans, there were no open safeguarding risks at the time of this inspection.

All staff were provided with safeguarding training. When asked, staff were aware of the identity of the designated officer and knew what to do if they had a safeguarding concern and in accordance with residents safeguarding plans.

The inspector found that safeguarding was a standing item on the agenda for staff meetings. This meant that it was a current topic of conversation that was given regular attention in order to enhance learning, promote discussion and keep residents safe. While there was a trend in matters of concerns for a period of time, the inspector found that these were monitored closely. This resulted in a decrease in safeguarding risks over the past six months.

Residents had comprehensive intimate care plans which meant that personal care was completed in a respectful manner using a planned approach.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' human rights were taken seriously at this centre.

A rights-based approach was embedded in the service offered to residents. Through observations and discussions with staff, it was clear that they were aware of the core principles of dignity, respect, choice and autonomy.

The registered provider had a human rights committee which assisted with the monitoring and review of practices at the centre. Where restrictive practices were used they were reviewed at monthly team meetings to assess if they were still required.

The person in charge told the inspector that access to an advocacy services was not required at the time of inspection. However, they were aware of how to make a referral if 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant