



# 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:	Unannounced
Date of inspection:	30 November 2022
Centre ID:	OSV-0003415
Fieldwork ID:	MON-0037822

## 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 seven 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 five single bedrooms including four 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 (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 30 November 2022	09:15hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with five of the seven residents living in the designated centre. On arrival, the inspector was introduced to a resident who was in the kitchen chatting with the staff. The inspector observed warm and pleasant interactions between the resident and the staff member. The resident said hello to the inspector and spoke briefly about their plan for the day. The resident was due to attend a horticulture programme with the support of a staff member. They spoke about an upcoming visit to their family and appeared excited regarding this.

The inspector was introduced to a second resident who was relaxing in their work area. The resident appeared in good spirits. They interacted positively with those supporting them and were observed to go out shopping with staff. A review of the records for this resident demonstrated that in recent weeks they had re-engaged in activities in their home and the community. This was a significant achievement, as there were a number of years when the resident had disengaged with those supporting them.

A third resident came and spoke with the inspector in the afternoon. The resident had attended an educational program in the morning. They spoke positively regarding the care and support they received and also about the staff team. The resident explained that they attend a day service program twice a week and that this arrangement suited them. The resident explained that if they had any issues, they could bring them to the staff team and that they would be addressed.

The inspector met with two more residents towards the end of the inspection. The residents had been attending day service program's and were settling into their evening routines with the support of staff. The residents again appeared happy in their environment.

The inspector reviewed a sample of residents' information and found that the residents, if they wished to do so, were supported to engage in activities outside of their home, including going out for food, shopping, going on breaks and also visiting family members.

Improvements had been made to living spaces, and the inspector observed that the areas were clean and free from clutter. The person in charge identified that further works were required to the residents' home and that there was a plan to address the issues. The inspector also observed that there was a significant staff presence which was required to safely support the group of residents. As stated earlier, the interactions between staff and residents were appropriate and caring.

While residents expressed that they were happy and appeared at ease in their home during the inspection, the inspector found from a regulatory perspective a number of issues regarding the compatibility of this group of residents. The provider and

their funder had recently identified a need to address these issues and an alternative placement was being sourced for a resident. The inspector noted that while the service being provided to residents had improved in recent months, the compatibility issues overshadowed the improvements. The issues will be discussed in more detail further in this report.

The following two sections of the report present the findings of this inspection concerning 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

This was the third inspection carried out in this centre in twelve months. The previous two inspections were completed in February 2022 and August 2022. The August 2022 risk-based inspection was carried out on foot of information being submitted by the provider regarding, the service being delivered and protecting residents from abuse.

The August inspection found that, all six regulations reviewed were non-compliant and the Health Information and Quality Authority (HIQA) had significant concerns regarding the safety and welfare of residents and the quality of the service being provided.

Following this inspection an urgent action plan was issued to the provider, a warning meeting was held, and the provider was issued a warning letter requiring them to come into compliance with the regulations and standards by a specified date.

The provider submitted adequate assurances through an urgent action plan and the August 2022's report compliance plan regarding, the safety and welfare of residents and the quality of service provision. On this inspection, the inspector found that, for the most part, the provider had improved the safeguarding of residents, the service being provided and there was a significant increase in the oversight of the care and support provided to the residents.

An experienced person in charge and a member from the provider's senior management team had been appointed as the centres management team. Through observations and the review of information, it was found that the management team had the appropriate qualifications and experience to manage the service.

The management team had carried out several workshops with the staff team focusing on areas such as, roles and responsibility, resident's rights, safeguarding and positive behaviour supports. The inspector spoke with staff during the inspection, and they spoke positively regarding the impact these workshops had on the service provided to residents. Discussion with staff members and the review of records demonstrated that, enhancements had been made to the arrangements

regarding workforce support and performance management.

Detailed reviews and audits had been completed, and the provider had also carried out additional reviews focused on the actions identified in the last inspection. There was evidence that actions from the report had been progressed promptly. The provider's audits also identified additional areas that required improvement. They had again put in place systems to address the areas.

Despite the improvements, the inspector found that the provider remained unable to ensure that each resident was provided with a safe environment and that the needs of each resident were being met. The provider had implemented steps to reduce the impact behaviours of concern were having on residents, but the attempts were ineffective. The level of negative impact will be discussed in detail in the quality and safety section of the report.

Following the last inspection, the provider carried out assessments of the staffing arrangements. An enhanced induction programme was devised and implemented, workshops focused on developing and maintaining appropriate culture were completed with the staff team, and the provider sought to ensure that the staff team fully understood their roles and responsibilities in supporting each resident.

The inspector was provided with copies of actual and planned rosters. A review of these confirmed that vacancies had been filled in recent months and that safe staffing levels were being maintained. An appropriate number of team leaders were in place, which ensured a team lead on shift during both day and night. This ensured that experienced staff were overseeing the care provided to residents each shift.

The inspector spoke with two of the staff members supporting the residents. Both staff spoke positively of, the guidance and support they received from the management team and that the clear messaging regarding safeguarding and the quality of the service provided, led to positive outcomes for residents.

The management team had identified the skills required to support the residents. Staff spoke of an encouraging change to the culture within the service and that learning and development were being prioritised. The inspector also found that the staff members had the knowledge to support the residents and knew how to escalate concerns if required. The inspector also reviewed a sample of the staff team's information. It was found that the provider and person in charge had obtained the information and documents specified in Schedule 2 of the regulations.

Since the last inspection, the staff team had been provided with appropriate training, including refresher training. A training risk matrix confirmed that the full-time and relief staff had completed their assigned training. The inspector reviewed a sample of the staff team's supervision records and found that, the provider had ensured that staff members had received supervision monthly as per the last compliance plan.

Supervision focused on developing staff members' skills identifying areas where residents were progressing or required support, and ensuring that staff members

had a strong understanding of their roles regarding safeguarding and protecting residents. Through workshops, staff members also received information regarding the Health Act, regulations and standards.

In summary, the inspector noted, that improvements had been made to the management of the service. The care provided to residents had also improved. However, the compatibility issues negatively impacted these advancements.

#### Regulation 14: Persons in charge

The provider had ensured that the person in charge had the qualifications, skills and experience necessary to manage the service.

Judgment: Compliant

#### Regulation 15: Staffing

Following the August 2022 inspection, an analysis of the staff team was carried out. The review of the current staffing arrangements identified that the provider had ensured that the staff team's number, qualifications and skill mix were appropriate. Safe staffing levels and team lead numbers were being maintained. The provider had developed guidance for staff members to follow to carry out their duties and support the residents. These measures were proving to be effective.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider and the centre's management team ensured that staff training and development had been prioritised. The staff team had been provided with monthly supervision, educational workshops and training. Staff members and the management team expressed that these measures had effectively up skilled staff and addressed cultural issues identified in the August 2022 inspection.

Judgment: Compliant

#### Regulation 23: Governance and management



While improvements had been achieved regarding the management arrangements, the provider was still unable to ensure the service being provided to the group of residents was safe and meeting each resident's needs.

As mentioned in the earlier section of the report, ongoing behaviours of concern had negatively impacted on residents living in the centre. The provider was unable to ensure that the rights of each resident were being upheld and, at the time of the inspection, failed to ensure that each resident was protected from all forms of abuse (physical and psychological), as there had been a number of incidents in the centre. The inspector notes that the provider had taken steps to support and reduce the impact however, these measures had proved to be ineffective. There was, therefore, a further need for the provider to improve the service being provided to the residents.

Judgment: Not compliant

## Quality and safety

The provider ensured that residents' needs had been assessed and that support and care plans had been developed. The Care plans identified residents' strengths and areas where they required support, these plans were under regular review. Appraisals of residents' everyday living plans were conducted, and detailed medical reviews had been completed for some residents. The inspector found that key working sessions were conducted with residents, and where possible, residents chose activities they would like to engage in. The information demonstrated that the key workers had the skills to plan and coordinate care and support for the residents. Some residents required significant support, whereas others led the decision-making process.

While improvements regarding the assessment and development of support for residents had been achieved the inspection still found that the provider was unable to appropriately meet the needs of all residents. This was due to the compatibility issues and the negative impact this had on the residents.

The privacy and dignity of residents regarding their personal and living space had been negatively impacted due to the behaviours of concern being displayed. On occasion, this resulted in residents being targeted with physical and verbal aggression. Some of the behaviours exhibited were in relation to controlling certain parts of the centre. This meant that there were occasions where some residents did not access parts of their home due to the behaviours of others.

The provider and the staff team could not ensure that all residents were protected from abuse. A review of adverse incidents in the service identified that since the last inspection there had been over 70 incidents which at times had placed residents at risk of harm. The inspector noted that there had been a reduction in the intensity of the behaviours following increased interventions, but the incidents were still

negatively impacting some residents. In addition the provider had identified that the current living arrangement could not continue long-term.

There was a risk register that captured the environmental and social care risks which were present. The person in charge was responsible for the maintenance of this register, and there was evidence that it was updated regularly. The inspector found that individual risk assessments and support plans were in place for dealing with situations where safety may be compromised. Risk assessments identified the risks and clearly listed control measures.

The inspector found that the provider had improved the dissemination of recommendations and learning from management and review of adverse incidents. The learning was communicated with the staff, the provider's senior management, and the multidisciplinary team.

The staff team was trained in the provision of positive behaviour support. As mentioned above, there was a system in place where incidents were reviewed, and there was evidence that learning from incidents was prioritised. Residents received positive behaviour support when required. The inspector reviewed a sample of residents' behaviour support plans and found that every effort was being made to identify and alleviate the cause of residents challenging behaviours.

In conclusion, as discussed throughout the report, the management and care provided to residents had improved. However, the current mix of residents living together was not appropriate and this impacted negatively on this group of residents.

### Regulation 13: General welfare and development

As discussed in the earlier sections of the report, improvements had been made regarding residents engaging in activities in and outside their home. For one resident, in particular, the improvements were significant with this resident re-engaging in community activities and with those that supported them.

Through the review of information and discussions with residents and staff members, the inspector was assured that residents were provided with opportunities to participate in activities in accordance with their interests and developmental needs. Residents were also engaged in occupation and recreation activities if they wished to do so.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems to ensure the ongoing assessment, management and review of risk.

The inspection found that the provider had ensured arrangements were in place for identifying, recording and investigating learning from adverse incidents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The review of a sample of residents' information found that comprehensive assessments of residents' health and social care needs had been reviewed and updated in recent months to reflect the residents changing needs. Again there was evidence that positive steps had been taken in a number of areas. However, the provider remained unable to provide a service that met the needs of each resident due to the current compatibility issues.

The person in charge and the provider had implemented proportionate interim measures to protect support and protect all residents with increased staffing levels. However, this had not proved to be effective.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The inspector found that residents had access to positive behaviour support if required. Some of the residents presented with challenging behaviours. The behaviours were under the review of the provider's multidisciplinary team.

Behaviour support and risk assessments had been developed to guide staff in preventing and responding to behaviours if they occurred.

Judgment: Compliant

### Regulation 8: Protection

Despite the introduction of interim measures, the provider was unable to protect all residents from abuse.

A review of adverse incidents in the service identified that since the last inspection completed on 09.08.22, there had been over 70 incidents which at times had placed

residents at risk of harm. Following assessments, the provider increased staffing levels in the centre which had been effective for a period but had not resolved the issue. The inspector noted that there had been a reduction in the intensity of the behaviours following increased interventions, but the incidents were still negatively impacting some residents. In addition a multi-disciplinary meeting held on 14.11.22 identified that the current arrangements regarding residents living together could not continue long-term.

Judgment: Not compliant

### Regulation 9: Residents' rights

The person in charge and the staff team could not uphold the rights of each resident at the time of the inspection. A resident whose needs had changed in recent months' rights were not being met as the provider could not adequately support them in their living arrangements.

Behaviours of concern continued to impact on the quality of life for residents and their freedom to exercise choice and control of their daily life.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Iona House OSV-0003415

Inspection ID: MON-0037822

Date of inspection: 30/11/2022

## 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>The Registered Provider will continue to work with the service commissioner to identify a suitable placement for 1 resident based on their assessed needs. Date: 31/5/2023</p> <p>The Registered Provider will ensure that there is a robust transition in place to support the transfer of one resident to a new service. Date: 31/5/2023</p> <p>The Registered Provider will ensure that any further safeguarding concerns which arise from identified compatibility concerns, a multi professional team meeting will be convened to review strategies to ensure residents are safe and their needs are met by the service. Date: 15/12/2022</p> <p>The registered provider will ensure that our database for tracking and trending safeguarding concerns is maintained. Date: 15/12/2022</p> <p>The Registered Provider will ensure that one resident will continue to receive one to one support during waking hours to mitigate current risks. Date: 01/09/2022</p> <p>The Person Participating in Management will monitor incident trends and safeguarding concerns through monthly monitoring visits to ensure any behaviours of concern, which may impact negatively on others are managed appropriately. The PIC and PPIM will escalate all concerns. Date: 15/12/2022</p> <p>The Registered provider will continually monitor and review compatibility within this centre and the effectiveness of actions to manage concerns through monthly monitoring reports. Date: 15/12/2022</p> <p>The registered provider will ensure that residents assessed needs continue to be monitored and reported through the monthly monitoring report and that residents rights</p>	

are upheld and protected. Commenced 15/12/2022	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Registered Provider will continue to work with the service commissioner to identify a suitable placement for 1 resident based on their assessed needs. Date: 31/5/2023</p> <p>The Registered Provider will ensure that there is a robust transition in place to support the transfer of one resident to a new service. Date: 31/5/2023</p> <p>The Registered provider will continually monitor and review compatibility risk assessment through monthly monitoring reports. Commenced 15/12/2022</p> <p>The Registered Provider will ensure that one resident will continue to receive one to one support during waking hours to mitigate current risks. Date: 01/09/2022</p> <p>The Person Participating in Management will monitor incident trends and safeguarding concerns through monthly monitoring visits to ensure any behaviours of concern, which may impact negatively on others are managed appropriately. The PIC and PPIM will escalate all concerns. Date: 15/12/2022</p> <p>The Registered provider will continually monitor and review compatibility within this centre and the effectiveness of actions to manage concerns through monthly monitoring reports. Date: 15/12/2022</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Registered Provider will ensure that one resident will continue to receive one to one support during waking hours. Commenced 01/09/2022</p> <p>The Registered provider continues to implement agreed interim safeguarding plan in centre. To be reviewed monthly by PIC &amp; PPIM. Date: 31/12/2022.</p> <p>The Registered Provider will continue to work with the service commissioner to identify a suitable placement for 1 resident based on their assessed needs. Date: 31/5/2022</p>	



The registered provider will communicate monthly with the service commissioner to expedite progress with alternative placement. Date: 13/1/2023.

The Registered Provider will ensure that Safeguarding continues to be a fixed agenda item on all staff, Team Leader and resident meetings. Date: 01/09/2022

The Registered provider will ensure that our database for tracking and trending safeguarding concerns is continued. Date: 15/12/2022

The Registered Provider will continue to review safeguarding concerns weekly. Any trends will be reported monthly at the Operational Governance sub group meetings. These updates will also be shared with the board of Praxis Care through the Care Committee. Date: 10/08/2022

The Registered Provider will ensure that any further safeguarding concerns which arise from identified compatibility concerns, a multi professional team meeting will be convened to review strategies to ensure residents are safe and their needs are met by the service. Date: 15/12/2022

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Registered Provider will continue to work with the service commissioner to identify a suitable placement for 1 resident based on their assessed needs. Date: 31/5/2023

The registered provider will communicate monthly with the service commissioner to expedite progress with alternative placement. Date: 13/1/2023.

The Registered Provider will ensure that there is a robust transition in place to support the transfer of one resident to a new service. Date: 31/5/2023

The Registered Provider has ensured that restrictive elements of interim safeguarding plan as agreed by MDT, and all Restrictive Practices within the centre were reviewed and updated by the Restrictive Practice Committee to ensure that the least restrictive option is in place to ensure minimal impact on residents. Date: 8/12/2022.

The Registered Provider will ensure that there is continued support from positive behaviour support consultant so that any behaviours of concern, which may impact on the quality of life and the freedom to exercise choice and control in residents daily lives are continually reviewed and any negative impacts are reduced. Date: 15/12/2022

The Person Participating in Management will monitor incident trends and safeguarding concerns through monthly monitoring visits to ensure any behaviours of concern, which

may impact negatively on others are managed appropriately. The PIC and PPIM will escalate all concerns. Date: 15/12/2022

## 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	31/05/2023
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/05/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/05/2023
Regulation	The registered	Substantially	Yellow	31/05/2023

09(2)(b)	provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Compliant		
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.	Substantially Compliant	Yellow	31/05/2023