



Office of the Chief Inspector

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

Name of designated centre:	Iona House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	09 January 2019
Centre ID:	OSV-0003415
Fieldwork ID:	MON-0026402

About the designated centre

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

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

The following information outlines some additional data on this centre.

Current registration end date:	24/11/2019
Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
09 January 2019	09:00hrs to 17:00hrs	Andrew Mooney	Lead

Views of people who use the service

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

On the day of inspection, the inspectors met with nine of the residents who used the service. Some residents spoke with the inspector and noted that they were happy in the centre. Residents appeared comfortable in the company of staff.

Capacity and capability

The purpose of this inspection was to follow up on the centres most recent inspection which had taken place in August 2018. The inspector found that there had been a significant improvement in the level of compliance within the centre. However, some residents contracts for the provision of services required improvement.

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

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection the inspector observed staff interacting in a very positive way with residents.

The provider had ensured that staff had the skills and training to provide support for the residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents.

Each resident had a contract for the provision of services. However, the inspector

found that these contracts did not clearly include all the fees to be charged and required improvement. From a sample of contracts reviewed, it was unclear why a resident was being charged for certain items. This was discussed with the person in charge and their manager. They outlined that the centre managed the residents finances and they directly deducted these charges from the residents personal money. They noted that these charges had been authorised by the multi-disciplinary team but had not been documented within the residents contract for the provision of care.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date evidence-based practice.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had a written contract of care but these contracts did not clearly include all the fees to be charged.

Judgment: Not compliant

Quality and safety

This inspection found that while significant work had been taken to address areas on non-compliance impacting upon residents, compatibility issues in the centre remained which were impacting on the overall quality and safety of care delivered to residents.

The provider had identified that the centre's current layout required reconfiguration in order to meet the needs of all residents. However, while a proposal to renovate the centre had been developed, plans were yet to be agreed.

A high number of adverse events were occurring in the centre. A review of incidents since the last inspection identified 27 adverse events had been recorded in addition to 39 behavioural incidents. The centre maintained a risk register which outlined the risks in place in the centre such as slips, trips and falls, staff shortages and behaviour. In addition, individualised risk assessments were completed for residents including mobility and eating and swallowing. When adverse events occurred they were documented as per the centres policy and were subsequently reviewed. However, despite these reviews high levels of incidents continued to occur.

The inspector completed a walk through of the centre and found the issues identified on the previous inspection had been resolved. The physical environment was clean and kept in good structural and decorative repair. Residents bedrooms were personalised to their tastes and there was suitable storage facilities available for the personal use of residents. The communal areas within the designated centre had been recently decorated and this contributed to a warm and homely feel to the centre.

A review of peer to peer related safeguarding incidents since the last inspection identified nine occasions of alleged abuse. All incidents, allegations and suspicions of abuse at the centre were investigated and reported in accordance with the centres policy. The provider had put systems in place to respond to these safeguarding concerns. As a result of these new systems, incidents of a peer to peer nature had reduced considerably.

Appropriate supports were in place to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans. Staff were very familiar with residents needs and any agreed strategies used to support residents. Where restrictive procedures were required they were applied in accordance with national policy and were reviewed regularly.

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

display in the centre.

Residents had access to appropriate forms of media, including radio, television, social media, newspapers and the Internet. Residents were facilitated to access and use assistance technology and appliances as required.

Regulation 10: Communication

Residents had access to appropriate forms of media, including radio, television, social media, newspapers and the Internet.

Judgment: Compliant

Regulation 17: Premises

The physical environment was clean and kept in good structural and decorative repair. There was adequate space and suitable storage facilities were available for the personal use of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Adverse events were recorded and reviewed. However, the effectiveness of these reviews was unclear as there was still a very high level of adverse events occurring.

Judgment: Not compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. Regular fire drills were completed and involved residents where possible.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The designated centre was not suitable for the purposes of meeting the assessed needs of all the residents.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with additional support needs.

Judgment: Compliant

Regulation 8: Protection

The person in charge initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Iona House OSV-0003415

Inspection ID: MON-0026402

Date of inspection: 09/01/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Registered Provider shall ensure that all residents written contracts of care are reviewed to include a breakdown of all fees charged and why each resident is charged for all items. The contracts of care will also clearly outline what charges each resident is exempt from paying.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>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.</p> <p>The Register Provider will ensure a review of all Untoward Event’s in the centre bi monthly by the behavioural consultant for evidence of trends and to identify learning. The Person In Charge will discuss the learning from all Untoward Event’s in monthly staff meetings.</p> <p>The Person in Charge is completing Positive Behaviour Support Coaches programme with BUILD.</p>	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Registered Provider shall ensure that the designated center is suitable for the purposes of meeting the needs of each resident as assessed, ensuring the footprint of the centre is extended.</p> <p>The Registered Provider is extending the designated centre to provide a self-contained apartment for 1 resident. This will ensure that the designated centre provides an environment suitable to meet the needs of all residents.</p> <p>Application for Fire Cert was approved by the Chief Fire Officer In Monaghan County Council on 01.02.19</p>	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	01/04/2019
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.	Not Compliant	Orange	30/04/2019
Regulation 05(3)	The person in charge shall	Not Compliant	Orange	31/10/2019

	ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
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