Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fiona House
Name of provider:	Praxis Care
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	02 August 2024
Centre ID:	OSV-0003924
Fieldwork ID:	MON-0043809

About the designated centre

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

Fiona House provides full-time residential care for six people with an intellectual disability who are over the age of 18 years. This centre is located in a residential area of a busy town and a range of community amenities are nearby. Residents are supported by a team of support workers during the day. Night-time support is provided by either one or two support workers through a combination of sleep over or waking night duties which is dependent on occupancy levels and residents' assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Friday 2 August 2024	09:30hrs to 15:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013).

On arrival at the centre, the inspector met with a team leader who had completed a sleepover shift at the centre. They facilitated the first part of the inspection. The person in charge was not based locally as they had other responsibilities with the provider. However, they travelled to the centre, arriving later that morning.

The residents living at Fiona House had full-time residential placements, however, they also enjoyed spending time at home with their families. The team leader explained that there was only one resident at the centre that day. This was because the day service was closed for a summer break and most residents liked to go home. However, the centre remained available for their return at any time.

The resident was preparing to leave the centre as they had a medical appointment. Interactions between the staff and the resident were observed to be kind, patient and supportive.

They returned later and were outside with a leaf blower cleaning the street where they lived. They spoke with the inspector and it was clear that they were proud of the work they had completed. The resident saw their neighbour in their garden and when called by the resident, the neighbour came over to say hello. The inspector observed the friendly conversation held as the neighbour thanked the resident for their work. They also spoke together about a party that was held in Fiona House the previous weekend which the neighbour attended and enjoyed. The inspector noted the warm and supportive relationships which were fostered with and by the community where the designated centre was located. Residents were supported to live typical lives in typical places just like others of their age.

This centre comprised a bungalow located in a quiet residential area close to a busy town. The inspector found that the provider had made improvements to the premises since the last inspection. The administration desk in the hall was removed and replaced with seating and a table where fresh flowers were displayed. The floor covering and carpets in the communal areas were replaced and the walls were freshly painted. The sitting room was bright and welcoming with comfortable seating and pleasant soft furnishings. The kitchen and dining area were reconfigured. The small table where a resident sat while facing the wall was removed. There was a new dining table and chairs and a couch for residents to relax. A second table was located in the kitchen area for table-top cooking and baking activities. The kitchen was well equipped and a plentiful supply of nutritious food was available. A menu was displayed on the wall. Resident had access to a smaller sitting area which was called the 'den'. This meant that they could spend time alone to relax and watch

television if they wished to do so. The furniture was comfortable and a cosy blanket was on the arm chair. The laundry room was clean and organised and the communal toilets were well presented. All residents had their own rooms which as the residents were away, were not accessed on the day of inspection.

During the course of the inspection, the inspector spoke with the person in charge and four members of the staff team. Overall, staff were content in their roles and they enjoyed their work. They said that they liked the new systems and process used by the provider which helped them to do their work more efficiently and reduced risk. Most said that they felt supported by their employer and that if they had a concern that this could be raised in person or at their supervision meetings. However, they felt that it would be beneficial if there was a local manager in place. Some staff spoke about working for long periods earlier this year, but when asked, they confirmed that this had improved. Others said that when five particular residents were in the centre that it was very busy. Mostly in the morning times as there was one staff on duty only. Others expressed concern about the changing needs of the residents and their ability to support them if they were unwell. When explored, it was clear that they knew what to do and had acted appropriately in the past when required.

Overall, the inspector found that residents living here had active lives where their rights were respected and where they were valued participants in their community. Staff had access to human rights training and a positive risk taking approach was in use at this centre. When relaying their day-to-day working experiences, they spoke about residents' choices, rights and entitlements. All residents liked to spend time with their families and friends and this was supported by the provider and staff team.

From what the inspector observed and from discussions with staff members, it was clear that the improvements in the designated centre had a positive impact on the quality of life of the residents. However, staff said that the changes in the management of the centre were not always easy and that ongoing open and supportive communication was required to sustain the improvements made. The inspector found that the provider was aware of this and were keen to ensure that a person in charge was in post that would be local to the service provided.

These matters will be expanded on in the next two sections of this report which will outline the findings of this inspection in relation to the governance and arrangements in place in the centre and how these impacted on the quality and safety of the service.

Capacity and capability

The provider had a governance structure in place and staff were aware of their responsibilities and who they were accountable to. Sufficient staff were recruited and trained to work in the centre at the time of inspection and there were significant

improvements to the systems and processes in place. Strengthening of the governance and management arrangements would further enhance the quality and safety of the service provided.

The staffing arrangements in place at the time of inspection were in line with the needs of the service and the statement of purpose. The management team was aware of the changing needs of the residents and a system of regular review of staffing needs was ongoing. Staff employed in the service were familiar with the needs of the people living at the centre and consistency of care and support was provided.

Access to a range of mandatory and refresher training courses were provided which provided staff with the skills and competencies to support residents' care needs. Additional bespoke training was provided if required. Regular supervision meetings with their line manager were provided and records maintained. This was in line with the provider's staff supervision policy. Furthermore, staff had access to a process of annual appraisal which was reported to work well.

The governance, management and oversight arrangements at the centre were subject to ongoing change in this centre. The provider was aware of this challenge and were taking action to address the concerns relating to consistency of management. Ongoing work was required to ensure that these actions were effective and this will expanded on under the regulation below.

A review of the incidents occurring in the centre were reviewed by the inspector. This found that they were reported to the Chief Inspector of Social Services in line with the requirements of the regulation.

Overall, improvements were evident in this centre. However, ongoing work in relation to the governance, management and oversight of the service was required in order sustain the improvements found in the service.

Regulation 15: Staffing

The staffing arrangements in place at the time of inspection were in line with the needs of the service and the statement of purpose.

The inspector found that the management and staff team were aware of the changing needs of the residents. Discussions in relation to the requirement for additional staffing arrangements were ongoing at the time of inspection. The provider indicated their commitment to the ongoing review of residents support needs and the provision of additional support if required.

A review of the planned and actual roster found that it was well maintained and provided an accurate reflection of the staff employed on the day of inspection.

Agency staff were used in this service, however, they were familiar with the needs

of the residents and consistency of care and support was provided.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a range of mandatory and refresher training courses which provided them with the skills and competencies to support residents' care needs. For example, training in fire safety, positive behaviour support, safeguarding and protection, and medicines management was provided.

The inspector found that supervision meetings were taking place in line with the provider's policy. Additional supervision meetings were scheduled in order to support staff if required. In addition, staff had access to a process of annual appraisal which was reported to work well.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a governance structure in place and staff were aware of their responsibilities and who they were accountable to. In addition, the provider had robust systems and oversight arrangements in place in order to monitor the quality of the service. The annual review of care and support which was completed on 19 December 2023 and a six monthly provider-led audit which was completed on 4 April 2024.

However, the following required improvement;

The governance, management and oversight arrangements at the centre were subject to change. The current person in charge held additional responsibilities with the employer and while they had a local support structure in place, ongoing effort was required to ensure that management positions were local to the service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents occurring at the centre between 1 May 2024 and the day of inspection. If required, notification forms were completed and concerns were reported to the Chief Inspector of Social Services in line with the

requirements of the regulation.

Judgment: Compliant

Quality and safety

The residents living at Fiona House had active lives and good quality care was provided. Improvements to their home meant that it was warm and welcoming and suitable for their assessed needs. Improvements to the governance and management arrangements in the centre would further strengthen the quality and safety of the service provided.

The residents living at this centre had comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Access to medical and allied health professionals was provided and the staff team worked proactively with residents' families to ensure joined up care was delivered

Residents who required positive behaviour support has access to a behaviour support specialist. An integrated approach was used which involved members of the multi-disciplinary team and the plans used were subject to regular review. Restrictive practices were used in this centre, however, they were the least restrictive option for the shortest duration.

A rights-based approach to care was evident in this centre. Residents were consulted with about the running of the centre through regular residents' meetings where their views and input on the centre was sought. The inspector found that the residents living at Fiona House enjoyed the security of a permanent home while also spending regular time with their families. They were supported to live as independently as possible and there were no plans for residents to leave the service.

There were no open safeguarding concerns at the centre at the time of inspection. However, where a concern arose, the inspector found that the response was prompt and in line with local and national safeguarding guidelines.

Residents living at this centre had a range of personal possessions and items of significance. The inspector found that where appropriate residents had full access to these items and space to store them in their bedrooms if they wished to do so. In addition, residents had access to their personal finances in line with their wishes and their financial capacity assessments completed.

There was an up-to-date policy and procedure for risk management and a process for risk escalation. Where risks were identified, they were documented on a risk register, assessed, risk rated and control measures were put in place. Risk assessments were under regular review.

Regulation 12: Personal possessions

Residents living at this centre had a range of personal possessions and items of significance. The inspector found that where appropriate residents had full access to these items and they retained control of them. These included personal items that they liked to keep in their bedrooms.

Residents had sufficient space in their bedrooms to store their clothing and it was evident that they made choices about what they liked to wear. Access to laundry facilities were provided and residents were supported to take care of their own clothing.

In addition, residents had access to their personal finances with the support of the staff or their families if required. The provider had a financial management policy in place and individual financial capability assessments were completed in March 2024.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector found that the residents living at Fiona House enjoyed the security of a permanent home while also spending regular time with their families. They were supported to live as independently as possible and there were no plans for residents to leave the service.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good systems and process for risk management at this centre. This included an up-to-date policy and procedure for risk management and a process for risk escalation.

The service had a risk register which was reviewed on 23 July 2024 and contained risks identified. These were reviewed regularly intervals based on the changing needs of residents and the risk scoring.

Residents had individual risk assessments and management plans which were up to date and provided good guidance for staff if required. The inspector met with staff members who told them of a recent incident in the centre. Although hesitant about the nature of their response, it was clear that the staff had taken appropriate action

which was in line with their level of responsibility and ensured that the risk to the residents' wellbeing was reduced and controlled.

On discussion with the management team about the risks that were highest in the centre, it was clear that control measures to mitigate identified risks were kept under ongoing review and all options to reduce risks to a tolerable level were reviewed. For example, a risk relating to the decline in the health and wellbeing of a resident was under review and a system of additional staff and night-time checks was considered by the provider. However, a discussion with medical professionals advised that night-time checks were not a beneficial or necessary control measure at that time. The requirement for additional staffing remained under consideration and the provider told the inspector that this would be further reviewed on the residents return to the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents living at this centre had comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes.

The provider had a keyworker system in place and regular meetings with the resident and their keyworker were held. The purpose of these meetings were to review the goals set by residents and track their progress. Meeting minutes were up to date and in easy-to-read version.

Examples of goals included rug making where the resident planned the project, choose the wool and then used the rug that they made in their bedroom. This meant that the activity was meaningful and purposeful.

Another resident choose to attend a county music concert. They were involved in the planning and once their goal was achieved it was documented as completed.

Another resident was reported to enjoy some community activities, but also to stay at home. Their goal included working with a speech and language therapist to use signs to communicate. Their goal included using a 'sign of the week'. The inspector found that this was displayed in a prominent place in the hallway.

Judgment: Compliant

Regulation 6: Health care

Residents had access to healthcare support which was in line with their assessed

needs. This included access to a general practitioner (GP) of choice as some residents attended their GP in their home community. Residents' right to decline treatment was respected. However, a plan was put in place to allow time to support the residents understanding and to reschedule for a different date.

In addition, residents had the support of allied health professionals such as speech and language therapy, dentist, optician and chiropody. The inspector found that where there were delays in the acceptance of a referral that the provider followed up to ensure progress. For example, one resident's referral was delayed due to vacancies in the speech and language therapy team. However, an assessment had taken place, recommendations were in place and there was evidence that the recommendations were used in the service.

The provider was aware of the changing needs of the residents and the staff team were proactive in raising matters at both team meetings and supervision meetings if required. Where residents became unwell, staff told the inspector about the actions that they took in order to provide support which were prompt and appropriate in the circumstances.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where compatibility issues arose, the provider was aware of them and had taken action to address any concerns arising. For example, all residents had compatibility assessments completed and one resident had 1:1 staffing ratio in order to provide additional support.

Access to the support of positive behaviour support specialists was provided. An integrated approach was used which involved members of the multi-disciplinary team and the plans used were subject to regular review.

Policies, procedures and guidelines were available to guide staff on what to do if an incident arose and staff training in behaviour support was up to date. When spoken with staff knew what to do if a concern arose and the strategies that they used were in line with residents' behaviour support plans.

Restrictive practices were used in this centre. Protocols were in place and inspectors found that they were they were the least restrictive option, used for the shortest duration possible.

Judgment: Compliant

Regulation 8: Protection

There were no open safeguarding concerns at the centre at the time of inspection.

If a safeguarding concerns arose, the inspector found that the response was prompt and a plan was put in place which was in line with local and national safeguarding guidelines.

As outlined under regulations above, compatibility assessments were completed and additional staffing was allocated to support residents and to prevent safeguarding risks.

Residents were supported to understand safeguarding and how to protect themselves from abuse, through easy-to-read documents and discussion at residents' meetings. A resident spoken with said that they felt safe and if they were unhappy or worried that they would speak with their family or with staff.

The safeguarding policy was up to date and staff spoken with told the inspector that training in safeguarding and protection was provided. They were aware of the identity of the designated officer and aware of what to do if required.

Judgment: Compliant

Regulation 9: Residents' rights

A rights' based approach to care was evident in this centre. Residents participated in decisions about the running of the centre and had opportunities to make decisions about their daily lives.

Residents were consulted with about the running of the centre through regular resident's meetings where their views and input on the centre was sought. For example; a resident requested a swing ball set for the garden as one they had was getting old. This was discussed at a recent residents' meeting, documented in the minutes and a follow up plan was in place.

In addition, residents were consulted through the use of an 'Adult having your say survey'. This was an easy-to-read document for residents to complete with 1:1 support if this was required. This meant that if residents did not wish to speak at meetings they had an alternative option in place.

Residents made choices about their daily lives. One resident experienced a recent decline in their health and wellbeing. They spoke to the provider about retirement and it was agreed in consultation with their family that their day service reduce to one day per week. This meant that their feelings were acknowledged and their wishes respected.

Residents were supported to practice their faith, and visit religious amenities in line with their preferences. One resident told the inspector that they attended mass with

their neighbour at the weekend. They said that they enjoyed this opportunity and they enjoyed their friendship.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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

Compliance Plan for Fiona House OSV-0003924

Inspection ID: MON-0043809

Date of inspection: 02/08/2024

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 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 through the following: • There is currently a live recruitment campaign for a person in charge for the centre. To be completed by 30.11.2024 • The registered provider has ensured that there is an interim manager in place in the centre until a local manager is recruited. Commenced 03.09.2024	

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.	Substantially Compliant	Yellow	18/11/2024