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:	21 February 2023
Centre ID:	OSV-0003924
Fieldwork ID:	MON-0038651

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
Tuesday 21 February 2023	09:20hrs to 14:30hrs	Úna McDermott	Lead
Tuesday 21 February 2023	09:20hrs to 14:30hrs	Stevan Orme	Support

What residents told us and what inspectors observed

This inspection was an unannounced inspection and was carried out to monitor regulatory compliance and to assess the quality and safety of care provided to the residents following a change of provider entity in December 2022.

The inspectors found a significant improvement in the standard of care and support provided to the residents at Fiona House. However, some improvements were required in the oversight arrangements in place to ensure that documents were completed and regularly reviewed. In addition, improvements were required in relation to incident reporting and risk management. These matters will be expanded on later in this report.

There were six residents living at Fiona House at the time of inspection. The person in charge was present at the centre and the person participating in management arrived later. They told the inspectors that the residents and their families were supported to understand the change in provider that took place in December 2022. This was facilitated through conversations and meetings with residents, and meetings and telephone calls with family members. Furthermore, on the day of inspection, the provider had information packs and tenancy agreements prepared for posting to residents' representatives.

Shortly after arrival at the centre, the inspectors met with a resident who was preparing for their day. The staff on duty told the inspectors that they attended a day service four days per week. However, they had a medical appointment that morning. Furthermore, staff said that if the resident wished to return home after their appointment that this could be facilitated as staff were on duty at the centre during the day. This was a new and positive change in the centre. It meant that the residents' decisions and wishes were respected.

Later, the same resident took the inspector on a tour of the centre. It was found to be warm, welcoming and nicely decorated. There was an infection prevention and control safety pause at the entrance and information relating to fire safety, safeguarding, making of complaints and a picture based staff roster displayed for residents use. A pleasant communal area for residents was provided near the entrance. It had comfortable chairs and soft furnishings. This was an improvement on the area provided on previous inspections. In addition, there was a separate smaller sitting room nearby for residents that preferred to spend time alone.

The resident showed the inspector the kitchen which was well-equipped with the necessary appliances and adequately stocked with food and supplies. The resident offered to make the inspector a hot drink and they were observed completing this task independently using an adapted appliance. This meant that a risks were managed using a positive risk taking approach which promoted residents' autonomy and independence. Later, the resident offered to show the inspector their bedroom. They appeared proud of their room and of their television. They said that they were

happy at Fiona House and that they liked their own room. If they felt worried, they told the inspector that they would speak with their family or tell the staff.

The remaining residents were at their day service at the time of inspection. The staff on duty told the inspectors that all residents had good contact with their family members and most went home at the weekends or during holiday periods if possible. Residents were also reported to have good connections with their local communities. Transport was available and the staff on duty told the inspectors this was positive improvement for the service as it meant that residents could go on longer outings in the evenings and at the weekends if they wished to do so.

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

There were management systems in place in this designated centre to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, improvements with the arrangements in place in relation to the documentation systems used and in relation to the management of risk would further add to the quality and safety of the service provided.

The inspectors found that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents living at Fiona House. The roster was reviewed and found to provide an accurate representation of the staff on duty on the day of inspection. An out-of-hours system was in place to provide staff with support if required. An arrangement was in place to ensure that continuity of care and support was provided.

Staff had access to training, including refresher training, as part of a continuous professional development programme. This was provided both at in-person training events and on virtual platforms. Service specific training was provided in order to meet with individual assessed needs of the residents if required. In addition, staff had access to a programme of formal supervision which was ongoing.

As previously outlined, this designated centre had a change of provider in December 2022 and inspectors found an improvement in the governance, management and oversight arrangements in place. As previously referred to; the person participating in management (PPIM) was available on the day of inspection and they said that they were regularly present in the centre. A second member of the senior management team was also present in the centre on the day of inspection. The purpose of their visit was to complete an unannounced monthly audit of the arrangements in place to ensure that a good standard of care and support was provided to the residents. The person in charge was present. They told the inspector

that a team leader support system was in place which was very supportive. This meant that there was a team leader on duty during all shift provided on the roster. In addition, the person in charge said that they had access to a 'buddy manager' system for support and guidance when required. There were a number of staff present and the inspectors had an opportunity to meet and speak with four of these. They provided feedback on the quality of care and support provided. They said that the support from the provider was very positive, that the induction programme was beneficial and that overall, there was an improvement in opportunities for residents. This was due to the fact that staff were available in the centre during the day and if residents wished to stay at home, that they could do so. In addition, the availability of dedicated transport for the centre provided was very positive. However, inspectors found that improvements in the oversight of the documentation held at the centre would further improve the standard of the service provided. This will be expanded on under Regulation 23 later in this report.

As part of this inspection, the arrangements in place to manage complaints were reviewed. The provider had an effective complaints policy in place which was up to date and in easy-to-read format for the residents use. Information for residents was also displayed in the communal areas of the centre. A review of the documentation provided showed that all complaints made were acknowledged, recorded and addressed in a timely manner.

Overall, inspectors found that there was a significant improvement in the leadership and management arrangements in place and this had a positive impact on the life of the residents living at Fiona House. In addition, the staff team had an improved structure in place and staff on duty told the inspectors that they felt supported by the provider. However, improvements with the management arrangements in place in relation to oversight of the documentation systems used and in relation to the reporting of incidents and the management of risk would further add to the quality and safety of the service provided

Regulation 15: Staffing

The provider ensured that the number, qualifications and skill mix of staff was appropriate to the statement of purpose and the assessed needs of the resident. Continuity of care and support was provided

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training, including refresher training, as part of a continuous professional development programme. In addition, staff had access to a programme

of formal supervision which was ongoing.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that there was a defined management structure in place in the designated centre with clear lines of accountability and support in place. As the provider was new to the service, the annual review of the quality of care and support provided and the six monthly unannounced visit were not due at the time of inspection. Improvements in the documentary evidence provided would further enhance the service. For example;

- To ensure that minutes of staff meetings were available for review
- To ensure that positive behaviour support strategies relating to the use of ABC (Antecedent, Behaviour, Consequence) charts were in line with the proactive supports provided
- To ensure that referrals to allied health professionals were documented
- To ensure that guidance provided on feeding, eating and drinking was in line with current practice
- To ensure that all accidents and incidents occurring in the centre were documented, reviewed regularly for gaps and monitored for further action if required

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had written agreements available and the terms of residency were in process of being signed and agreed by residents' families and representatives. In addition, residents were support to understand the change in provided and a monthly family contact arrangement was in place at the time of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents were notified to the Chief Inspector in a timely manner in line with the requirements of the regulation

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure in place which was available in easy-to-read format for residents' use in the designated centre

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained by the good standard of care and support provided and those spoken with told the inspector that they were happy living in Fiona House. However, improvements were required in the risk management arrangements in place which will be expanded on below.

As previously outlined, this centre changed provider recently. The new provider had written agreements available and the terms of residency were in process of being signed and agreed by residents' families and representatives. In addition, residents were support to understand the change in provider and a monthly family contact arrangement was in place at the time of inspection.

Arrangements were in place to ensure that each resident had a person-centred assessment of their health, personal and social care needs. This included an everyday living plan which provided guidance for staff on each residents' communication style, physical wellbeing and safeguarding. Residents had good contact with their family members and where appropriate, trips home were facilitated. Furthermore, residents were actively involved in their communities. All residents attended a day service and took part in other activities such as; doing the weekly grocery shopping, going bowling, going to a basketball game, to the hairdressers and to the beautician. Longer trips to places of residents' interest took place at the weekends and included visits to local parks, beaches, going to concerts and going out for dinner.

Residents individual healthcare needs were supported. Visits to the general practitioner (GP) and to other allied health professionals were facilitated if required. On the day of inspection, one resident was observed leaving to attend a dental appointment. Others had attended a specialist primary care clinic and a plan was in place to visit the opticians. Referrals to speech and language therapy (SALT) and occupational therapy (OT) were in progress. A referral to a consultant-led service was complete and the resident was on a wait list.

Residents who required support with behaviours of concern had positive behaviour

support plans in place. Staff had training in proactive support strategies and residents had access to a positive behaviour support practitioner if required. Restrictive practices were in use in this centre, however, these had reduced since the last inspection and were the least restrictive for the shortest duration necessary.

The provider had adequate arrangements in place to ensure that residents were protected from abuse. If a safeguarding and protection concern arose, responsive measures were taken. This included timely follow up with the designated officer and the completion of the required documentation if there were grounds for concern. Staff had attended training in safeguarding of vulnerable adults and those spoken with were aware of the identity of the designated officer and of what to do if they had a concern.

The inspectors found that residents' rights were respected and that they had increased opportunities to participate in the running of their home and to make decisions about their day-to-day lives. Weekly residents meetings took place where meal plans and activities were discussed and agreed. Furthermore, residents were supported to understand their right to raise a concern or to make a compliant. This was supported through the use of easy-to-read documentation. In general and as previously outlined, residents had increased access to community based activities as transport was now provided. This meant that they had access to facilities for occupation and recreation and to participate in activities in accordance with their interests, capacities and wishes.

The arrangements to support residents with their nutritional needs were reviewed. A walk around of the centre found that the kitchen was well-equipped and a range of wholesome and nutritious foods were available. Residents were offered choice and a menu plan was displayed in the kitchen. Plans were in place to make pancakes and this was an appropriate treat on the day of inspection. As previously outlined, residents were involved in grocery shopping if they choose to do so. Equally staff reported that they could assist with cooking if they wished. In addition, residents had independent access to the kitchen and were observed making hot drinks with an adapted kettle at times of their choice.

A positive risk taking approach was practiced in Fiona House and restrictions on the use of kitchen appliances were reduced since the last inspection. Residents had a person-centred risk assessment and management plan in place and staff spoken with were aware of active risks occurring. In the main, inspectors found that a good system of risk identification and management was in place and control measures were in place. However, residents with risks relating to feeding, eating and drinking did not have a corresponding risk assessment in place. Furthermore, process in place to ensure that all accidents and incidents were effective documented required review.

Regulation 13: General welfare and development

The provider had arrangements in place to ensure that all residents had access to

facilities for occupation and recreation and to participate in activities in accordance with their interests, capacities and wishes.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals if they wished to do so and there was an adequate supply of wholesome and nutritious food available in a well-equipped kitchen.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and ongoing review of risk. A positive risk taking approach was in place. Residents had a person-centred risk assessment and management plan in place and staff spoken with were aware of active risks occurring. A review of all risks would further enhance the service. For example;

- To ensure that all risks identified on residents' risk assessment and management plan had a corresponding risk assessment in place
- To ensure that all accidents and incidents occurring in the centre were documented, reviewed regularly for gaps and monitored for further action if required

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had arrangements in place to ensure that each resident had a person-centred assessment of their health, personal and social care needs. This included an everyday living plan which provided guidance for staff on each residents' communication style, physical wellbeing and on keeping safe.

Judgment: Compliant

Regulation 6: Health care

The provider ensured that residents' healthcare needs were supported and appointments with the GP and other allied health professionals were facilitated as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had positive behaviour support plans in place. Staff training was provided along with access to a positive behaviour support practitioner. Restrictive practices were the least restrictive for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

The provider had adequate arrangements in place to ensure that residents were protected from abuse. If a safeguarding and protection concern arose, responsive measures were taken. These included follow up with the designated officer and the completion of the required documentation if there were grounds for concern.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had arrangements in place to ensure that residents' had opportunities to participate in decisions about their care and support. Weekly residents meetings took place and residents were supported to understand their right to raise a concern or to make a compliant.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially 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-0038651

Date of inspection: 21/02/2023

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 will 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 with the implementation of the following • Team meeting minutes are available in the center for review. Date 02.03.2023 • All incidents of behaviours that challenge are reported on the online incident management system. Date 02.03.2023 • Care Plans and Positive Behavioral Support Plans will be updated and clear as to where staff are to document any incidents. Staff will attend a workshop (31.03.2023) with PBS consultant and plans updated following this. Date 07.04.2023 • Any resident who requires a referral to an allied health professional will have one completed and documentation of this on file. Date 07.04.2023 • All incidents and accidents are reported in a timely manner, with all documentation completed and reviewed ensuring no gaps in reporting. Date 02.03.2023	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider will ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events	

involving residents by ensuring the following is implemented:

• All residents risk assessments are reviewed with all identified risks and management of these risk clearly identified. Date 07.04.2023
• All incidents and accidents are reported in a timely manner, with all documentation completed and reviewed ensuring no gaps in reporting. Date 02.03.2023

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	07/04/2023
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	07/04/2023