

Statement of Purpose

PRAXIS CARE Castleblayney, 'Iona House'

Iona House, Drumillard, Castleblayney, Co Monaghan



REGISTRATION DETAILS

REGISTRATION DETAILS: osv- 0003415 Registration Number: REG-0033287

DATE OF REGISTRATION: 25/11/22

EXPIRY DATE OF REGISTRATION: 24/11/25

Registered Provider: (as per Certificate of Registration)	The Registered Provider is Praxis Care.
Person in Charge: (as per Certificate of Registration)	Laura Mulholland Mobile: 085 8820108 Email: fredgraham@praxiscare.ie
Persons participating in Management: (as per Certificate of Registration)	Head of Operations Aisling Murtagh 0858628188 AislingMurtagh@praxiscare.ie
Completion Date:	08/02/2023
Review Date:	08/02/2024

Services and Facilities in the Designated Centre

Aims and objectives of the designated centre:

The service will provide appropriate quality care and support to individuals experiencing learning disability who are assessed as requiring this input to enable them to live as independently as possible in his/her own community.

The specific care and support needs that the designated centre is intended to meet:

Praxis Care Iona House provides a full range of care and support needs for a maximum of 7 residents aged 18 years old or over with an intellectual disability. The residents require low to high care and support.

The service endeavours to meet the following needs. (Please note that the following is not an exhaustive list)

3.1.1 Housing Support

- Assistance acquiring essential household items
- Locating essential local services
- Paying bills
- Maintaining the property
- Safety issues
- Signposting to specialist services
- Budgeting
- Good neighbour / dealing with disputes
- Essential daily living tasks
- Emotional support
- Supporting people to comply with treatment
- Where appropriate, notifying agencies of concerns about a service user

3.1.2 Care Tasks

- Administering medications
- Health care
- Specific rehabilitation tasks
- Intensive / therapeutic behaviour management
- Supervision of people at night - time
- Personal care (Intimate care)
- Epilepsy Management
- Manual handling

Facilities which are to be provided

- Iona House is a residential home, providing care and support for up to 7 adults with an intellectual disability who may have associated physical disability and/or autism.
- Iona House is a bungalow comprised of 1x kitchen area, 1 x Utility, 1 x staff bathroom , 1 x workroom , 1 x large sitting room , 1 x small living area/ dining room : 2 x bedrooms ensuite, 3 x bedrooms , 2 x bathrooms, 1 x office area ensuite.
- Iona house has two self contained apartments who are supported in their individual self-contained apartments.
- The main house provides support 24 hours a day with the Team Leader based in the main house.

The service operates as a partnership between Praxis Care and the HSE. The contracts of care outline the roles and responsibilities of all parties concerned.

A person centred approach to service user needs is implemented and each service user will have a named key worker. Staff are available **24 hours per day, 7 days per week**. On each rota shift there is a Team Leader available 24/7, who provides effective leadership, supervision and management of a team of support workers ensuring that the practical, physical and emotional needs of the Service Users are met. The number of support workers on duty will depend on the needs of the Service Users at that time. Staffing levels will vary in accordance with occupancy levels. On night duty there is one waking team leader and one waking support worker. The person in charge is available during administration hours. The Person in Charge will be in the office from 9am to 5pm or otherwise contactable by phone (085 8820108) when out of the office or at meetings.

There is an on-call system in place for Iona House. Management On-Call rota details will always be found at the front of the rota file. Safe staffing levels are located at the front of the rota folder.

Management-On-Call is in place for emergency situations when the Person in Charge is on holidays or on days off. There is a 'buddy' management system in place and details of buddy manager are located in the rota file. There is also an Assistant Director and Director-on-Call system at all times. Details of this are available in the designated centre.

Further information on the service can be found in the Service Users Guide.

- Praxis Care is committed to the ongoing training and professional development of all staff. There will be regularly scheduled supervision of all staff members in order to facilitate high standards of care for all service users within the service

Services which are to be provided

Praxis Care works with residents, and his/her friends, relatives or representatives (if appropriate) to draw up a written plan of the support the organisation will aim to provide. The plan sets out the resident's needs, risks that need management; support/care provided and desired outcomes. This is reviewed monthly to ensure all needs are assessed and revised.

Each resident is provided with a copy of his/her assessment and plan and is encouraged to participate as fully as possible in the support planning process. It is a priority that all residents are supported and are able to access this information in a user friendly format and in a language that is age appropriate to aid them in their understanding.

Prior to the commencement of a service at Praxis Care Iona House, a risk assessment is carried out with all residents and agreed upon by social workers. This risk assessment is reviewed on an individual level on a regular basis but particularly when there have been significant changes to the individual's life.

There is a formal review process at 6 weeks after first placement and at least annually thereafter. An emergency review can be convened at any time. From time to time further assessments of the service user's needs are required to ensure that the support provided by the organisation is relevant to helping the service user achieve his/her full potential.

All Service Users are empowered to enjoy everyday living, irrespective of the complexity of their needs. This is evidence based through the setting of person centred outcomes which are measured on a regular basis to evidence achievement. The staffing of the centre reflects the care and support needs of the service users which are outlined in their personal plans.

Admissions to the Designated Centre

Registered Bed Numbers:	The maximum number of persons that may be accommodated at the designated centre is 7
Age range of residents to be accommodated:	Iona House offers accommodation to residents aged 18 years or over.
Gender of residents to be accommodated:	Iona House offers accommodation to male or female residents . All residents are currently male.

Criteria used for admissions:

Referral Process

Referrals for admissions will only be accepted from members of **Disability Services (H.S.E.)** multi-disciplinary team. Referral agents from outside the geographical area should in the first instance contact their local Health Service Executive office.

- Aisling Murtagh, Head of Operations, Praxis Care
085 8628188
- Laura Mulholland , Person in Charge, Iona House, Praxis Care, Drumillard, Castleblayney, Co Monaghan, 042-9754900

Referrals should meet- certain criteria below

- * An application form must be fully completed and include information on risk history and finance
- * An applicant must be aged 18 years at time of admission
- * The applicant and carer (if so desired) will be invited to visit the service and discuss his/her needs with Praxis Care staff.
- * A joint risk assessment conducted by the relevant parties must indicate compatibility with current residents.
- * The registered provider and person in charge must ensure that the risk assessment protects all residents from abuse.
- * The registered provider must be satisfied that the appropriate staffing and resources are available to meet the needs of the individual.
- * The registered provider must be satisfied that there is adequate multi-disciplinary input to support the individual's needs.

- * The Person in Charge must be satisfied with the training and educational plan for the individual.
- * The Person in charge must be satisfied that the designated centre can meet all the needs of the individual, such as behavioural or communication for example.
- * An Admission Panel will meet to consider all applications. The referral agent or any other relevant party will be invited to discuss the application and provide further information/clarification as appropriate.
- * The registered provider will require a full health assessment and immunisation records for the individual.
- * The registered provider will complete a comprehensive joint risk assessment involving the relevant multidisciplinary personnel. The registered provider has to be satisfied that all residents will be protected from abuse and compatible to reside together within the designated centre.
- * The Admission Panel's decision will be communicated to the referral agent as soon as possible and will always be followed up with a written explanation of the decision.
- * An Appeals Procedure is in place if a prospective applicant is not satisfied with the outcome from the admissions panel.
- * Prospective residents will be provided with as much information as possible about the service to help him/her make a decision about whether or not he/she wants to receive care and/or support. Praxis Care offers the opportunity for a prospective resident to visit the accommodation/service and meet and talk with residents and staff. The organisation is happy for a prospective resident to involve his/her friends/family before making the final decision about placement or commencement of service.
- * If it is felt that the accommodation or service is not suitable for a particular person, advice will be given on how to look for help elsewhere. This will only happen after full and inclusive discussions with all relevant parties.
- * The person in charge must be satisfied that all relevant documentation is provided to fully ensure that the designated centre can meet the needs of the individual, for example psychological assessment, psychiatric assessments and financial agreements.
- * Requests for emergency placements cannot be facilitated as a thorough risk assessment and support plan needs to be put in place prior to admission to the service

Management and Staffing

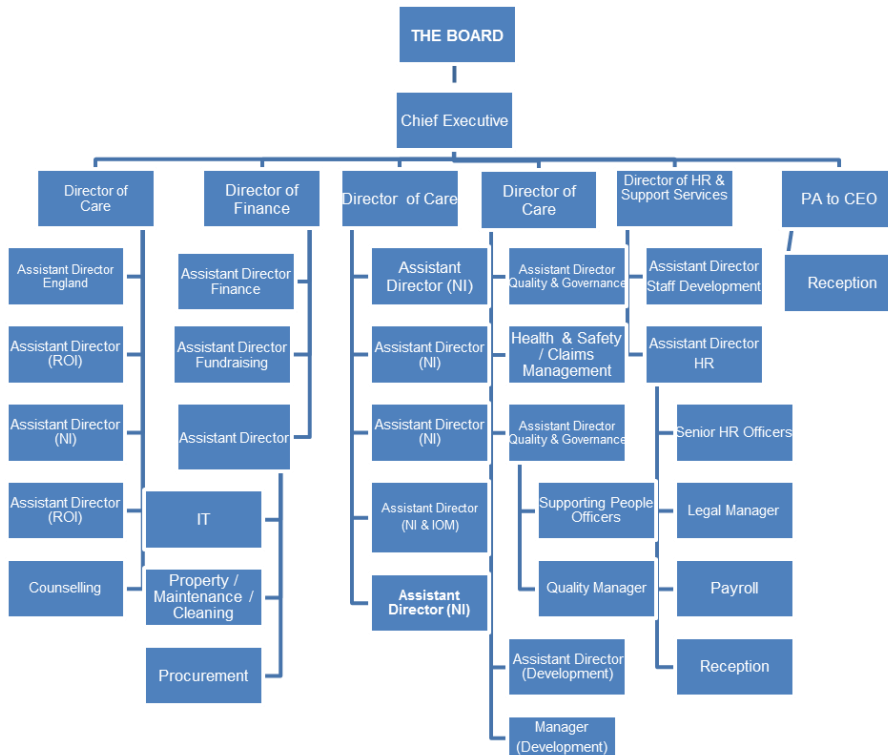
Total staffing complement (in full time equivalent)

Person in charge	1 WTE
Team Leader	4.5 WTE
Support Staff	9.7 WTE

CEO:	Andy Mayhew
Director of Care (Operations):	Carol Breen
PPIM Iona House :	Aisling Murtagh
Person In Charge Iona House:	Laura Mulholland
Complaints Officer:	linda Lyons
Data Protection Officer:	Vincent Lavery
Designated Safeguarding Officer:	Laura Graham
Champion Safeguarding Officer:	Brian McCready

Organisational structure of the designated centre:

Management Team



Resident Wellbeing and Safety – Only a short accurate summary around each of the headings is required- make reference to policies and/or procedures where appropriate

**Review and development of residents' personal plans
(refer to the requirements of Regulation 5)**

Praxis Care works with residents, and his/her friends, relatives or representatives (if appropriate) to draw up a written plan of the support the organisation will aim to provide. The plan sets out the resident's needs, risks that need management; support/care provided and desired outcomes. This is reviewed monthly to ensure all needs are assessed and revised.

Every resident is provided with a copy of his/her assessment and plan and is encouraged to participate as fully as possible in the support planning process. It is a priority that all residents are supported and are able to access this information in a user friendly format and in a language that is age appropriate to aid them in their understanding.

Prior to the commencement of a service at Praxis Care Iona House, a risk assessment is carried out with all residents and agreed upon by social workers. This risk assessment is reviewed on an individual level on a regular basis but particularly when there have been significant changes to the individual's life.

A review is convened after 6 weeks of moving in and annually thereafter. An emergency review can be convened at any time. From time to time further assessments of the service user's needs are required to ensure that the support provided by the organisation is relevant to helping the service user achieve his/her full potential.

Specific therapeutic techniques used in the designated centre

Service Users are offered a range of therapeutic supports via the HSE and other recognised therapies such as:-

- Physiotherapy
- Occupational Therapy
- Speech and Language
- Dietician
- Chiropodist
- G.P
- Reflexology
- Specialist Behavioural Support/Behaviour Consultancy
- Community Psychiatric Care

Service users are supported by Praxis Care staff to attend therapies as required. Praxis Care ensures that service users are supported to attend registered professionals when accessing therapies.

If costs are incurred by residents for any therapeutic supports, these costs are detailed within the residents bills agreements.

Use of Restrictive Practices and Positive Behaviour Supports

Praxis Care aims to provide extra supports as deemed necessary to any resident residing in our centre. Praxis Care staff are trained in approaching behaviours in a positive manner. A positive behaviour support plan will be put in place as deemed necessary with an emphasis on the proactive strategies. Should a resident become physically aggressive or pose a serious risk of injury towards them or others, Praxis Care staff are trained in techniques to manage violent and aggressive behaviour. Any restrictive practice will be recorded in conjoined approval by Multi-Disciplinary teams, the resident and Next of Kin. All restrictive practices are recorded in the resident's restrictive practice register and implementation of same is recorded in the restrictive practice log record.

Any restriction will be reviewed at least 6 monthly by the person in charge of the centre with the aim toward reducing and removing the restriction as positive behaviour supports are focused upon.

In order to maintain a safe environment for residents it may sometimes be necessary to take actions that may restrict or affect their rights to liberty and security of person, or their right to a private and family life. In all instances where such an infringement is required the centre will risk assess this, record the incident and report it to the proper authorities. Such restrictions will only be employed to protect residents from serious harm, and only following the unsuccessful use of less restrictive options. The least amount of restriction will be used for the least amount of time. When this restrictive practice is used it is essential that this information is passed onto HIQA and the statutory key worker for all service users involved.

Therapies and interventions

Praxis Care Iona House is committed to providing positive approaches to meeting the needs of its residents. All staff members are trained in these approaches. Personal Behavioural Management Plans are designed and implemented on an individual basis as required.

- All staff are Garda Vetted as part of the recruitment process.
- All staff complete an induction with Praxis followed by continuous professional development
- All staff complete Safeguarding of Vulnerable Adults training as part of mandatory training during the induction process. Staff complete refresher training as per policy.
- All staff complete mandatory training and this is recorded on scheme matrix.
- All staff complete scheme specific training to meet residents needs which includes , epilepsy management and positive behaviour support.

Respecting residents' privacy and dignity

Praxis Care strives to retain as much privacy as possible for service users by respecting the principal that Praxis Care staff members are guests in the service user's home. This includes each resident having their own private bedroom, 2 bedrooms are ensuite and other residents have access to 2 main bathrooms. Each service user's bedroom is their own private space, which they are encouraged to develop into an environment that best meets the service user's needs or preferred wishes. Only in circumstances where staff believe the service user may be at risk do staff enter the service user's bedroom without permission. All service users are encouraged to take responsibility for their own personal belongings, unless assessed as unsafe through risk assessments and care plans. Any personal possessions are stored safely in separate storage when they are not in the service.

The development of independence and autonomy is encouraged. This is enhanced through completion of individual work with the service users, incorporating family members, advocacy services and service users' in-scheme meetings regarding decisions in the service. Also, residents are supported to access and have contact with their social worker on a regular basis. The relevant social workers will also visit the service user's home to update on how the service user is enjoying living there.

Each service user is encouraged to enhance their independence and activities of daily living skills to ensure that, firstly, the service user's skills are developed and, secondly, that they maintain their privacy and dignity. Where intimate personal care is required, there will be an Intimate Care Plan drawn up. Personal assistance will be given by staff as discreetly as possible in intimate situations.

Praxis Care will secure service user's records and information and respect the confidentiality of these records, only sharing them with those who need to have access.

Where concerns arise regarding an individual's privacy or dignity being compromised, Risk Assessment and Care Plans will be reviewed through a multidisciplinary approach, which may incorporate safeguarding procedures if required. This will be in compliance with local safeguarding procedures. At the service user monthly meeting, service users are given the opportunity to speak openly about all matters and raise any concerns they may have. Staff will also use these meetings to update the service users on any previous actions or other relevant information. Details of daily activities, menu options etc. are presented to the service user through pictorial menu, activity and welcome boards.

All information is in a format that is appropriate to the information and communication abilities of each person living in the residential service.

Social activities, hobbies and leisure interests

Iona House will try to make it possible for service users to live their life as fully as possible. In particular, it will do the following:-

- As part of the moving-in/commencement of service process, potential service users will be encouraged to share as much information as possible about their social, cultural and leisure interests.
- Service users will be helped to continue to enjoy a range of individual and group activities and interests, both inside and outside the accommodation, to carry on with existing hobbies, pursuits and relationships, and to explore new avenues and experiences. In group living settings, all service users are entitled to use the dining room, the communal lounge, and the grounds of the scheme but those who wish, may remain in her own rooms. Service users are encouraged to personalise their rooms with small items of furniture and other possessions, and individual preferences in matters of decoration and furnishings are encouraged.
- In partnership with service users, social and leisure activities will be designed to form the basis of the communal content of the life of the scheme/service. Friendships among service users will be facilitated and it is hoped that service users will enjoy being part of a community, but there is no compulsion on a service user to join in any of the communal social activities.
- With the full and inclusive involvement of service users, local councillors, TD's, representatives of voluntary organisations, students, school children and others will be encouraged to visit schemes/services.
- Recognise that risk-taking is a vital and often enjoyable part of life and of social activity. Some service users will wish to take certain risks despite or even because of his/her disability. *Iona House* does not aim to provide a totally risk-free environment, though care will be taken to ensure that service users are not subjected to unnecessary hazards. When a service user wishes to take part in any activity which could involve risk, a thorough risk assessment will be carried out with that individual, involving relatives, friend or representative, if desired and *Iona House* will agree and record all agreed outcomes which will appropriately balance the factors involved. Risk assessments will be regularly reviewed, with the participation of all parties.
- For the benefit of all service users and staff, the communal areas of the accommodation are designated as non-smoking. Service users may smoke in designated smoking areas only.
- There may be a charge associated with some social activities and services; where this applies, the details will be made clear to the service user in advance.

Accessing education, training and employment

- All service users in *Iona House* will have the opportunity to attend attend day care/ college/ educational programmes.
- All service users are encouraged to take part in activities which promote independence and develop social skills. These are developed in accordance with the service user abilities and interests.
- All Service users will be afforded the opportunity to avail of educational and training opportunities as they so wish.
- All Service users will be afforded the opportunity to avail of supports from Praxis Care staff to source suitable employment as they so wish.

Consultation with, and participation of, residents in the operation of the designated centre

Praxis Care aims to give service users opportunities to participate in all aspects of life in the accommodation/service. In particular, service users are regularly consulted both individually and corporately about the way the accommodation/service is run. The organisations objective is always to make the process of managing and running the accommodation/service as transparent as possible, and to ensure that the accommodation/service has an open, positive and inclusive atmosphere. Regular service users meetings are held and input is sought on matters relating to the everyday running of the scheme.

Regular satisfaction surveys are carried out by Praxis Care's Research Department in relation to user involvement issues. Service Users will have the care/support he/she receives reviewed at least annually. Praxis Care staff are always keen to hear from Service Users and representatives. Heads of Operations will endeavour to make contact with service users on a monthly basis as part of the organisations monitoring processes.

Access to religious services of residents' choice

Arrangements for Religious Observances

Service users who wish to practise his/her religion/faith will be given every possible help and facility. In particular, Praxis Care will do the following:-

- If asked, Praxis Care will make contact with any local place of worship on a service user's behalf. The organisation can usually arrange for a minister or a member of the relevant organisation to visit a service user.
- Particular care will be taken to try to meet the needs of service users from minority faiths. These should be discussed with the manager before placement.

Contact between residents and their relatives, friends, representatives and the local community

Relatives, Friends and Representatives

- Service users are given every possible help to maintain and retain the links with families and friends.
- If a service user wishes, his/her friends and relatives are welcome to visit at a time convenient to the service user and to become involved in daily routines and activities.
- If a service user wishes to be represented in any dealings with the accommodation/service by a nominated friend, relative, professional person or advocate, Praxis Care will respect his/her wishes and offer all necessary facilities.

Dealing with complaints

The person in charge is Laura Mulholland and the person participating in management is Aisling Murtagh, they are the designated complaints officers. Within *Iona House* individuals with complaints may directly approach Aisling or Laura with their complaint. Laura can be contacted in writing at *Iona House*, Drumillard, Castleblayney or via email at lauramulholland@praxiscare.ie Aisling can be contacted in writing at *Iona House*, Drumillard, Castleblayney or via email at Aislingmurtagh@praxiscare.ie.

If Aisling or Laura, are not in the designated centre, complaints can be discussed with a staff member, who can contact Aisling or Laura.

Praxis Care endeavours to locally resolve any issue raised, in the first instance but recognises that in some cases, complaints require further investigation. The complaints procedure therefore comprises of 3 internal stages and 2 external stages which can be additionally applied to permit the effective management of a complaint where required: -
Stage 1: Management of a verbal complaint, at the Point of Contact (Service/Manager Level).

Stage 2(a): Informal Resolution (Manager/Head of Operations Level).

Stage 2(b): Formal Investigation (Head of Operations/Director Level).

Stage 3(a): HSE Review (Director of Advocacy, Quality, Risk & Clinical Care Directorate, HSE)

Or

Stage 3(b): Praxis Care Internal Review (Board of Director Level).

Stage 4: Independent Review (The Ombudsman/The Ombudsman for children)

If the complainant is not happy with the response to the complaint from *Iona House* complaints office, Praxis Care's named Complaints Officer Linda Lyons can be contacted on 004428 90234555 or via email on eileendealey@praxiscare.ie The complaints officer will inform the complainant when they have received the complaint and he/she will say what they will do. You have the right to receive a response within 4 weeks. Details of the actions, responsibilities and timescales at every stage are outlined in full within the Organisations' Complaints policy and procedure.

Dealing with complaints continued

Recommendations and redress

Praxis Care will aim to ensure that redress will be consistent and fair for both the complainant and **Additional Advice/Support**

Advice can be sought from the designated organisational Complaints Officer at any stage or any other Praxis Care staff member with delegated authority, which shall be determined by the nature and seriousness of the complaint. Advice can also be sought from the Ombudsman's Offices at any stage. Ultimately, the nature and seriousness of the complaint will determine the personnel, timescales and stages most relevant in the process.

Notification of all complaints, regardless of what stage the complaints were resolved will be sent to the organisation's Complaints Officer and the appropriate Health Service Executive social worker. The person in charge of the service will ensure that each service user is kept fully informed of the complaint process and understands this procedure.

the individual service against which the complaint was made. The forms of redress or responses will be appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the complainant personally.

During key working sessions, staff will read out the complaints procedure to the service users and the process involved in making the complaint.

Staff are also there to advise the service user's, if they are unhappy with a service. This may be in respect of when the staff or the service does something in the wrong way; staff or service doesn't do something that should have been done; staff or service does something that should not have been done. Staff then advise the service user that a staff member can help them with this or if they want they can make a written complaint to the person in charge. If the service user is still unhappy about how the complaint has been dealt with at this stage, or if the service user has a serious complaint that he or she feels unable to raise with the manager of the service, the service user should contact: **The Complaints Officer, Eileen Dealey Praxis Care, 25-31 Lisburn Road, Belfast, BT9 7AA.**

Fire precautions and emergency procedures

Fire Precautions, Emergency Procedures and Safe Working Practices

All service users are made aware of the action to be taken in the event of a fire or other emergency, and copies of the accommodation's/services fire safety policy and procedures are available on request. Regular fire drills are conducted and information is displayed through the building to guide all persons in the event of a fire. All staff have training in First Aid in the event of an emergency. The accommodation/service conforms to all relevant government guidance on promoting and protecting the health, safety and welfare of service users and staff. Each service user has a personal Evacuation plan in preparation for a fire.

Position/Measures in Place:

Praxis Care will ensure the property has been maintained to a high 'fire safety' compliant standard with for example:

1. Fire detection & alarm system (ie system category L1) - tested and commissioned in accordance with the requirements of I.S.3218:2013, with zoned fire panel located within front entrance corridor.
2. Minimum 30 minute self closing 'fire resistant door sets' fitted throughout.
3. Emergency lighting installed throughout - tested and commissioned in accordance with the requirements of I.S.3217:2013.
4. Compliant fire fighting equipment installed within the property (includes a fire blanket within the kitchen area).

In addition the mains wiring installations are tested and Praxis Care will ensure that this are deemed as 'satisfactory' by a 'Safe Electric - Registered Electrical Contractor' and that periodic inspection/testing within properties such as this (ie classified as Category 1d Community Dwelling Houses) is recommended on a 5 yearly basis.

Praxis Care Fire Emergency Evacuation Policy/Procedure:

In the event of a fire alarm activation Praxis Care's basic fire emergency evacuation policy/procedure is to '**get out, stay out & call the Fire Service**'. However, all staff receive initial fire safety training (refresher annually) and their initial role on activation of a fire alarm would be to (**only** if considered safe to do so) identify the location/source of the fire alarm activation (e.g. by reading the fire panel etc.) and then to quickly make a decision as to either to fight the fire or effect a swift evacuation. In essence our staff are trained **only** to fight fires which are no bigger that small office bin size (i.e. with the correct grade of fire extinguisher or fire blanket) and **only** if they have received fire safety training and are fully confident that they can extinguish the fire - in **all** other scenarios the clear advice/guidance is to '**get out, stay out & call the Fire Service**'.

Appendix 1:

Conditions of Registration:

Conditions of registration:

Condition 1:

Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre shall be operated at all times in accordance with the statement of purpose. The registered provider shall only provide for the specific care and support needs, and services, within the facilities as set out in the Statement of Purpose, as agreed with the chief Inspector at the time of registration Any changes to the specific care and support needs and services provided must be agreed in advance with the Chief Inspector.

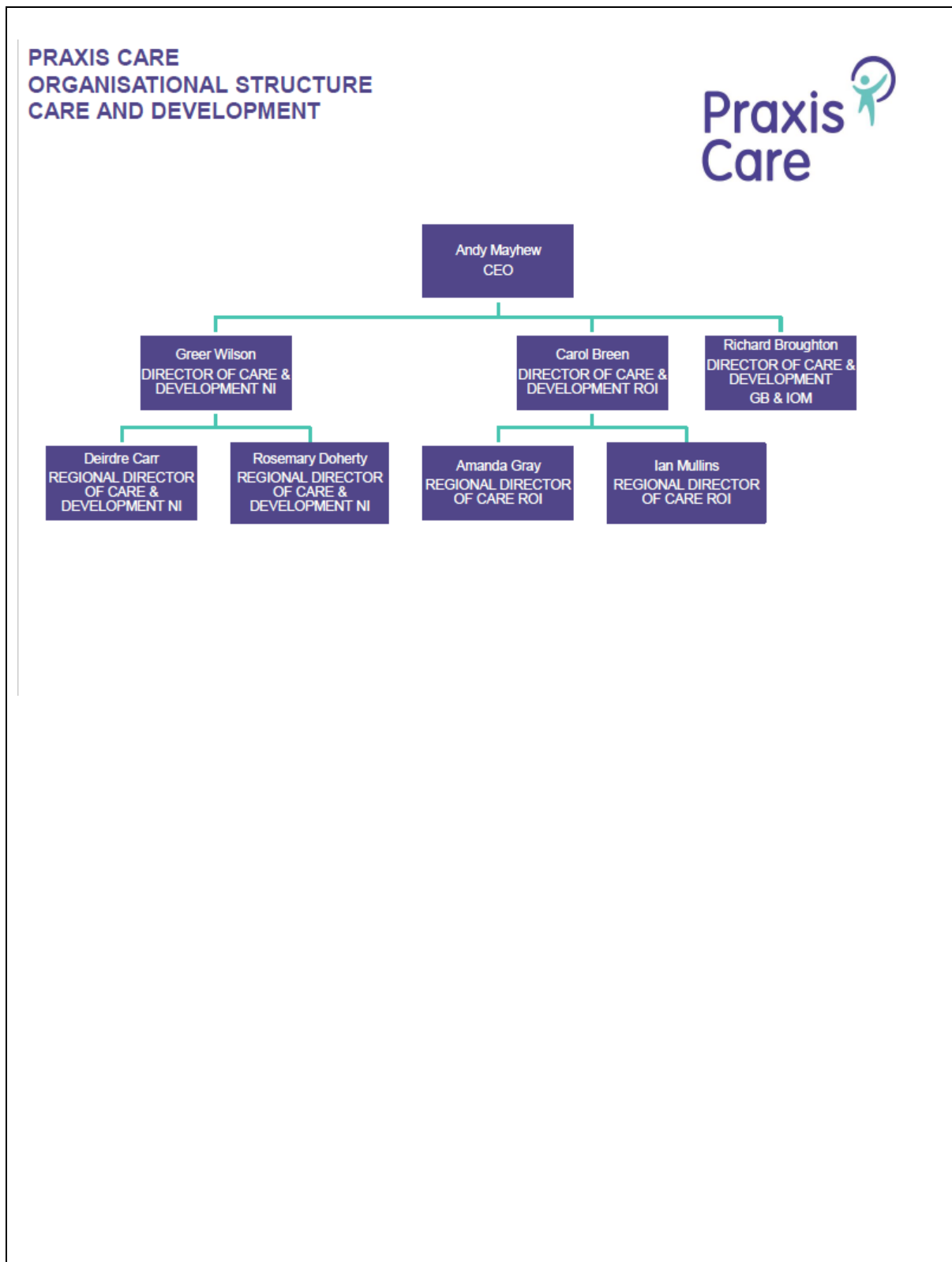
Condition 2:

Only persons aged 18 years of older shall be accommodated at the designated centre at any time.

Condition 3:

The maximum number of persons that may be accommodated at the designated centre is 7.

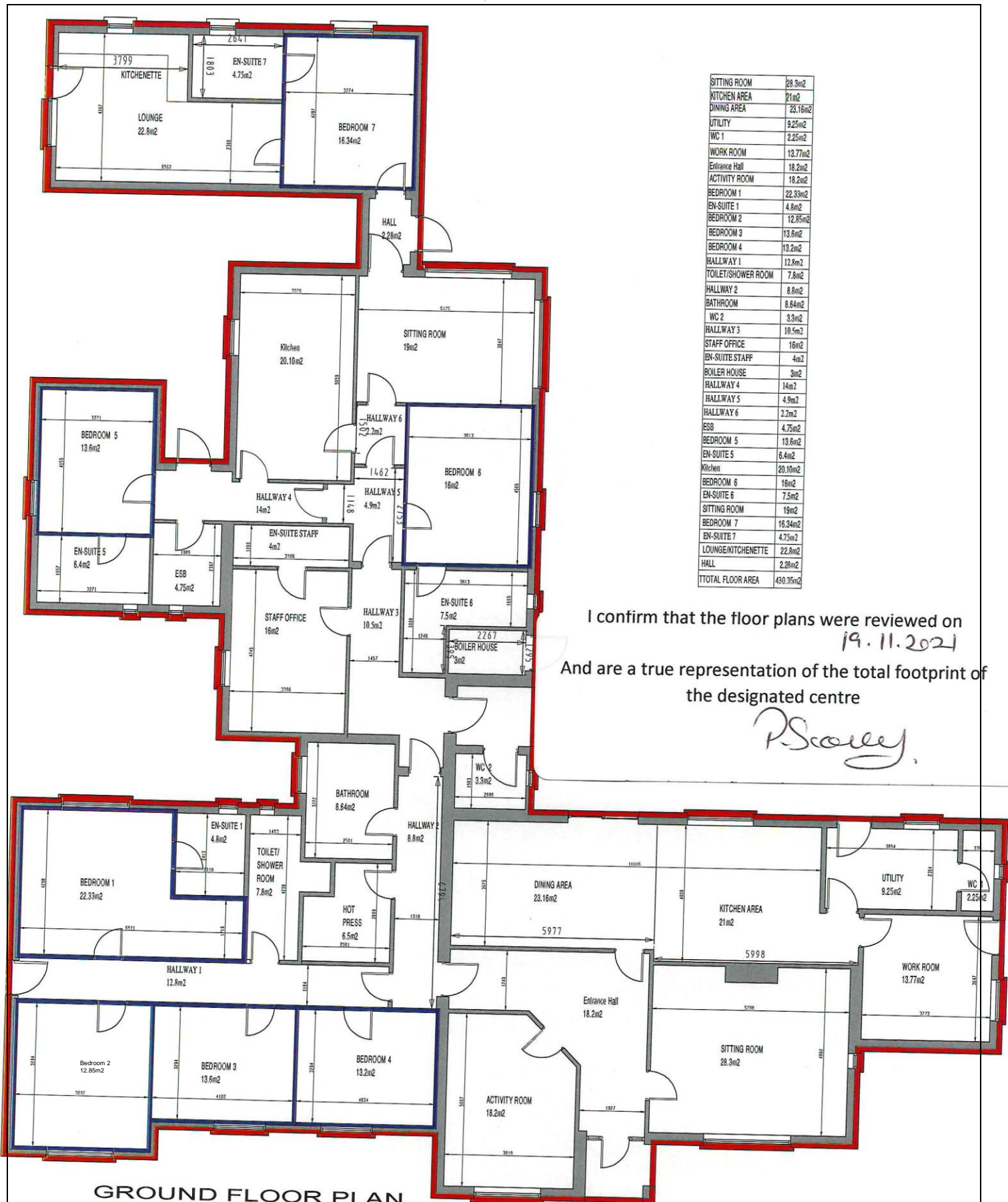
Appendix 2: Structure



Appendix 3:

Layout of the Designated Centre:	
AREA	METRE SQ
Sitting Room	28.3m2
Kitchen Area	21m2
Dining Area	28.16m2
Utility	9.25m2
WC1	2.25m2
Work Room	13.77m2
Entrance Hall	18.2m2
Activity Room	18.2m2
Bedroom 1	22.33m2
En-Suite 1	4.8m2
Bedroom 2	12.85m2
Bedroom 3	13.6m2
Bedroom 4	13.2m2
Hallway 1	12.8m2
Toilet / Shower Room	7.8m2
Hallway 2	8.8m2
Bathroom	8.64m2
WC2	3.3m2
Hallway 3	10.5m2
Staff Office	16m2
En-Suite Staff	4m2
Boiler House	3m2
Hallway 4	14m2
Hallway 5	4.9m2
Hallway 6	2.2m2
ESB	4.75m2
Bedroom 5	13.6m2
En-Suite 5	6.4m2
Kitchen	20.10m2
Bedroom 6	16m2
En-Suite 6	7.5m2
Sitting Room	19m2

Bedroom 7	16.34m2
En-Suite 7	4.75m2
Lounge / Kitchenette	22.8m2
Hall	2.28m2
TOTAL FLOOR AREA	430.35M2



SITTING ROOM	28.3m ²
KITCHEN AREA	21m ²
DINING AREA	23.16m ²
UTILITY	9.25m ²
WC 1	2.25m ²
WORK ROOM	13.77m ²
Entrance Hall	18.2m ²
ACTIVITY ROOM	18.2m ²
BEDROOM 1	22.33m ²
EN-SUITE 1	4.8m ²
BEDROOM 2	12.85m ²
BEDROOM 3	13.6m ²
BEDROOM 4	13.2m ²
HALLWAY 1	12.8m ²
TOILET/SHOWER ROOM	7.8m ²
HALLWAY 2	8.8m ²
BATHROOM	6.64m ²
WC 2	3.3m ²
HALLWAY 3	10.5m ²
STAFF OFFICE	16m ²
EN-SUITE STAFF	4m ²
BOILER HOUSE	3m ²
HALLWAY 4	14m ²
HALLWAY 5	4.9m ²
HALLWAY 6	2.2m ²
ESS	4.75m ²
BEDROOM 5	13.6m ²
EN-SUITE 5	6.4m ²
Kitchen	20.10m ²
BEDROOM 6	16m ²
EN-SUITE 6	7.5m ²
SITTING ROOM	19m ²
BEDROOM 7	16.34m ²
EN-SUITE 7	4.75m ²
LOUNGE/KITCHENETTE	22.8m ²
HALL	2.28m ²
TOTAL FLOOR AREA	430.35m ²

I confirm that the floor plans were reviewed on 19.11.2021
 And are a true representation of the total footprint of the designated centre
P. Scally

GROUND FLOOR PLAN
FLOOR AREA = 430.35 sq/m
OSV No 0003415

MF MAGUIRE FAIRWEATHER Chartered Building Surveyors 81 Rosetta Road, Tel: 028 9064 5599 Belfast, BT16 0LH Fax: 028 9064 3847 Email: enquiries@maguire-fairweather.com Web: www.maguire-fairweather.com	Client	Praxis Care
	Project	Iona House, Castleblaney
	Drawing	Existing Floor plan HIQA
	Scale: 100@A3	Drawn by
Date: 19.11.2021	1:200@A4	Iona Hs/HIQA/01
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Appendix 4:

List of additional items and applicable charges:

Contracts of care are in place for residents which outlines associated charges.

Document Version History

Version Number	Version update comment	Effective date
V1.	Reviewed 08/02/2023 due to change in Head of Operations.	08/02/2023
V2.0	08/02/2023 reviewed.	08/02/2023
V3.0	Reviewed due to change in PIC .	08/02/2023
V4.0	Updated 22/11/21 new floor plan	22/11/21
V5.0	Updated floor plan	25/05/22
V6.0	Reviewed to reflect new PPIM	08/02/2023
V7.0	Updated to reflect new PIC / PPIM	08/02/2023
V8	RP information & Safeguarding DO	23/09/22
V9	Full Review	07/11/2022