

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Prosper Fingal Limited
Centre ID:	OSV-0003395
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Prosper Fingal Limited
Provider Nominee:	Pat Reen
Lead inspector:	Michael Keating
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 November 2014 10:00	11 November 2014 17:30
12 November 2014 10:00	12 November 2014 13:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an announced inspection and is part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application

to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

This centre provides respite services to services users of Prosper Fingal Ltd. a provider of services to people with disabilities in North Co. Dublin. The residential respite service aims to 'provide a short term safe, comfortable home, with an emphasis on developing capacity and assessing the needs and supports required to enable service users to live more independently'.

A number of relatives' questionnaires were received by the Authority subsequent to the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, relatives referred to respite service provided as positive and fulfilling break away from home for their son or daughter.

Evidence of good practice was found across all outcomes, with 14 outcomes judged to be fully compliant including health care, medication management, governance and management, workforce, social care needs and safe and suitable premises. Some areas of non compliance with the regulations were identified. Four outcomes were found to be moderately noncompliant relating to health and safety issues, contracts of care, complaints processes and out of date policies and procedures.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that residents' rights, dignity and consultation were supported by the provider and staff; however improvements were required in the protection of residents' finances and in the monitoring of residents satisfaction levels with the service provided.

In general, there was a commitment by the provider, person in charge and staff to promoting the rights of residents. There was a complaints policy in place and this policy as well as information on an independent advocacy service was provided in an accessible format for all residents. There was also a complaints log, however, there were no complaints logged. Residents were consulted on the day to day running of the centre. There were weekly house meetings where residents made decisions and asked for specific supports, such as assistance in accessing the community, or to be more involved in food preparation. A feedback form was also used to allow residents comment on their respite stay. However, some of these forms expressed some dissatisfaction with elements of their stay. These comments were not being recorded as 'complaints' or being audited and analysed with a view to improving the experience for the residents.

Clear guidance was not provided to staff on how to manage residents finances which led to inconsistencies in how residents' monies were checked in and out of the centre, and how resident's finances were safeguarded throughout their stay. Policies/procedures and the staff 'handbook' were out of date and the person in charge stated that some of the information and sections within the handbook were no longer relevant or incorrect.

Clear policies were in place outlining how staff expenses were to be covered during community outings and meals while supporting residents. This ensured that staff costs were not contributed to by any residents and provided clarity for staff on how much they were allowed to spend on specific outings, the costs of which were met by the company.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the person in charge and staff had responded very effectively to the communication support needs of residents. Relevant information was available throughout the centre in accessible formats. For example, pictorial menu planners were available as well pictorial rosters identifying staff on duty throughout the five-day stay. Many personal plans were provided in pictorial format and each resident had a communication profile colour coded to highlighting 'Do's and Don'ts' in how each resident wants to be communicated with which provided a comprehensive yet succinct overview of communication requirements.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, it was clear that residents were supported to develop and maintain personal relationships and families were actively encouraged to be part of the resident's lives. Cognisant of the fact that this centre provides respite services for short periods of time, all respite users are currently living full time with family members and view this stay as a break from their family homes. Despite this, the centre has an open door policy and families are encouraged to visit if they choose to. A residents' brother had been recently accommodated to visit the centre as he lives abroad and was anxious to visit his brother within the centre.

There was clear documentary evidence that family members were involved in person centred planning meetings (initiated within day services) and had also been accommodated to meet with senior management up to provider level to discuss additional support requirements for their relative.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents had not been provided with a 'contract for residential services' as required in the Regulations. The person in charge stated that they had been developing this and showed the inspector a draft copy. This draft copy met all of the requirements of the Regulations but was yet to be issued to residents.

There was an admissions and discharge policy which set out the arrangements for admitting and discharging residents in line with the provision of respite services. A directory of residents was in place with information on more than 70 service users. Each resident is also assessed in relation to their support requirements, and a decision is then made on the type of respite service provision they receive. For example, there are two separate respite options (centres) available to users of Prosper Fingal Ltd. one of these is nurse led, with waking night staff, while this specific centre is social care led, with an emphasis on developing independent living skills and community support. Therefore, users of this centre are assessed as being low to medium need and must be able to travel and use public transport independently. The criterion for admission to the centre was clearly set out within the statement of purpose.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

In general the inspector found that residents were involved in the development of their plans and that staff were providing a good quality of social supports to residents. Personal plans reviewed identified goals for each resident which were outcome based rather than solely activity based. The provider had also initiated an audit of the files and record keeping across the service since their last inspection and was in the process of implementing significant changes to the care planning process which had been in operation. Changes included the standardisation of all care planning documentation to ensure consistency across the service. An identified need for this related to the fact that day service staff were responsible for developing the person centred plans and goal setting process for users of this respite service.

The quality manager was also met with during the inspection, who had the responsibility of implementing these changes and providing training to all staff. A key strategy was to separate person centred planning (PCP) goals and 'Individual support goals' to ensure that social goals and outcome focused skill attainment goals were both developed.

The personal plans contained important information about the residents' lives including providing information on their backgrounds, including family members and other people important in their lives. Risk assessments were being used to ensure residents could be involved in day to day activities. For examples residents were being supported to be involved in daily living activities appropriate to their needs interests and capacities such as in meal preparation skills, where some residents helped chop vegetables, cook or set the table. Weekly activity plans were also in operation, which identified the activities chosen by the resident for that week.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was bright and airy, well maintained and adequately met the residents individual and collective needs in a comfortable and homely way. Each resident was provided with their own room and there was sufficient communal space provided within the centre. This was observed by the inspectors when all residents were home. While a number of residents gathered in the kitchen area, two residents made use of two separate sitting rooms, as they said it was too loud with the group. In addition to the sitting rooms, there was also a quiet room available upstairs. There were an adequate number of bathrooms and toilets to meet the needs of residents.

The house was a large detached house located in a town in North Co. Dublin. It is close to public transport and shops, restaurants etc.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall it was found that the health and safety of residents, visitors and staff was promoted, however, significant risk was identified in relation to the temperature of hot water in the centre and health and safety related policies had not been updated, which had been identified within the previous inspection. There were suitable arrangements in place to ensure fire safety procedures met the needs of all residents and staff and that contingency plans were in place in case of emergency.

The water temperature was recorded on the morning of day 2 of the inspection at 62.1 degrees Celsius at several hot water outlets within the centre including the kitchen sink, bath, staff shower, and wash-hand basins throughout the centre. When this was highlighted to the person in charge, she immediately set about contacting a plumbing contractor to remedy this. Plumbers arrived while the inspectors were present and temporarily reduced the water temperature throughout the centre. They also spoke with the person in charge in the presence of the inspectors to clarify they would return the following day to fit a temperature control valve to fix this problem permanently.

A number of policies as referred to under Outcome 18: Records and Documentation were out of date or needed to be revised. One such policy entitled 'Business Continuity Management Policy' which outlines emergency response procedures which was identified as out of date in the previous inspection had not been updated. However, key information from this policy had been summarised within the local safety statement.

The inspector read the centre specific safety statement with relevant health and safety policies and procedures including risk assessments. The provider also informed the inspector that they had recently recruited a qualified health, safety and risk officer to consolidate the company approach in relation to health and safety and risk management. This was also considered a necessity as a result of previous inspection findings relating to fire safety noncompliance's in other residential settings. Findings from this inspection found that huge improvements were apparent in this area, and that comprehensive personal evacuation plans had been developed for all residents. In addition, fire evacuations have taken place on a monthly basis to ensure that all staff who had received training in fire safety were confident and competent in their ability to evacuate the centre.

A certificate of compliance relating to fire safety and building control was submitted to the Authority as part of the registration process. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. A general fire evacuation plan identifying an adequate number of exits was posted at prominent positions throughout the centre. Staff told the inspector they were confident in their ability to evacuate the centre at all times.

Individual risk assessments had been carried out for all residents to ensure that any risks were identified and proportionally managed. There was evidence that they were regularly being updated by staff following ongoing review. Further evidence that staff take a proactive role in the management of risk in the centre. In meeting with the health and safety officer, she identified the need to simplify the risk assessment documentation that was quite cumbersome and difficult to follow. For example, the inspector found the scoring matrix very difficult to understand could be considered very subjective. She also

confirmed that here is a plan in place to train all staff in completing risk assessment with a focus on 'dignity of risk', finding a balance between rights and risk. Accidents and incidents were also analysed for trends. There were only three incidents recorded during 2014 and these were read by the inspector and related to minor accidents and near misses.

There was a policy on and control measures in place to manage any outbreak of infection. Daily cleaning records were maintained and cleaners were also employed once a week to clean the centre thoroughly before the changeover of residents takes place. Cleaning records were observed by the inspector.

The centre had access to vehicles to provide transport to residents. Driving licenses were viewed on an annual basis with a copy maintained on file to ensure all staff were suitably qualified to drive the vehicles.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults and were knowledgeable on what constitutes abuse and on reporting procedures.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults which provided clear guidance to staff. Residents spoken with said they felt safe and could tell the inspector who they would speak to if they felt unsafe needed particular support. The person in charge confirmed restrictive practices are not used within the centre, as there is a policy of 'no restraint' within the broader service. Personal and intimate care plans were also in place and provided comprehensive guidance to staff ensuring a consistency in the personal care provided to residents. Generally it was found these plans focused very much on supporting residents to be as independent as possible in this area.

Residents were also provided with comprehensive positive behavioural support plans (as required). These plans clearly identified triggers or 'flags' to staff to help them identify times of stress for residents, as well as outlining things residents liked to speak about and in what areas they were trying to develop independence skill enhancement.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The staff were maintaining detailed records of all accidents and incidents in the centre. They were reviewed by the person in charge, the provider and the health and safety officer.

Notifications have been received by the Authority as required by the Regulations. The person in charge and persons participating in management were very knowledgeable about the requirements in the regulations.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Resident's opportunities for new experiences, social participation and skill maintenance and enhancement were monitored closely and formed a key part of residents' care plans. Residents personal plans identified opportunities for residents to develop their skills and maintain levels of independence appropriate to the assessed needs and request of residents.

Cognisant of the provision of short-term respite services in the centre, support plans were developed within each resident's day service, with the plans identifying what elements of the plans could be facilitated while the focus person resided in the respite setting. For example, plans operating within the respite centre primarily focused upon maintaining and developing skills in the areas of self care and protection, and knowledge in relation to their rights and daily living tasks. Residents were also each provided with a day to help prepare meals within the centre. One residents described her level of involvement in this, including being involved in going out and purchasing the ingredients in local shops.

Weekly activity plans outlines the opportunities the residents had for social participation within the local area. In addition, residents were provided with opportunities for education, training and volunteering through their day services. For example, FETAC training programmes operated within these services.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy best possible health.

The inspector reviewed a number of residents' health care plans, records and documentation and found that residents had good and frequent access to allied health professionals. The inspector noted access to a general practitioner, speech and language therapy, psychology, social work, occupational therapy, ophthalmology and physiotherapy. Specific issues had being comprehensively provided for such as mental health, asthma, cardiac conditions and osteoporosis. Screening for dementia in residents with down syndrome was also carried out.

All health care plans provided details of regular consultation with appropriate professionals, with comprehensive reports provided from each consultant. For example, speech and language therapists had completed communication assessment reports in some of the files reviewed. In addition, specific training had been provided to a staff member from a speech and language therapist as this staff member had expressed some concern in relation to how she should be meeting the support requirements which had been identified for a specific resident.

Residents were involved in food preparation and planning. Personal plans and activity plans identified when each resident had planned to assist with food preparation, and been involved in choosing their meal of choice.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall the inspector found that residents were protected by safe medication management policies and practices. All residents were supported in the administration of their medication by social care staff who had been appropriately trained in the safe administration of medication. Staff were supported by being able to call upon the advice of a nurse manager at all times. The organisation policy on the safe administration of medication identified the need to have all staff trained in a two day course of the administration of medication, and this had been completed by all staff. The policy on medication management was out of date and required review. This noncompliance is actioned under Outcome 18 Records and Documentation.

The receipt of medication was being recorded and medication was being stored in a locked press in the house. The prescribing and administration of all medication was in compliance with the Regulations and in line with best practice guidelines. Drug errors were recorded and reported using the organisation drug reporting sheets and reporting mechanism.

A strategy for medication management specific to each resident had been developed. This looked at three key areas and was quite specific to the additional complexity of transporting medication to and from the respite centre; while adhering to the best practice guidance and Regulations. In addition this strategy focused upon the level of

involvement of residents in administering their medication with a comprehensive assessment in place to ascertain individual capacity to self administer or determine the minimal level of support required.

A medication management information leaflet was also provided to all users of the respite service and their family, which had been updated in May 2014. This provided clear explanation of safe medication practices and the requirements of the provider, families and residents in order to ensure safe medication practices were complied with, and provided a rationale for the guidelines that were in place.

Judgment:
Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A copy of the statement of purpose was provided to the inspector upon request. It included the detail of all of the facilities and services provided. It contained all of the information as required within Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2009.

A copy of the statement of purpose was available to residents and their representative and an easy to read version was also available.

Judgment:
Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a clearly identified management structure in place and staff were familiar with the reporting mechanisms. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she managed the roster and had to sign off on any changes made to it. She had been working with the residents for many years and was well known to them.

During the inspection the person in charge demonstrated a clear knowledge of her statutory responsibilities under the legislation. She was committed to her own professional development and was supported in her role within the centre by a team of social care workers. She reported directly to a line manager who in-turn reported to the nominee provider. She had regular minuted meetings with both the line manager and nominee provider. The person in charge was well supported by a number of senior management whom she reported actively support her to carry out her role effectively and whom she relies upon for support and guidance. As referred to previously a number of these key personnel were met with and/or interviewed during the course of this registration inspection including the provider (Director of Services), the human resources manager, the operations manager, the quality manager, and the health and safety and risk manger all of whom made themselves available to the inspectors.

The nominee provider had also carried out an unannounced inspection of the centre as required within the Regulations and this report was made available to the inspector upon request. This report identified areas for improvement, and it was also noticed that all of these areas had a comprehensive plan in place to address these areas.

Staff were supported by the person in charge at all times by phone for advice and support as required. The inspector met with one of these staff members during the inspection. They were knowledgeable in relation to the needs of residents, and were clear on all of the key policies and procedures within the centre.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.</p> <p>There was a guideline in place identifying a person participating in management (operations manager) as replacing the person in charge in her absence through short term illness or by her being off duty.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that sufficient resources were provided to meet the needs of residents to ensure the effective delivery of care and support in accordance with the statement of purpose.</p> <p>The agreed staffing levels were judged to support residents to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also demonstrated within the roster to meet specific needs of residents. For example, two staff were scheduled for duty Wednesday afternoons from 2pm to meet the needs of residents as all day services close early on that day. In addition there was evidence of additional staff supports provided to meet specific needs of one resident providing additional support hours to do specific activities. Records of this activity and who accompanied her to do it on a weekly basis were maintained.</p>

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults' with disabilities. A staff member interviewed had recently been recruited to the organisation and was going through a probationary period. This included a two week induction period where she was not allowed to work alone. Ongoing probation/support meetings were taking place between the staff member and the person in charge. She stated she felt well supported and really liked working in the centre. She had also been provided with all mandatory training and was knowledgeable and confident in discussion her role as a social care worker with the inspector.

Staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Training records were provided to the inspector and all staff had completed mandatory training as well as additional training to meet specific needs of residents and to maintain professional development of staff.

There were adequate numbers of staff available at all times to meet the assessed needs of residents. Residents were provided with a continuity of care from staff who know them well and were clearly passionate about their roles.

There were adequate supervision arrangements in place such as monthly meetings between the person in charge and staff members and these meetings were formally recorded. There was a planned roster available for the centre as well as an actual roster which clearly identified who had worked on any given shift.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

During the previous inspection a number of policies and procedures were found to be out of date or in need of review, and this remained the case during this inspection. The provider had assigned this role to an individual within the company but it was recognised that this was a significant task and would take time. In this regard the provider had prioritised actions identified at the last inspection, primarily ensuring full compliance with fire regulations and to create consistence and clarity within resident's files which have all been completed to date. However, seven of the policies as listed with Schedule 5 of the Regulations remain out of date. This list of seven policies was provided to the provider at the feedback meeting.

The residents were provided with a residents guide in an accessible format. The provider had also developed a directory of residents with all of the information as required within the Regulations.

The inspector reviewed a copy of the insurance certificate which confirmed that there was up to date cover in the centre.

Records were being maintained in a secure and safe manner. Staff records were stored within the company's' central office which were viewed by the inspector on Day 1 of the inspection. Resident's records were kept in a locked press in the staff office/bedroom. All residents' records reviewed were accurate and up to date. Records were made available to the inspector as required during the inspection.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Michael Keating
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Prosper Fingal Limited
Centre ID:	OSV-0003395
Date of Inspection:	11 November 2014
Date of response:	4 December 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Clear policy or guidelines were not available to ensure residents' finances were appropriately safeguarded during their stay.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:

1. The Finance Department will develop and implement a clear policy on residents' finances.
2. A local staff guideline in relation to supporting residents to manage their finances while in Lambay House will be drawn up.

Proposed Timescale: 30/01/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Documentation relating to dissatisfaction with service were not being acknowledged as a 'complaint' and therefore were not being appropriately responded to, with issues addressed to the satisfaction of the resident concerned.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

Please state the actions you have taken or are planning to take:

1. The 'Respite Comment Form' template will be reviewed and made more accessible for the resident.
2. A staff guideline in relation to its implementation will be drawn up and issued.
3. Any dissatisfaction recorded will be dealt with in accordance with the Prosper Fingal 'Complaints Policy and Procedure in Service Provision'.

Proposed Timescale: 31/03/2015**Outcome 04: Admissions and Contract for the Provision of Services****Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Contracts of care were not provided to all residents as required within the Regulations.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

1. Finalise the draft of the 'easy read' Contract of Care and merge with the full Contract of Care.
2. Agree a strategy for implementation of the final document to all residents who use this Service.
3. Implement the strategy.

Proposed Timescale: 30/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Hazard identification/risk assessment had not identified the risk associated with excessive water temperatures at all hot water points within the centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

1. The risk of excessive hot water temperatures at all water points within the centre was eliminated by the installation of water heating immersion system.
2. The hazard of excessive temperature has been added to the monthly Hazard Spotting Form.
3. A temperature check has been included in the centre's Annual Health & Safety Audit, carried out by the Manager and verified by the Company Safety Officer.

Proposed Timescale: 24/11/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Health safety and risk management related policies were not updated or centre specific and were therefore not providing adequate guidance to staff.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The Health, Safety and Risk Management related policies will be reviewed and updated to provide adequate guidance to staff.

Proposed Timescale: 31/03/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A number of policies and procedures were identified as being out of date or not centre specific.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The seven policies identified will be prioritised for review and updating, to reflect best practice and to comply with regulatory requirements.

Proposed Timescale: 31/07/2015