



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

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| Name of designated centre: | Fiona House |
| Name of provider: | Little Angels Association Letterkenny |
| Address of centre: | Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 12 March 2018 |
| Centre ID: | OSV-0003924 |
| Fieldwork ID: | MON-0021070 |

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 support to six adults with an intellectual disability. Fiona House offers a social care model and staff provide support in all aspects of daily living to residents. Fiona House is located in a residential area of a town and is within close walking distance to local amenities such as shops, beauticians, pharmacies and leisure facilities. Fiona House is a large bungalow with seven bedrooms of which six are used by residents. One resident's bedroom has en-suite bathroom facilities, with a further three communal bathrooms; of which one is wheelchair accessible. In addition, residents have access to a communal kitchen, dining room and sitting room as well as separate smaller sitting room. Fiona House also has a garden and patio area to the rear of the bungalow. Residents are supported by a team of support workers to meet their needs and provide support with planned activities. Fiona House closes and is not staffed for a proportion of the day during the week when residents attend their day services, unless otherwise required. When residents are at Fiona House they are supported by two or three support workers dependent on occupancy levels and residents' assessed needs. Night-time support is provided by either one or two support workers through a combination of sleep over or waking night duties again dependent on occupancy levels and residents' assessed needs.

The following information outlines some additional data on this centre.

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| Current registration end date: | 11/06/2020 |
| Number of residents on the date of inspection: | 4 |

How we inspect

To prepare for this inspection the inspector or 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 |
|---------------|----------------------|-------------|------|
| 12 March 2018 | 08:45hrs to 18:10hrs | Stevan Orme | Lead |

Views of people who use the service

The inspector had the opportunity to meet with four residents who lived at Fiona House. Residents told the inspector that they liked living at the centre and got on well with the staff.

Residents said that staff helped them to do the activities they had planned for the week and supported them to go into the town to do personal shopping and access leisure activities such as swimming and bowling. Residents told the inspector that they were supported to access day services which they enjoyed attending and included work placements in the local community. In addition, residents said that staff had helped them to achieve their personal goals such as attending educational classes. Residents were actively involved in deciding the care and support they received through discussions with staff and at their annual review meetings.

Residents participated in weekly residents' meetings and said that they decided on the weekly menu and planned activities they wished to do for the week. Residents also said that they had been involved in the recent redecoration of the centre and had chosen paint colours for their bedrooms.

Residents were aware of the provider's complaints procedure and told the inspector that they had made complaints when they were unhappy about the service they received. The residents told the inspector that staff had listened to them and addressed their concerns.

Throughout the inspection, residents appeared comfortable and relaxed with all support provided by staff. The inspector observed that support was offered in a timely and dignified manner and in-line with residents' assessed needs.

Capacity and capability

The provider's governance and management arrangements ensured that residents received a good quality of care and support at the centre. The care and support provided to residents ensured that they were kept safe and protected from harm, and assisted in all aspects of daily living in accordance with their assessed needs. However, improvements were required by the provider to ensure that the effectiveness of all aspects of the service provided were reviewed and documented.

The provider had ensured that staffing arrangements were sufficient and available at all times to meet residents' needs in a timely manner. Staffing arrangements ensured that residents were able to enjoy planned activities of their choice and

achieve their goals. Staffing arrangements were subject to review by the person in charge to ensure that they met residents' assessed needs, especially in relation to the management of safeguarding concerns and implementing of positive behaviour management interventions.

The person in charge completed a range of management audits on the centre's practices, with the outcomes discussed at regular staff team meetings and any recommended changes to practices were updated. However, the provider's auditing arrangements had not ensured that documentation maintained at the centre was in compliance with the regulations such as the management of complaints.

The availability of staff training had improved since the last inspection; the provider had put arrangements in place which ensured that staff had received up-to-date mandatory and centre specific training. Staff who spoke with the inspector were knowledgeable about residents' needs, the provider's policies and practices at the centre, especially in relation to the management of behaviours that challenge and safeguarding concerns.

Following the centre's previous inspection, the provider had improved their risk management practices and ensured that procedures were in place to effectively respond to adverse incidents which may occur. Staff were aware of risks identified at the centre and their associated interventions, as well as actions to be taken in the event of an emergency. The provider also had arrangements in place for the recording and analysis of accident and incidents, with the findings being discussed with staff and incorporated into risk management interventions.

Regulation 15: Staffing

The provider had ensured that an appropriate number of staff were employed, which enabled residents to participate in activities of their choice, achieve their personal goals and have their assessed needs met in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff had received up-to-date training in-line with its policies and procedures which ensured their practices reflected current developments in areas such as fire safety and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

The provider's governance arrangements ensured that residents were safe and supported with their assessed needs and personal goals. However, the provider and person in charge's monitoring systems had not effectively identified gaps in the quality of documentation and ensured compliance with all aspects of the regulations such as personal planning, fire safety and complaints management.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was subject to regular review, reflected the services and facilities provided at the centre and contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint and the provider ensured that all received complaints were recorded and investigated. However, the provider had not ensured that the complainant's satisfaction with the outcome of their complaint was documented.

Judgment: Substantially compliant

Quality and safety

During the course of the inspection, the inspector found that residents were happy with the support they received and supported in-line with their needs. Residents were involved in day-to-day decision making at the centre and were supported to enjoy activities which related to their personal interests and goals. However, improvements were required to ensure that all aspects of the service provided were subject to review to ensure their effectiveness.

The provider empowered residents to be involved in decisions on the running of the

centre. Residents made decisions on the premises' decor, the weekly menu and planned activities they wished to do during the week at weekly residents' meetings. Residents were aware of their right to make a complaint as well as the centre's health and safety practices, including what to do in the event of a fire.

Personal planning arrangements were comprehensive and guided staff on how to support each resident with their assessed needs. Residents were supported to be more informed about the care and support they received from staff through accessible personal plans. However, some accessible plans did not provide sufficient information about how residents would be supported on a daily basis as they only focused on their annual personal goals. Residents were actively involved and attended their annual personal plan review meetings; however, the provider did not ensure that the effectiveness of all aspects of the personal plan were being reviewed, with review meetings only focusing on residents' personal goal achievements.

Since the last inspection, risk management arrangements had improved at the centre. The provider had reviewed their risk policy to ensure that it provided clear guidance to staff on how to identify risks. Risk assessments were kept up-to-date, subject to regular review and reflected both staff knowledge and observed practices. Staff had received up-to-date training and were knowledgeable on the centre's risk management arrangements such as fire safety, behaviour management and safeguarding of vulnerable adults.

Residents accessed a range of activities both at Fiona House and in the local community which reflected their assessed needs and interests. Residents told the inspector that they attended leisure facilities in the town as well as being supported by staff to do personal shopping, attend music concerts and have meals out in local public houses and restaurants. The provider ensured that residents had access to day services in-line with their individual needs, with some residents participating in work placements.

Since the last inspection, the provider had made improvements to the arrangements for supporting residents to communicate their needs in their preferred method of choice. Staff understood residents' communication needs and had received training in the use of sign language. In addition, residents had access to communication aids and were supported by staff to use these to express their needs and choices.

The provider had reviewed the available communal facilities at the centre since the last inspection in relation to residents' needs. As a result, the provider had converted an unused bedroom into an additional sitting room area. Staff told the inspector that as well as providing residents with a private space to meet visitors, the extra sitting room had reduced the number of incidents of challenging behaviour as it offered an additional space for residents to enjoy television or relax away from peers.

Regulation 10: Communication

Residents were supported to express their communicate their needs in their preferred method of choice which included including access to assistive technology.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to actively participate in the local community through work placements and a range of activities which reflected their personal goals and interests.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were well-maintained and decorated to a high standard which reflected residents' choices. The design and layout of the centre ensured that all areas were accessible to residents and met their assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management arrangements ensured potential areas of concern were identified and measures put in place to keep residents safe from harm such as the possible risk of scalding or burns when using cooking appliances.

Judgment: Compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety arrangements and equipment were in place at the centre and both residents and staff were involved in regular fire evacuation drills. However, the provider had not ensured that the effectiveness of the centre's fire evacuation plan had been assessed under all circumstances such as minimal staffing levels.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre's medication practices were in-line with the provider's policies, with medication being securely stored and administered by suitably qualified staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive and reflected residents' assessed needs and staff knowledge. However, the provider had not ensured that all residents had an accessible personal plan which informed them of the support they would receive to meet their assessed needs.

Residents participated in their annual personal plan review meetings; however, meetings focused on residents' personal goals and did not assess the effectiveness of all aspects of the plan to meet the resident's needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access healthcare professionals as and when required, which ensured that they maintained a good quality of health in-line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were supported with behaviour that challenges, the provider had ensured that behaviour management plans were in place which supported both the individual and ensured that other residents were kept safe from harm. Staff were knowledgeable on residents' behaviour support plans and had received up-to-date training to ensure the support provided was in accordance with current practice developments.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from the risk of abuse and where incidents of this nature had occurred, actions had been taken to reduce further incidents in-line with the provider's policy. Staff were knowledgeable on safeguarding interventions to support residents and had received up-to-date training on the safeguarding of residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had an active role in decision making at the centre such as the premises' decoration, weekly menus and social activities. The provider ensured that residents were made aware of their personal rights and information was available on how to make a complaint and access advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| 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 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially 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-0021070

Date of inspection: 12/03/2018

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 |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fiona House have a statement of purpose that is reviewed yearly or as needed ie if there is a change in the person in Charge before the next scheduled review date. This is available to residents, families and the public. There is a copy available in the sitting room of the house to view. The statement of purpose provides the details of the service and how it will deliver this service to its residents.</p> <p>There is a management structure in place and displayed in the office which shows who is the Provider Nominee, Person in Charge and Supervisor. When the Person in Charge is off for more than 28 days a NF30 is filled out and sent to the Health Information and Quality Authority appointing a new Person in Charge. Roles within the service are clearly outlined and displayed for example the First aid trained staff, Fire officers and Health and safety rep. When the designated officer is on holidays he/she will appointment another designated officer to be available during that time.</p> <p>The service has a safety statement in place that is reviewed regularly; there are also robust risk assessments both for the house and also individual ones to reduce risk of injury to residents and staff, these are reviewed yearly or sooner if required, should a new risk be identified then a risk assessment will be carried out and controls put in place.</p> <p>The service has policy and procedures in place. Behaviour support plans are developed with a psychologist for those residents that require one.</p> <p>Safeguarding plans are in place again for residents that require a plan, these plans are approved by the safeguarding team. These plans are reviewed by the PIC and updates where necessary.</p> <p>The service is subject to 6 monthly unannounced visits by a member of the board These visits look at the quality of care and support delivered to the residents. These reviews highlight areas where improvements could be made or need to be made. These reports are kept in the unit for anyone that wants to see them. These reports are then reviewed by the Provider.</p> | |

Staff have received training in all mandatory training and receive refresher training as required. Any extra training that is deemed necessary for our service ie Buccolam training will be sought and delivered so that all staff are free to take residents with epilepsy on outings. Staff that are not trained in safe medication management do not administer medication. Staff carry out bi weekly medication audits to ensure any errors are picked up in a timely manner. All medication errors are brought to the line manager's attention and acted upon according to policy. All errors are reviewed by the medication trainer. When new staff are recruited they will be taken through an induction and probation period. Staff are garda vetted before commencing employment. Person in Charge supports the staff team by carrying out regular support meetings with each member of staff to discuss training, incidents, professional development and emotional support if required. The staff team meets monthly for a team meeting where resident issues, house issues and further plans are discussed; actions that come out of this meeting are completed before the next meeting. Staff are encouraged as a team to decide on an appropriate plan of action for any concerns of safety or quality that may arise. These actions are then reviewed at the next team meeting.

Improvement

The Provider Nominee will carry out annual review of the quality and safety of care and support. The Provider will ensure that the annual review will be completed on the premises within a timely fashion and that the report will be available in the service to view and made available to those whom the review is concerning.

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| Regulation 34: Complaints procedure | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

All residents have an accessible complaints procedure in their file. This outlines who they can complain to and who is the complaints officer. There is also a copy available in the sitting room. Although a resident may not state they want to make a complaint staff will assess if a person is unhappy with something and address it as a complaint if they deem it appropriate to do so. Staff assist a resident to file a complaint. Should a resident require an advocacy service staff support the resident to acquire an advocate. The advocacy number is displayed within the service on the wall. Staff make residents aware of this service through residents meetings.

All complaints are listened too and investigated by a member of staff. If a staff member is the subject of the complaint they do not investigate the complaint. Complaints are dealt with in a timely manner. After the complaint is investigated staffs inform residents of the outcome where applicable. They are informed of the appeals process. The PIC reviews all complaints and discuss at the team meetings. The PIC informs the Provider nominee about any complaints made.

Improvements

Update the complaints investigation form to capture their level of satisfaction with the outcome. If the person is not satisfied then the complaint will move on to the next stage till a satisfactory

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| outcome is achieved. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The service is supplied with adequate firefighting equipment which is serviced annually.</p> <p>The service has fire doors throughout. There are daily fire checks completed which include checking if any faults are registering on the fire panel, that all doors, emergency lighting call point testing and alarm bells are operational.</p> <p>PIC ensures that smoke and heat detectors are serviced quarterly. Staff ensures that emergency lighting is serviced also every quarter. Any faults that arise are fixed in a timely manner. All certification of services are available to view and inspect. Staff carry out regular drills with residents. These are both day and night time drills. A support plan is in place to address problems with one resident. All residents have been trained on how to evacuate safely to an assembly point. Staff receive fire safety training yearly and this includes use of firefighting equipment. All training records and certificates are available in each staff member's folders to view. All emergency exits are clearly marked in the service. Residents have personal fire evacuation plans in place and these are reviewed yearly or as needed. These plans outline any additional supports a resident may need to evacuate safely. The service has an emergency bag located at the front of the building that includes first aid box if required and other supplies that may be needed in the event of a real evacuation. There are accessible fire evacuation procedures displayed at exits to guide residents. There is a floor plan at the front door that also includes an image of each resident and where their bedroom is. Any problems that arise from a practice drill will be reported to PIC who addresses concerns in a prompt manner. Residents that require some extra help have a social story explaining what to do during a drill.</p> <p><u>Improvements</u></p> <p>An annual planner of fire drills has been developed and dates chosen for evacuation drills throughout the year. This plan takes account of differing staff ratios as well as resident numbers. The PIC reviews the outcome and address and concerns that may arise. A risk assessment will be drafted as required.</p> | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Each resident has an assessment of needs that details their abilities and what health and education needs they may need. Each year these Assessments' are reviewed by the team. Residents have robust care and support plans in place that detail their care needs these plans are reviewed every 3 months or as needed if sooner.</p> <p>Residents are centrally involved in developing their personal care plan. Residents are present for their review and encouraged to be actively involved. Those residents that can express who they would like at their review can invite who they wish to have. Plans express what is important to each resident, the support they require, preferences and skill set as relevant to the individual. The previous year's PCP is reviewed and evaluated as to how far the resident has come in that year, their achievement or obstacles that they met. An action plan will be developed at this meeting.</p> | |

This action plan will establish who is responsible for helping achieve each action and when these actions are completed by. This will support the resident to work towards their goals.

Improvements

Plans will reflect the communication needs of each resident as per their assessment of need. Submission deadlines of personal plans have been amended to reflect best practice. Audits of personal plans are conducted annually.

Review meetings will reflect all aspects of the plan.

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 | 31.06.18 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 01.05.18 |
| Regulation 34(2)(f) | The registered provider shall ensure that the nominated person maintains a record of all complaints | Substantially Compliant | Yellow | 13.03.18 |

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| | including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied. | | | |
| Regulation 05(5) | The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative. | Substantially Compliant | Yellow | 03.05.18 |
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan. | Substantially Compliant | Yellow | 01.08. 2018. |

