



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

Issued by the Chief Inspector

Name of designated centre:	Fiona House
Name of provider:	Little Angels Association Letterkenny
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	02 December 2019
Centre ID:	OSV-0003924
Fieldwork ID:	MON-0022550

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.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
02 December 2019	09:20hrs to 18:05hrs	Stevan Orme	Lead

Views of people who use the service

During the course of the inspection, the inspector had the opportunity to meet all six residents who live at Fiona House. However, only five of the residents were able to tell the inspector about what it was like to live at the centre. In addition, residents had all been supported to complete a questionnaire on the care and support they received at Fiona House which were reviewed by the inspector as part of the inspection.

Residents told the inspector that they liked living at Fiona House and had no complaints about the care and support they received. Residents told the inspector that they were well cared by staff, and that staff were always available to help them with their day-to-day needs and to access the local community. Residents also spoke about goals they were working towards, and again spoke about how staff helped them to achieve their goals, which included in some circumstances support to take positive risks which lead to them becoming more independent in their daily lives.

Staff were observed to interact with residents in a very person centred manner and sensitive manner throughout the inspection. The inspector observed that both residents and staff got on well with each other, and enjoyed sharing a joke and discussing the day's activities which lead to a very homely atmosphere at the centre.

Capacity and capability

Governance and management arrangements at Fiona House had been further developed and improved upon following the previous inspection in March 2018. Implemented changes ensured that residents received a good standard of care and support which was in accordance with their assessed needs. The inspector found that residents' needs were supported in a person centred manner which ensured that they were kept safe from harm, assisted where required in all aspects of their daily lives and supported to engage in positive risk-taking to further their independence.

Governance arrangements ensured that staffing at the centre was both flexible and responsive in nature, and was directed by both residents' individual needs and occupancy levels at the centre on a weekly basis. For example, dependent on residents' needs during the week either a sleep over and waking night arrangements was put in place at night-time or a double sleep over staffing arrangement. Furthermore, up to three staff members were available when residents were not at their day services to facilitate community activities and support their assessed needs. In addition, the person in charge was aware of residents' long and short-

term support requirements associated with ageing or possible health interventions and was proactively meeting with funders to discuss how appropriate staffing arrangements could be put in place. Residents told the inspector that there was always enough staff to ensure that they got to do their planned weekly activities, and spoke about sporting and social activities they were involved in.

Fiona House has a defined management structure with clear lines of accountability. Following their last inspection, there had been a change in the person in charge, however; the new person in charge had been appointed from within the centre's staff team and was very knowledgeable on the needs of all residents at the centre. The person in charge was based full-time at the centre and in addition to management responsibilities also undertook direct care shifts during their working week. The inspector observed during the inspection that residents got on well with the person in charge, and spoke positively about their relationship with her.

Following the last inspection of the centre, the provider and person in charge had reviewed the effectiveness of audits on practices carried out at the centre. The inspector found that the schedule of audits carried out by both the provider, person in charge and staff members were robust in nature and looked at all aspects of service delivery. The provider also ensured that audits required under the regulations every six months were undertaken by either the provider's representative or a board member, with the outcomes from these audits feeding into the centre's annual review of care and support provided. Where audits had identified areas for improvement, the inspector found that action plans had been put in place with set objectives being completed in a timely manner and within agreed deadlines. However, although audits ensured the care and support provided to residents was to a good standard, the provider had not ensured that policies required under schedule 5 of the regulations were subject to review every three years, with some policies being out of date by over 12 months.

Staff spoken with as part of the inspection were very knowledgeable on the assessed needs of residents and were person centred in their approach to the care and support provided at the centre. Throughout the inspection, staff were observed supporting residents in a very dignified and sensitive manner. It was evident throughout the inspection that both residents and staff had a genuine affection for each other which lead to a very homely feel to the centre.

Staff knowledge was further built upon through regular access to training opportunities, with records showing that staff training was updated regularly to ensure it reflected current development in health and social care practices. Staff further told the inspector, that both the person in charge and provider were supportive in them having access to additional training which was both beneficial to them and the overall service delivery at the centre.

Staff also attended regular team meetings chaired by the person in charge which looked at all aspects of the care and support provided to residents as well as the day-to-day management of the centre. Staff told the inspector that they were able to raise concerns or seek clarity through these meetings and the

meetings ensured the effectiveness of care provided to residents. In addition, staff told the inspector that they also had regular one-to-one supervision meetings with the person in charge, which gave them further opportunities to talk about any concerns they had, seek clarity and identify areas for their own personal career development.

Clear and robust risk management arrangements were in place at the centre which ensured that residents were protected from harm and associated staff practices were effective and up-to-date. Where risks had been identified at the centre, they had been fully assessed, with responsive control measures being put in place to mitigate against any adverse effects. In addition, clear arrangements were in place for both the management and reporting of accidents and incidents including 'near misses'. Records showed that appropriate actions had been implemented following events of this nature, and any shared learning was devolved to staff through the regular staff meetings.

Regulation 14: Persons in charge

The person in charge was both suitably experienced and qualified to undertake their roles and responsibilities at the centre. In addition, they were actively involved in the direct care and support of residents and was knowledgeable about their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in place at the centre were responsive to residents' individual needs and ensured they were supported to achieve their personal goals, be protected from identified risks and undertake positive risk-taking in their daily lives.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training opportunities on a regular basis which ensured they were suitably skilled to support residents' assessed needs and that their practice reflected current health and social care developments.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements at the centre had been reviewed since the last inspection. Improvements ensured that the centre had a robust governance structure with clear lines of accountability, as well as a range of management audits which reviewed all aspects of the centre's practices to ensure they effectively meet residents' assessed needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's 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 31: Notification of incidents

The provider and person in charge ensured that all required notifications under the regulations were submitted to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Following the last inspection, the provider had reviewed its complaints management arrangements to ensure they recorded the complainant's satisfaction with the outcome of their concern. In addition, residents were knowledgeable on how to make a complaint about the care they received, with residents' rights being further promoted through the availability of easy read information and access to advocacy services.

Judgment: Compliant

Regulation 4: Written policies and procedures

Staff had access to policies required under Schedule 5 of the regulations; however, the provider had not ensured that arrangements were in place to review said policies every three years, with some policies being out of date by over 12 months.

Judgment: Not compliant

Quality and safety

Residents at Fiona House received a good standard of care and support which met their assessed needs. Throughout the inspection, the inspector observed that residents' needs were supported in a person centred manner, with residents being supported to make every day decisions and participate in activities of their choice.

Care and support arrangements further ensured that residents were kept safe from harm, but also supported to undertake positive risk-taking and achieve their personal goals.

Since the previous inspection at the centre, the provider had ensured that residents' personal planning arrangements had been reviewed and improved upon. Staff were comprehensively guided on how to support residents' assessed needs by up-to-date personal plans which reflected all aspects of their daily lives. Where changes to support needs had been identified, the inspector found that plans had been amended accordingly and staff knowledge reflected said changes. Arrangements were in place to review residents' progress in achieving their personal goals with regular meetings taking place with them as well as family members, day service staff and associated multidisciplinary professionals such as psychologists.

The provider had also since the last inspection, introduced easy read personal plans which used plain English and photographs to reflect how the resident wished to be supported with their assessed needs.

In addition, the provider had put measures in place since the last inspection which ensured that all aspects of residents' personal plans were reviewed annually with both the resident and significant others to ensure it was effective in meeting their needs. Residents' goals were both recreational and developmental in nature with residents working towards accessing the community more frequently and increasing their skills and abilities through educational initiatives such as literacy classes. Residents told the inspector about day services they attended during the week, as well as some residents being engaged in employment and speaking with pride about their jobs. One resident also spoke enthusiastically about how staff had supported them to take more positive risks, which included them walking to

work independently and planning to fly on their own to visit relatives for Christmas in the United Kingdom.

In addition, to their personal goals, residents told the inspector about the variety of social activities they did both in the evening time and at weekends. Residents said that staff were always available to support them to achieve their plans, with records sampled reflecting conversations with residents about going to local public houses, cafes, bowling alleys and cinemas for example. One resident spoke about the sports team they were a member of and proudly showed the inspector photographs and medals they had been awarded. Residents also spoke about music concerts they had attended and plans to go to a country music concert in the coming weeks which they were excited about. From discussions with both residents and staff, it was evident that residents participated fully in their local community and were supported to enjoy a range of activities in line with their personal preferences and interests.

Residents were also encouraged to make decisions about the day-to-day running of the centre itself, through their participation in regular house meetings. Residents told the inspector that through these meetings they were able to express their opinions on social activities, house rules and planned redecoration works to the centre. Residents also told the inspector about how they would express their dissatisfaction with the care and support if it occurred through the centre's complaints policy. Residents told the inspector that they were happy living at Fiona House, but if they were upset they would be comfortable in speaking with any staff member or the person in charge. The provider also ensured that residents were aware of their right to make a complaint through access to an easy read complaints policy as well as information on advocacy services being displayed in the centre's communal areas.

Fire safety arrangements had been further developed upon at the centre since the last inspection. The provider had ensured that suitable fire safety equipment was in place throughout the centre, which was regularly checked by staff and external contractors to ensure its effectiveness in the event of fire. Furthermore, each resident had a 'personal evacuation plan' which clearly guided staff on what supports they required in the event of a fire. Staff had also put effective measures in place since the last inspection to ensure that all residents were able to evacuate the centre upon hearing the fire alarm. These measures had reduced one resident's related anxiety and fire drill records showed that they were now consistently able to evacuate in a timely and safe manner. The provider had also ensured that fire drills were conducted under all circumstances including minimal staffing arrangements to ensure their ongoing effectiveness.

The design and layout of Fiona House met the assessed needs of residents living at the centre. Residents had access to a range of communal facilities which included two sitting rooms, which facilitated residents to have personal private space away from their peers if needed. Residents enthusiastically showed the inspector their bedrooms during the inspection, which were decorated in line with their personal tastes and interests, with one resident saying that they might redecorate their room in the New Year with staff support. Residents also told the inspector about how they had spent the weekend prior to the inspection, putting up decorations and getting

the house ready for Christmas.

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, homely in nature, decorated to a good standard and met residents' assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

The provider had developed a residents' guide which contained all information required in the regulations and informed residents of their rights while living at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Governance and management arrangements ensured that risks to residents' safety were identified and appropriate control measures implemented. Furthermore, risk interventions were subject to regular review to ensure they were effective in nature and protected residents.

Judgment: Compliant

Regulation 27: Protection against infection

Arrangements were in place at the centre to safeguard residents from the spread of infection. Furthermore, staff had received up-to-date training in this area to ensure that their practices were in line with current health and social care development.

Judgment: Compliant

Regulation 28: Fire precautions

Following the centre's last inspection, the provider had undertaken improvements to the fire safety measures across the centre to ensure their effectiveness. Residents were regularly involved in fire drills which ensured that they were familiar with what to do in an emergency and ensured the ongoing effectiveness of agreed procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration arrangements at the centre were robust in nature and ensured that residents received their medication as prescribed by suitably qualified staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were up-to-date and clearly guided staff on how to support individuals' assessed needs. The provider following the last inspection, had further improved upon review arrangements for residents' personal plans, ensuring that they were subject to an annual review into their effectiveness which was attended by the resident, family members and associated multidisciplinary professionals.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access health care professionals as and when required.

In addition, personal plans included health supports plans which were updated to reflect health professionals' recommendations and to ensure a consistency of approach to residents' needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviours that challenge, the provider ensured that positive behaviour support plans were in place to guide staff on how to effectively support the person and reduce any risk to others. Staff also had access to behaviour management training opportunities, which ensured their practices were in-line with current developments in health and social care.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements in place at the centre ensured that residents were protected from possible harm and regular training opportunities kept staff knowledge up-to-date and in-line with current developments in health and social care practices.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to be actively engage in making decisions about the day-to-day running of the centre through their participation in residents' meetings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fiona House OSV-0003924

Inspection ID: MON-0022550

Date of inspection: 02/12/2019

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 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Management Committee have reviewed all out of date policies and all policies were passed, printed and available to staff by 20.12.19.</p> <p>The management committee has agreed that they will review a few policies each month before their review date so that all are reviewed and adopted by time of renewal. Any policies that require updating sooner will be brought to the committees attention by the PIC as needed. A renewal schedule of all policies will be drawn up and this list will be made available to all committee members by 20.12.19 to be reviewed at each committee meeting.</p>	

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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	20/12/2019