

**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 Ltd
Centre ID:	ORG-0011290
Centre county:	Co. Dublin
Email address:	anneenglish@prosperfingal.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Prosper Fingal Ltd
Provider Nominee:	Pat Reen
Person in charge:	Anne English
Lead inspector:	Michael Keating
Support inspector(s):	None
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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 April 2014 12:00 To: 15 April 2014 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this community based residential centre by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to assess the level of compliance with the Health Act 2007(Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

This centre forms part of Prosper Fingal Ltd. a provider of services to people with disabilities in North Co. Dublin. The centre provides respite services with the aim of providing a short term safe and comfortable home like environment. The centre places an emphasis on developing capacity and assessing the needs and supports required to enable service users to live more independently.

Prior to the inspection the Authority was in receipt of unsolicited information relating to the management of medication for people availing of Prosper Fingal's respite services. This issue was highlighted with the provider, person in charge and other senior members of the organisations management team. The providers response was deemed adequate and the proposed additional actions to remind families of the policy relating to transporting medication to and from the centre is detailed further in this report under Outcome 12: Medication Management.

Overall the centre was found to be in full compliance with five of the eight outcomes inspected against. These included the areas of meeting the health care needs of residents, suitability of the workforce, and meeting the social care needs and

supports of all residents. Areas of non compliance were identified in the areas of governance and management, medication management and in relation to the updating of organisational health and safety policies.

The Action Plan at the end of the report reflect the outcomes not met in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Judgement:
Compliant

Findings:
Overall it was found that each resident's wellbeing and welfare was maintained by a high standard of evidence based care and support. Each resident was provided opportunities to participate in meaningful activities, appropriate to their interests and preferences. There was evidence that each resident was actively involved in their personal planning process which had identified their individual needs and choices.

In general, reflective of the aims and objectives of the respite service, residents stayed in the centre on a rotational basis. All residents used the day services of the broader organisation and their personal plans had been developed in their day services. The admission criterion for this centre referred to people with mild to moderate disabilities with the potential capacity to live a home life with low support. The individual planning in place focused upon day to day living skills and tasks such as meal preparation, personal care, household chores, safety, decision making, using public transport and money management. Each resident's personal plan contained an evaluation of independent living skills in these areas with progress clearly recorded in each area.

Personal plans were created in an accessible format, with plans provided in pictorial formats using either computerised software or by using photographs of the individual themselves completing the various stages of a task. Additionally, some residents had

written their own plans and examples of this included recipe books that had been written in the residents own handwriting, supported with pictures, and another resident who had typed up their own plan, and discussed this in detail with the inspector.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Minor

Findings:

In general the inspector found that the health and safety of residents, visitors and staff was promoted and protected. There was an up-to-date safety statement in place and the risk management policy was implemented throughout the centre. The fire safety management procedures were robust and there were arrangements in place for investigating and learning from incidents and accidents involving residents or staff. Staff were all trained in manual handling and personal handling plans were in place as required. However, some improvement was required in relation to keeping policies up-to-date and ensuring staff and residents were clear on the arrangements in place for responding to emergencies.

A number of policies read by the inspector were out of date or needed to be revised. This included the 'Business Continuity Management Policy' which outlined the emergency response procedures in relation to areas such as outbreak of infection, fire, power outage, missing person and accidental death. This organisation policy was not localised as directed in the policy itself, for example throughout the policy it referred to the need to 'insert local information' however, this had not been carried out. In addition there was no reference to their regulatory responsibilities in relation to notifying the authority should any of the incidents referred to occur. Staff were not aware of this policy. However, the person in charge had an operations folder in place with key information summarised in relation to most of these areas. Other policies identified as being out of date included the policy on providing personal and intimate care (revision date: Dec 2011) and the policy on responding to a service user getting lost or going missing (revision date: Dec 2012).

There was a centre specific fire evacuation plan in place and staff and residents were familiar with the evacuation procedures. Each resident had an individual evacuation plan in place which took into consideration the residents understanding of their mobility. There had been frequent evacuation drills carried out with a total of four recorded in 2014. Consideration had also been given to the evacuation of residents when they were in bed, with two drills recorded in the last two months when residents were in bedrooms at the time of the drill. All these evacuation reports were read by the inspector, and all evacuations were prompt and without significant issue. A recent review of fire safety in the centre had been carried out by an external fire consultant with recommendations

made and acted upon. The fire safety equipment had been serviced annually, and there was a weekly check list which was signed by staff checking escape routes, fire extinguishers, and the fire alarm panel.

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

Judgement:

Compliant

Findings:

Generally it was found that there were measures in place to protect residents from abuse and keep them safe. All staff had received training in safeguarding vulnerable adults in recent months and were knowledgeable on what constitutes abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse.

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, or needed particular support. The person in charge confirmed that there were no restrictive practices operating within the centre. Individual intimate care plans were developed for each resident which gave consideration to promoting knowledge, self-awareness, understanding and skills needed in relation to self care and protection.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The inspector found that residents were supported to access health care services relevant to their needs. The inspector reviewed a number of personal care plans

containing medical information and found that residents had access to a General Practitioner (GP) within the community. There was evidence that residents had accessed to other health professionals such as dietician, speech and language therapists and were supported as required by staff and/or family members.

There were comprehensive health care plans for each resident which were being reviewed as required. Complex health care plans were also read by the inspector in relation to individual needs in areas such as combating loneliness, epilepsy, mobility, dementia screening and bereavement support.

Residents decided what they wanted for their main meal in the centre and resident meetings took place on a weekly basis to decide upon the menu. Pictures were used to support residents' decision making, and a pictorial roster was used to display the menu for the week. Staff had all received training in food safety and support residents to cook meals in the centre. Staff informed the inspector that one or more resident would always support staff to prepare the evening meal, and there was evidence of this provided on the weekly menu plan with a photograph of the resident who chose the meal and helped prepare it provided. Clear guidance at an individual level was provided to residents in relation to the assistance required in relation to food preparation, reflecting to choices and wishes of individuals. A clear progression in learning and ability was documented within each residents care plan.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Minor

Findings:

There were clear policies and procedures in place to guide staff and residents in relation to the management of medication. These operational policies provided clear guidance on the ordering, prescribing and administration of medicines to residents. Staff working in the centre were qualified social care workers and had been provided with additional training relating to the safe administration of medication. This training includes a competence assessment which was read by the inspector. This training was refreshed ever two years or more often if there was a change in the support needs of the residents. For example, one resident used a nebuliser and staff had received specific training into how to use this type of administration of medication.

There was improvement required in relation to the prescribing sheet in that in some cases, the prescribed dose of medication had not been documented.

Unsolicited information was received by the Authority prior to this inspection. This related to medication administration policy and administration practice within Prosper Fingal's respite services. Specifically, to ensuring that prescribing sheets had been filled in and signed by GP's as per the policy. In relation to this information it was found that there was a policy in place relating to transporting medication to and from the organisations respite centres, and the subsequent recording of the receipt of information. This policy was operating since 2008 and the person in charge as well as other persons in position of management described how families were reminded of the policy. The person in charge also provided the inspector with a copy of a brochure that had been developed to explain the policy more clearly to families and to promote best practice in relation to medication management. Letters had also been provided to families, a copy of which was shown to the inspector. The provider and person in charge identified that due to this additional information they would send out a communication in relation to this policy again, to remind all families. They also stated that they planned to highlight this at the parents forum.

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

Judgement:

Compliant

Findings:

There was a written statement of purpose which accurately described the service to be provided and contained all of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The services and facilities as outlined in the statement of purpose, and the manner in which care is provided, reflected the diverse needs of the residents. The statement of purpose had been provided to residents, and was on display in the centre. Efforts were ongoing to provide the document in an accessible format to all users of the respite service.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector found that the management structure was unclear and there was a lack of clarity in relation to the governance structure within the centre. The person in charge was responsible for three designated centres comprising of four separate premises, residents and staff spoken with were not clear and did not know when she would be present in this centre. The staff identify with another person in a position of management as being the person in charge, and this was the person they contacted if they needed advice or support. This manager had been providing assistance to the person in charge, and had been managing the day to day running of the respite centre.

The inspector was informed that this manager would no longer be running the centre from July 2014. The proposed person in charge would then be taking over the full operational management of the centre. Neither the person currently managing the centre, or the person in charge were identified on the centre roster. In these regards the operational management process was not clear, as it was not possible for the inspector to establish how the person in charge would be engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The proposed person in charge was deemed to be suitably qualified and experienced. She demonstrated good knowledge of all the residents, and the residents could clearly identify with her, and were very relaxed and comfortable in her company. The person in charge demonstrates clear knowledge of her responsibilities under the Regulations. She had also developed a comprehensive contract of care which was close to completion and would be provided to all residents in the coming weeks.

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

Judgement:

Compliant

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. It was deemed that staffing levels, skills and qualifications were appropriate to meet the assessed needs of residents taking into account the statement of purpose and size and layout of the premises.

Staff files were reviewed and contained all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. Staff had up-to-date mandatory training as well as access to additional training to meet individual support needs in areas such as person centred planning, first aid, management of diabetes and the administration of emergency medication in the event of prolonged epileptic seizure.

Staff spoke very knowledgeable about residents and were observed to be professional and competent in their role. Staff spoken with stated they were provided with adequate support and met with their manager on a monthly basis.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during 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 Ltd
Centre ID:	ORG-0011290
Date of Inspection:	15 April 2014
Date of response:	2 May 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

The policy in relation to missing persons required review and update.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The policy in relation to missing persons will be reviewed and updated.

Proposed Timescale: 31/07/2014

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

Theme: Effective Services

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

The policy relating to responding to emergencies was not centre specific and required update.

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 policy will be reviewed to reflect centre specific emergencies, and will be included in the local operational procedures folder.

Proposed Timescale: 31/07/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The prescribed dosage of medication was not written on the prescribing sheet in all circumstances.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- A letter will be sent by the Provider to all General Practitioners accessed by service users, explaining that it is essential that the Prescription Sheet is completed entirely and accurately.
- A letter will be sent by the Provider to all families / carers outlining the critical importance of ensuring that the Prescription Sheet is correctly completed prior to any respite stay.
- An updated version of the Prosper Fingal Medication Management Leaflet (2010) for service users and their parents / carers will be circulated to all families

Proposed Timescale: 23/05/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

It was not possible to establish how the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The name of the person in charge and / or acting manager, outlining their hours of work and schedule for centre visits / meetings, will appear on the duty roster.

Proposed Timescale: 02/05/2014