Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Unannounced
Date of inspection:	17 August 2021
Centre ID:	OSV-0003924
Fieldwork ID:	MON-0029710

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 care for two residents and a shared-care arrangement for four residents. 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:	2

How we inspect

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
Tuesday 17 August 2021	09:30hrs to 15:50hrs	Angela McCormack	Lead
Tuesday 17 August 2021	09:30hrs to 15:50hrs	Úna McDermott	Support

What residents told us and what inspectors observed

Inspectors found that residents who received care in Fiona House were provided with person-centred care, where their choices and rights were respected. Observations and discussions with residents and staff on the day, indicated that residents were happy in the centre and that they were supported to make choices about their lives.

The person in charge told inspectors that the number of residents staying at the designated centre had reduced during the COVID-19 pandemic as some residents had chosen to remain at home with families at this time. There were two residents availing of care on the day of inspection and inspectors got the opportunity to meet and speak with one resident, while adhering to the public health guidance of the wearing of face masks and social distancing. In addition, inspectors met and spoke with three staff members who were working on the day. Staff spoken with appeared knowledgeable about residents' individual needs, and interactions between staff and residents were observed to be caring and respectful. There was one support worker on duty and two more support workers arrived later in the morning. One resident was reported to be having a sleep in and staff were observed to respect this by speaking quietly when near the bedroom. When interacting with the resident throughout the day, staff were found to be caring, supportive and interested in the resident's wishes.

Inspectors met with one resident throughout the day.The resident spoke with inspectors about hobbies and interests that they enjoyed, and about what they had planned to do later. They spoke about some of their sporting achievements and appeared happy to show inspectors a number of medals that they had won. The resident told the inspectors that the decision to go on a particular outing that day may change depending upon the weather, and this demonstrated that the resident had opportunities to make choices and decisions about their day. The resident described a 'love' of living at Fiona House and how the staff were 'very good'. They spoke about COVID-19 and said that they were missing their part-time work, but understood why this was not occurring at this time. The resident was observed to be independently going for a walk, going shopping with staff and relaxing in their bedroom throughout the day.

This designated centre was located in a residential area and was within walking distance of shops, parks and community facilities. The entrance hall of the designated centre was spacious and led towards a bright spacious kitchen and dining room. There were two separate sitting areas for residents to use which were comfortably decorated. Inspectors observed family pictures on the mantelpiece and a colourful tapestry and art work was displayed on the walls. Tomato plants were in pots near the back door. There was a large elevated garden at the back of the house with open access on both sides to the front entrance. A level access paved area at the side was furnished with a table and chairs and a swing ball set and a basketball hoop were available for residents use. The footpath continued around the

perimeter of the property and vegetables were growing in raised beds at the top of the garden. One resident invited an inspector to view their bedroom. It was spacious, personally decorated and equipped with a television, DVD and CD players. There was private access from the bedroom to the side of the house. The resident explained that this was how to leave if the fire alarm sounded.

A review of documentation indicated that residents' meetings occurred regularly where a range of topics were discussed such as; planned outings, plans to watch mass online and agreeing dates for celebratory dinners. There was evidence of written minutes and easy-to-read visual minutes for residents' use. In addition, opportunities for family contact and interaction with neighbours in the community appeared well supported.

Overall, Fiona House was observed to have a homely, welcoming atmosphere. The resident that the inspector met with was observed to be comfortable and happy in the centre and with staff supports given. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, inspectors found that Fiona house had arrangements in place to promote the safety and welfare of residents, and to ensure that person-centred care was provided. However, improvements were required in the provider unannounced audits, in the management of risk and ensuring that residents' assessments for the self-administration of medicines were reviewed. Improvements in these areas would enhance the overall quality and safety of care.

A review of policies and procedures as required under Schedule 5 of the regulations was completed with relevant documentation found to be in place, available for review and up-to-date. This was an action from the previous inspection, and this was found to be completed.

Inspectors observed sufficient numbers of staff on duty on the day of inspection to meet the needs of residents. The staff rota was reflective of what was being worked on the day, and an easy-to-read rota was available for residents. The person in charge explained that the rota was subject to change depending on the number of residents availing of care at the designated centre at any particular time. A regular relief staff member was available who was familiar with residents' support needs. This demonstrated consistency of care at this time. Inspectors spoke with three staff members during the inspection. One staff member described the centre as 'lovely here' with a team that are 'involved in the decision making'.

Staff had access to training as part of a continuous professional development programme. A training matrix was in place which included all mandatory training

requirements and refresher options. Some training events were delayed due to the impact of COVID-19 and where possible, there were short term plans in place to run these training events. In the case of one training event, this was scheduled to take place at the end of the month. Copies of the Health Act (as amended) 2007, and regulations were available in the centre for staff. The person in charge informed inspectors that support sessions with staff took place regularly, and there was evidence in staff files of meetings that occurred. Inspectors were informed that staff meetings took place every second month, and staff said that the person in charge was regularly available for support at any time, if required.

The provider ensured that an annual review of the service occurred each year, which provided for consultation with residents and their families. Improvements were required in the six-monthly visits by the provider to ensure that they were unannounced as required by the regulations, and that they took place within the correct time-frame. For example, the last provider audit took place in December 2020, and the person in charge spoke about how she was aware when these audits would occur. There were systems in place for regular internal audits to occur in the areas of medication management, health and safety and fire safety, as well as reviews of incidents that occurred. However, the management of risk required some improvements to ensure that current risks to the provision of service were appropriately assessed and managed. For example, the current person in charge was due to leave the following week and inspectors were informed that there was no suitable candidate at that time to be appointed. This created a risk of the centre not having a person in charge, and inspectors were informed that this risk had not been assessed. Subsequent to the inspection, inspectors spoke with the provider and requested assurances that this risk was being managed.

Overall, Fiona House was found to provide good quality, person-centred care to residents and the management team were responsive to the individual needs of residents. However, improvements in provider audits, oversight and monitoring by the management team and risk identification would enhance the overall quality of care provided.

Regulation 15: Staffing

The provider had adequate arrangements in place which ensured that sufficient staff were available to support the residents who lived at this centre. A sample of staff files were reviewed and were found to be in line with the Schedule 2 requirements of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to training as well as regular supervision meetings.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required in the provider unannounced audits to ensure that they were completed as required by the regulations. In addition, the monitoring and oversight of risk management required strengthening to ensure that all risks were managed within appropriate timeframes.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures were reviewed against Schedule 5 of the regulations and found to be in place and up-to-date.

Judgment: Compliant

Quality and safety

This centre provided a good quality and safe service which supported the care and welfare needs of residents. There was evidence of residents' involvement in decision making and the centre was found to promote the rights of residents. It was evident through observations on the day and through a documentation review that residents were consulted about the running of the house and about their day-to-day activities. However, improvements were required in the management of risk and oversight of medication assessments.

Residents had an individual assessments of needs completed and up-to-date. Person-centred plans were in place and were available in accessible formats in order to support residents' understanding. There was evidence of residents' participation in personal goal setting. For example; choosing goals, sending an email to family regarding this decision and ongoing updates via meeting with keyworkers. Up-to-date annual reviews were available that demonstrated involvement of residents, their key worker and their family. The individual healthcare needs of residents were assessed and supported. Residents were supported to access a range of allied

healthcare professionals, with evidence of access to chiropody, dental care, opticians, audiology and cardiology services.

Residents who required support with behaviours of concern had up-to-date support plans in place. There was evidence that support plans were reviewed with the relevant members of the multidisciplinary support team, and they provided comprehensive detail on the proactive and reactive strategies. Plans also referenced further support protocols to help support residents with anxiety related issues. A sample of restrictive practices were reviewed and found to be assessed in terms of the risks involved, and the impact of the restrictive practice on the resident to ensure that it was the least restrictive measure for the shortest duration.

Inspectors found that safeguarding of residents were supported through review of incidents that occurred, staff training and discussions at meetings. Staff spoken with were aware if what to do if a concern of abuse arose. One resident spoken with said that they are very happy in the centre and would go to staff if they had any issues or concerns. Residents' safety were promoted through comprehensive support plans, including intimate and personal care plans.

The provider ensured that there were systems in place for the prevention and control of infection. This included staff training, posters on display around the house about prevent infection transmission, use of personal protective equipment (PPE) and availability of hand sanitisers. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including up-to-date outbreak management plans, risk assessments and ongoing discussion with residents about the risks of COVID-19. One resident spoken with informed inspectors that they understood about COVID-19 and why 'lockdown' had occurred.

The provider ensured that there were arrangements in place for the ordering, storing and receipt of medications. There was an up-to-date policy and procedure in place and available for review. Staff spoken with were knowledgeable about residents' medication needs and the arrangements for safe storage and management of various medications. However, inspectors found that the assessments for residents to self-administer their own medication required review and updating, as they had not been completed annually as outlined in the organisation's procedures.

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. Risks that had been identified at service and resident level had been assessed and kept under regular review. While in general risks were identified and managed well, inspectors found that some risks relating to the continuity of care and service provision had not been assessed in line with the organisational procedures, and inspectors were not assured that effective control measures were in place. This related to the risk of the person in charge leaving their post, and also some staff training programmes for new staff, which inspectors were informed were not available at this time and could impact on the delivery of care to residents.

Overall, inspectors found that residents were supported with their individual needs,

and supports were provided to help residents' achieve their individual goals. Improvements in the management of risks that could impact on the quality of service provided, and reviews of medication assessments would further improve the quality of care provided to residents.

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and management of risk. While in general risks were identified and managed well, inspectors found that some risks had not been assessed in line with the organisational procedures. Inspectors spoke with the provider following the inspection, who assured them that they were currently assessing the risk relating to the future departure of the person in charge.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including up-to-date outbreak management plans and risk assessments.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider ensured that there were arrangements in place for the ordering, receipt and storage of medications. There was an up-to-date policy and procedure in place. However, inspectors found that the risk assessments for residents to self-administer their own medication required updating as they had not been completed annually as outlined in the organisation’s procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that residents had individual assessments and

personal plans in place that were subject to regular review. Residents were involved in their annual reviews and were supported to set goals for the future.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied healthcare professionals in order to meet their healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors found that residents who required supports with behaviours of concern and anxiety related behaviours had up-to-date support plans in place. A sample of restrictive practices reviewed indicated that the person in charge was ensuring that these were reviewed regularly to ensure that the least restrictive measure was being used for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that safeguarding of residents was promoted. Staff spoken with were aware if what to do if a concern of abuse arose. Resident spoken with said that they are very happy in the centre and would go to staff if they had any issues or concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote the rights of residents, with evidence of consultation with residents about the running of the centre and making decisions in their day-to-day lives. Residents' meeting notes demonstrated that consultation occurred with residents about a range of topics, such as activity planning and meal

choices.
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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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-0029710

Date of inspection: 17/08/2021

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Unannounced audits will be undertaken within the coming weeks and will be completed by 31.10.21	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk Management Procedures will be re-visited in September/October to assess the ongoing staffing needs of Fiona House. The Provider Nominee has conducted 3 days of interviewing over the past 3 weeks to ensure that sufficient staffing is available for Fiona House. A new PIC has been appointed and will take up a temporary 20 hour contract from 18th September 21 until 30th September 21. He will then commence permanent employment with Fiona House. The Provider Nominee has contacted the HSE to discuss future arrangements for Fiona House risk management procedures.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC reassessed each resident's ability to self-administer medication and a copy is in their file. A reminder has been added to the email calendar to review in 6 months and again in a years' time.	

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	31/10/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Substantially Compliant	Yellow	31/10/2021

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2021
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	14/09/2021