

**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-0008089
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):	Sheila McKevitt
Type of inspection	Announced
Number of residents on the date of inspection:	7
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: 27 February 2014 12:00 To: 27 February 2014 17:00

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 monitoring inspection of this respite service was the first inspection by the Health Information and Quality Authority (The Authority). The respite service is recognised as a designated centre in accordance with the Health Act 2007. As part of the inspection, inspectors met with residents and staff members. This designated centre is part of Prosper Fingal Ltd.

Prosper Fingal Ltd. is governed by a board of directors consisting of eight members, with Mr. Pat Reen as Director of Services. Mr. Reen is also the person nominated on behalf of the provider and will be referred to as provider throughout the report. Mr. Reen is supported in his role by the operations manager and other senior members of management. During discussions, the provider and management team demonstrated a commitment to providing a good quality service with clear reporting systems in place. However, some improvements were required to ensure that corporate policies were implemented at local level, for example local risk management policies and fire evacuation procedures.

Generally, inspectors found that residents received a good quality of service in the centre. Staff supported residents in making decisions and choices about their lives. The centre had a warm atmosphere and inspectors found that residents were comfortable and confident in telling the inspector about the service.

While there was evidence of good practice found across all outcomes, areas of non

compliance with the regulations were identified across six of the eight outcomes inspected against.

These non compliances are discussed in the body of the report and included in the action plan at the end of this report.

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:

Non Compliant - Moderate

Findings:

Inspectors reviewed a number of individual care plans and found that they were focused primarily on healthcare needs and did not provide adequate information on residents' specific social, emotional, participation needs, preferences and preferred routines.

The statement of purpose refers to the fact that each service user who avails of the respite service had a personal plan led by the individual and coordinated by their day service. However, there was no evidence of resident involvement in their personal plans within the centre, and respite staff were not aware of any goals or outcomes that residents were working towards within their day services.

The personal plans (folders) that were in place provided a lot of repetitive and somewhat conflicting information. There was a number of differing kinds of information and planning documents in each file, such as:

- service user information booklet for residential respite service
- service user information update
- psychological reports (dated 2005)
- support plan
- service user profile

These reports reflected historical practice in many cases. For example, some reports referred to medication that residents were no longer taking or behaviours which were reported by staff to inspectors that was no longer an issue for the resident concerned.

In the weeks prior to inspection, all staff working in the centre had been provided with training on personal planning, with an emphasis on planning within respite centres. The person in charge as well as the provider informed inspectors that this was done in

recognition of identified weakness in this area and that this training would be reflected in the personal planning and associated documentation for each resident.

There was evidence provided to inspectors demonstrating how residents were involved in choosing to stay in the respite centre. Generally all residents stay for one week. All residents who use the service are on a breakaway from their family home. The person in charge explained to inspectors how a week's respite was offered to each of the organisations five day services on a rotating basis. Staff in day services then work with service users and their families in determining need and prioritising individuals to avail of respite services. Residents could choose to share a bedroom with a friend, or have a room to themselves. It was explained to inspectors that some service users would refuse use of the respite service if another individual was there at the time, and that these choices were respected. It was unclear if service users have a choice to stay with service users or friends from other day service if they wished to. At the end of each period of respite, residents generally go home via their day service. Organisational transport, takes them to day service on their date of discharge and they return to their family homes in their usual way.

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 - Moderate

Findings:

While there were arrangements in place to manage risk, non compliances were identified in the risk management arrangements for individuals and in the area of fire safety management.

There were monthly fire drills taking place and both staff and residents participated. Residents and staff were able to tell the inspectors about what they would do if the fire alarms went off. A recent drill had taken place at night time when residents were in bed, to assess the ability to evacuate the premises when all residents were in their rooms. A fire risk assessment was completed by an external fire consultant on the 26 February 2014 which was read by inspectors. Individual personal evacuation plans had also been developed for many residents who used the respite service in recent days however, not all staff spoken to were aware of this, and were not familiar with personal evacuation procedures.

The fire register contained a number of gaps in information. For example, daily and weekly checklists were signed by staff intermittently. However, records were maintained as required in Schedule 4 (13) of the Regulations. The inspectors viewed evidence that fire equipment had been serviced in February 2014, as were fire alarms and emergency lighting. Fire evacuation plans were posted clearly in the hallway and at other exits.

Records viewed by inspectors indicated that fire training had been provided to staff in February 2014.

There were relevant health and safety policies in operation including organisational and centre specific health and safety statements. An external health and safety consultant provides an annual audit of all health and safety related issues such as fire safety, cleaning records, infection control and food safety. The last audit was completed on the 16 December 2013, with the report only having been received by the person in charge in the past week. Recommendations from this report were in the process of being implemented at the time of inspection. Environmental Health Officers (EHO) had inspected the premises in recent years, and the last two inspection reports were read by inspectors, with evidence that the recommendations made had been addressed.

Generally, inspectors found that the provider had put sufficient risk management procedures in place. There were organisational risk management policies and procedures in place. Risk assessments of the environment and work practices had been undertaken and reviewed. However, individual risk assessment forms contained in residents' personal files were out of date and had not been reviewed in many incidences. For example risk assessments in relation to previous behaviours of a resident, which had potential to impact upon the health and safety of staff or other residents.

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:

Non Compliant - Moderate

Findings:

Generally, there were arrangements in place to safeguard residents and protect them from the risk of abuse. Staff on duty were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. While staff spoken with by inspectors had completed training on the protection of vulnerable adults, the person in charge informed inspectors that some staff have not received training however, she was planning to provide a revised training programme to all staff.

The policy for 'the protection of abuse, neglect, mistreatment and exploitation of service users, including the management of allegations of abuse, neglect, mistreatment and exploitation of service users' had been revised on the 6 February 2014. The provider has

appointed a senior manager in the organisation as a designated adult protection officer. Contact details for this officer were not displayed for staff or residents, and staff were not familiar with this role.

Intimate care plans were in place as required to assist residents in the area of personal care and provided detail in relation to how the support should be provided. These plans also considered how residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Privacy and dignity was respected by staff members on duty. Residents spoke very positively about their experience of staying in the centre, with many looking forward their stay. Residents spoken to said they were happy and felt safe. The inspectors observed staff interacting with residents in a respectful and friendly manner. Residents using the respite service could choose between a single or twin rooms, and all rooms were well proportioned, with many having en suite facilities.

There were no restrictive practices identified by inspectors, and all staff informed inspectors that no restrictions or restrictive practices were used within the centre.

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 inspectors found that residents were supported to access healthcare services relevant to their needs. The inspectors reviewed a number of personal care plans containing medical information and found that they had access to a general practitioner, including an out of hours service if required. There was evidence that residents had accessed other health professionals and were supported as required by staff from the organisation's day services, respite service and/or family members.

Reflective of the needs of a respite centre with a regular turnover of service users, healthcare profiles had been created for each person who uses the service, and inspectors viewed specific healthcare plans for residents who were staying in the centre on the day of inspection. These plans met the specific needs of individuals in areas such as mobility and communication supports.

Some residents had also been assessed by the organisation's speech and language therapist. Healthcare plans and related information was also provided in an accessible format for residents, using pictures and narrative to help inform residents.

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. Minutes of these meetings were read by inspectors. A pictorial menu was provided in the kitchen, to inform all residents of what was planned for dinner. Alternative food was available if residents choose to have something else to eat, or do not like the particular day's choice. The inspectors found there was an ample supply of fresh and frozen food and residents could have snacks upon request. Residents were supported to prepare meals as appropriate to their ability and choice. A number of residents were observed assisting with the meal time preparation which was a lively and social event.

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:

Generally, the inspectors found that the provider had put arrangements in place to support the person in charge in protecting residents in relation to medication management. The provider had developed a detailed and informative policy on the management of medication. There was also clear policy and guidelines in relation to transporting medication to and from the respite centre with clear guidance for staff for checking medication in and out. The centre was provided with nursing cover at all times, and nursing staff were responsible for the administration of medication.

The receipt of medication was being recorded and medication was being stored in a locked cabinet in the staff office. The prescription sheet provided clear guidance to staff on the dose, route and times that medication should be administered. However, some improvement was identified in relation to the detail required on the administration and prescribing sheets for example:

- no photographs of residents were provided on the prescription sheets
- drug allergy section was left blank
- there was no staff signature sheet

These practices help ensure compliance with Regulation 29 (4) (b) ensuring medication prescribed were administered as prescribed to the resident for whom it was prescribed and to no other resident, and is in line with Pharmaceutical Society of Ireland and an An Bord Altranais, medication management guidelines.

A fridge was available in the office with a record of temperatures recorded daily, while the current service users did not require any medication to be stored in the fridge, refrigerated storage was available should it be required.

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:

Non Compliant - Minor

Findings:

While the statement of purpose contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. It did not provide sufficient detail in relation to the specific care and support needs of residents, the criteria for emergency admission and supervision arrangements for therapeutic or clinical supports provided in the residence.

Residents were not aware of the statement of purpose, and it was not available in a format that was accessible to the residents.

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:

Compliant

Findings:

The provider had undertaken a number of recent reviews and audits of the safety and quality of the service. There were recent reviews and risk assessments of fire management procedures and health and safety audits. The provider had also instigated a review of all organisational policies many of which have been updated and reviewed in recent months. For example, risk management policies and policy and procedures for the prevention of abuse, neglect, mistreatment and exploitation of service users.

The provider had established a clear management structure, and the roles of managers

and staff were clearly set out and understood. The structure includes supports for the person in charge to assist her to deliver a good quality of service. These supports included a deputising person in charge, with specific management responsibility for this respite centre, and a local lead staff nurse who was in charge of the centre in the absence of the person(s) in charge. The management structure of the centre also ensured a staff nurse was on duty at all times, and they were recognised as being in charge on any given shift.

Inspectors found that the person in charge was appropriately qualified and experienced. Furthermore, the person in charge and all staff spoken to during the course of the inspection was knowledgeable about the Regulations and the Standards, and had a clear knowledge about the support needs of each resident.

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:

Non Compliant - Major

Findings:

The provider had ensured that there were robust recruitment processes in place and that staff employed by Prosper Fingal Ltd were suitable to work with vulnerable adults. Three staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, the person in charge was not sure if Schedule 2 documents were available for contract cleaners who were employed to clean the centre on a daily basis. Therefore, adequate checks have not taken place to ensure the suitability of these staff members to work in the centre.

Training records were maintained which documented all training completed by staff and had also identified future and immediate training requirements as detailed previously in this report.

There were appropriate staff numbers and skill mix to meet the needs of residents. The person in charge told inspectors that numbers residing in the respite centre were reduced in accordance with the support needs of individuals. Two support plans were provided as examples to inspectors where the numbers of residents in the centre were reduced by one or two, in order to allow staff provide safe and suitable care to all residents.

The person in charge informed inspectors that there were supervision arrangements in place such as regular meetings between the provider and the person in charge and meetings between the person in charge and staff. However, many of these arrangements were informal and were not being documented. Staff informed inspectors that they felt supported by management. However, regular formal meeting were not being held for all staff members.

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-0008089
Date of Inspection:	27 February 2014
Date of response:	27 March 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 05: Social Care Needs

Theme: Effective Services

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

Information contained in personal plans was not up to date, and provided a lot of repetitive and somewhat conflicting information.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Provider will ensure that personal plans are (i) reviewed and brought up to date, including (ii) the removal of repetitive information. This task relates to the clients who avail of this service, e.g. 112 individuals utilised this service in 2013.

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

Proposed Timescale: (ii) 31/05/2014 (i) 30/09/2014

Proposed Timescale: 30/09/2014

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:

Individual risk assessment had not been updated or reviewed with a view to monitoring the risk and reducing the impact of any control measures on residents.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The Provider will review and update our risk assessments for users of this respite service. These assessments will be carried out on the admission of each person to the service. Commencing 26/03/2014.

Proposed Timescale: 26/03/2014

Theme: Effective Services

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

Not all staff were aware of personal evacuation plans for residents and were therefore unfamiliar with evacuation procedures for all people who use the respite service.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Provider will review the staff awareness of evacuation procedures, provide training accordingly. Commencing 26/03/2014.

Proposed Timescale: 26/03/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff working in the centre had been provided with safeguarding training.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The PIC will ensure that all staff are trained on the prevention, detection and response to abuse.

Proposed Timescale: 30/04/2014

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 prescribing and administration practices were not in line with best practice for the following reasons:

- no photographs of residents were provided on the prescription sheets
- drug allergy section was left blank
- there was no staff signature sheet

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:

The PIC will ensure that our medication management practice complies with best practice as set out, and systems of governance are introduced accordingly.

Proposed Timescale: 28/03/2014

Outcome 13: Statement of Purpose

Theme: Leadership Governance and Management

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

The statement of purpose did not contain information required by the Regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Provider will review the Statement of Purpose to include information regarding:

- the services which are to be provided by the registered provider to meet care and support needs;
- the criteria used for emergency admission;
- the supervision arrangements for therapeutic or clinical supports provided in the service.

Proposed Timescale: 30/04/2014

Theme: Leadership Governance and Management

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

The statement of purpose has not been made available to residents and their representatives.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

The Provider will arrange for the Statement of Purpose to be made available to all residents and their representatives.

Proposed Timescale: 09/05/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

It was not known if the documentation required under Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, exist for contract cleaning staff either with the provider or have been confirmed by the contract cleaning company as part of their contract with the provider.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Provider will seek Garda vetting for all contract cleaning staff in liaison with the contract cleaning firm.

Proposed Timescale: 11/04/2014

Theme: Responsive Workforce

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

No evidence that staff were being appropriately supervised and supported through regular and recorded meetings with the person in charge.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Monthly formal meetings will be held between the PIC and the staff. These meetings will be recorded. Commencing 26/03/2014.

Proposed Timescale: 26/03/2014