

**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 The Multiple Sclerosis Society of Ireland
Centre ID:	OSV-0001940
Centre county:	Dublin 6
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Multiple Sclerosis Society of Ireland
Provider Nominee:	Ava Battles
Lead inspector:	Helen Lindsey
Support inspector(s):	Liam Strahan
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

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, 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 November 2014 09:30	11 November 2014 18:00
12 November 2014 09:00	12 November 2014 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre by the Health Information and Quality Authority. As part of the inspection, the inspectors visited the designated centre and met with the residents, some relatives and staff members. The inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures, and staff files.

The MS Care Centre is Ireland's only dedicated twelve bedded respite and therapy centre for people with Multiple Sclerosis. It offers short-term respite care, therapeutic services, neurological assessments and many social activities in a homely

environment in the suburbs of Dublin.

The centre also provides limited respite to a number of people with other neurological conditions such as stroke, muscular dystrophy and Parkinson disease.

Overall, inspectors found that residents received a good quality service in the centre whereby staff supported and encouraged them to enjoy the respite service and avail of specialist services if requested. Residents gave positive feedback about the staff and the service they received. During the inspection residents were engaged in a range of activities to suit their individual interests, and were using all areas of the building and gardens, that were designed to meet their different levels of mobility.

All feedback that had been provided to the centre was very positive, and those spoken to said they really valued the service the respite care offered them.

Areas of non compliance related to the positive behaviour support policy requiring more information to fully guide the practice of staff . The contract needed to include the fee, and some staff records required further information to be added.

These areas are discussed further in the report and included in the action plan at the end.

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, 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were arrangements to consult with residents and they were encouraged to participate in decisions about their care and the organisation of the centre. They also had access to advocacy and information about their rights.

There was a weekly feedback meeting that was facilitated by the person in charge. Residents were encouraged to give feedback about their stay, on positive experience and any comments or complaints. Recent minutes showed topics discussed included issues such as the premises, food, activities and the system for arriving and departing the centre.

Inspectors also saw a post box in the centre where residents could at any time during their stay submit signed or anonymous feedback.

There was also a person who attended the centre for respite on the organisational board, and they were involved in the decisions made about the centre.

The records of the feedback the centre had gathered showed that most residents and their families where applicable, considered the centre to be excellent in the service they offered. A small number of comments had been received about food, and there were records to show how these had been addressed.

Inspectors saw there was a complaints policy available in the centre, which was also displayed on the wall. It contained the information anyone would need in order to make a complaint. It contained details of who to contact, and in cases where they were not

satisfied with the response, an independent contact to raise the complaint with. Residents said they knew who to speak to if they were unhappy about something. One complaint had been made, but records showed this had been well managed, and resolved to the satisfaction of the person who made it.

Records of complaints were stored on resident's files, however following feedback the person in charge put a centrally stored document in place that contained all the relevant information together, to support ease of access for review and audit purposes.

Resident's privacy and dignity was seen to be respected, and they were able to choose their own routine, and the pace at which they wanted to do things. For example when to get up and when to have breakfast. It was also noted that personal information and records were not kept in the communal areas of the house.

Each resident has a 'service user guide' which included information about the centre, their rights and the advocacy services. There were also copies of the statement of purpose in the centre.

Staff members were seen to treat residents with respect on both days of the inspection. Residents and family also fed back that staff were very positive and had good relationships with them.

Residents confirmed they could see relatives, friends and other visitors in private, as there were a number of different rooms in the centre. Bedrooms were single so could also be used.

Inspectors saw, during the two days, that the resident all had their own individual routine which included meaningful daytime activity, and social events. For example some residents were receiving massage, manicures and facials. Others were going on outings into the Dublin area, including to the theatre.

There was a policy in place that covered resident's personal possessions and records of the belongings they had with them were in place.

Resident's laundry could be washed if they wished. The provider had a contract with a laundry service that would collect then return the laundered clothes.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were assisted and supported to communicate, appropriate to their identified needs, and had aids needed to support them.

As people were in the service for a short time, the centre focused on identifying any communication needs the resident had for the respite stay, but would also identify if any referrals needed to be made for them in their home setting.

Inspectors reviewed care plans and saw they had a section on communication that set out speech, sight and hearing abilities. All staff read these assessments at the beginning of the respite period.

Staff were seen to be aware of the communication needs of the residents. Inspectors noted the needs of residents varied, but staff spoken with said they were familiar with residents and often understood their communication style, as they had been attending the service for a long time. As changes in speech were a common part of multiple sclerosis (MS), the staff induction training included information about the condition and its progression.

Residents had access to TV, radio, DVDs and mobile phones. There were a range of activities available in the centre, support to access the community on bus trips, or where possible, residents went out in to the community independently.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community.

Residents spoken with during the inspection confirmed that their friends and family were welcome in the centre. In some cases, the resident's partner may also stay in the centre

with them.

Care plans had a section on maintaining family and friend relationships, and this included the methods each resident used to maintain their links. There was access to phones, and computers linked to the internet if residents wanted to email or use social media.

Residents could involve their families in the pre-admission assessment process if they chose, and records confirmed they were kept up to date with pertinent information for their relatives.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents moving in to and out of the service were supported by appropriate planning and processes. However, although contracts of care were in place, they did not set out the details of the charges to be made. The admissions policies also needed further development to make it clear who could access the centre.

The inspectors observed that the service provided was described clearly in the statement of purpose.

There was a policy and process in place for admissions, and this was seen to be followed. It was noted that the policy would benefit from providing clearer information on who the service was able to support, for example if residents had wandering behaviour, the person in charge advised that the service would not be able to meet their needs.

There were contracts in place for residents, and a separate document that set out the fee's to be charged. However, both documents were not available in all cases. In order to meet the regulation fully, the contract document should include the fee and services to be provided, and not provide that information in separate documents.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Arrangements were in place to assess, and meet individual needs. Some improvements were needed to the care planning process to ensure all information was up to date and reflected current needs.

Inspectors read a sample of the personal support plans. They were based on the individual needs of the residents, and there was evidence they were reviewed on a regular basis as they were updated before each period of respite care. Evidence was seen that developing the plans and the reviews involved residents, family and relevant professionals.

The process included reviewing the documentation from the last visit. Completing an updated document, following a phone conversation with the resident or their relatives where appropriate. There was also an update from the resident's own general practitioner (GP).

The plans included information on resident's skills and areas of need. Areas covered included maintaining relationships with family and friends, personal care, skills, and healthcare. However, it was noted that different sections of the care planning documents in some cases did not provide the same information. For example, some information on diet was not consistent, and this was also the case for mobility and transfers in another care plan.

It was also noted that the information provided in the assessments were basic and did not give a clear overview of the residents' preferences and preferred routines and clear guidance on their social and emotional needs. For example the forms were based on a tick list and did not provide much space for additional information to be added in to the document to make it more person centred.

Residents had a form that they could choose their daily activities from and some described the stay as an opportunity to be pampered.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was suitable to meet the needs of the residents.

The centre was located in the local community, and close to public transport and local facilities such as shops, pubs and entertainment. The inspectors found the centre met the description provided in the statement of purpose.

Inspectors observed that the centre was homely and well maintained. There were a range of rooms offering space for relaxation, socialising, and activities.

Some residents were happy to show the inspectors their bedroom accommodation. The rooms were found to be of a good size, and residents had brought belongings with them to make them personal in nature. Residents had adequate furniture and equipment to meet their needs. They confirmed the facilities supported them to maintain their privacy and dignity as there was private space and equipment available that met their needs.

There was a sufficient number of baths, toilets and showers to meet the needs of the residents. There was a level access shower in each of the bedrooms and a Jacuzzi bath in the main bathroom, which staff reported the residents liked to use.

Inspectors saw a range of aids to support resident's mobility, and staff were clear on how these were to be used and maintained. There was adequate space for all equipment that was not in use.

The kitchens were equipped with the facilities needed for kitchen staff to store, prepare and cook meals and snacks for residents.

There was a laundry service available for residents if needed. Their laundry could be collected from the centre and returned if they wanted to use the service.

A good standard of hygiene was noted, with cleaning staff working different shifts to ensure the centre was clean and well presented at all times. There were also clear arrangements for the disposal of clinical waste in place.

On the day's of inspection, inspectors observed that there was appropriate heating, light and ventilation.

There was outdoor space that was accessible to the residents. It was seen to be well presented and maintained. Many rooms had doors that opened directly on to the garden.

There was a smoking area for those residents who chose to use it.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were systems in place to promote and protect the health and safety of residents, visitors and staff.

The centre has policies and procedures relating to health and safety including a Health and Safety Statement and inspectors observed that these were put in to practice.

Equipment in use in the centre was also seen to be serviced on a regular basis and kept in good order. Records showed staff were trained in moving and handling of residents using the equipment available in the centre.

The risk policy covered the identification of risk, and actions to take. It covered all the elements required by the regulations. Risk management systems included the risk register. Quarterly risk audits were conducted internally, and an external auditor reviewed the risk register annually. Additionally there was a concerns log through which any member of staff could report any issue of concern which was regularly monitored and acted upon to prevent or minimise the risk of accidents.

The inspectors saw that suitable fire equipment was provided and there was adequate means of escape in the event of an evacuation. There was an evacuation procedure prominently displayed.

Staff were seen to receive fire training annually and were knowledgeable about evacuations. The inspectors were briefed on arrival with regards to reaction in the event of a fire. There was a 'fire and security walk' each day which included examination of fire doors and inspectors saw a suitable means to report any issues discovered during that walk.

Fire drills were conducted quarterly and records showed that they were repeated so that several members of staff were trained to lead both full and horizontal evacuations. There were also written reports detailing learning outcomes from these drills.

Fire alarm systems were seen to be serviced on a quarterly basis and equipment on an annual basis. There was also emergency lighting in place that was also serviced annually.

There were arrangements in place for recording and learning from serious incidents. Management performed a root cause analysis on each incident and copies were placed on resident files where appropriate. Additional learning outcomes were also identified by management performing a twice annual review of incidents.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were knowledgeable in relation to the prevention and detection of abuse. Some additions were required to the behaviour management policy.

Inspectors spoke to the residents who said that they felt safe at the service, and knew who to speak to if something occurred that they wanted to report.

Inspectors observed that there were measures in place to safeguard residents which included a policies and procedure on the prevention, detection and response to abuse. During the inspection it was identified that the policy would benefit from being expanded to include how to respond to any allegations made against family, friends or members of the public. This would ensure staff were clear on the action they needed to take. The person in charge made changes to update the document during the inspection.

Staff members had all received training in adult protection. They were all very clear on what constitutes abuse and what action to take if they suspected or witnessed abuse taking place. The person in charge on the day of the inspection understood the role they would need to take in the investigation any allegations of actual or suspected abuse.

The records of any safeguarding issues were seen to be stored securely.

During the inspection all residents were seen to be treated with respect by the staff. Residents and relatives spoken with gave positive feedback about how the staff operated in the centre.

Inspectors read the behaviour management policy. It gave clear direction about how to respond to a range of circumstances. However it did not include what action the centre would take if they were unable to manage any specific behaviour, for example violence towards other residents. The action for this is made under Outcome 18.

At the time of the inspection there were no residents who had behaviour support plans in place, however the organisation had policies in place for the action to take where this was identified as a need. Records were in place for other residents that covered any history of challenging behaviour and how it would be managed by staff in the centre if it occurred during their stay.

There was a clear system in place to identify areas of risk for residents that needed to be considered as part of their visit, and staff were clear about how this operated.

A policy on the provision of intimate care had been developed, and implemented. It covered topics such as privacy, dignity, respect. The plans were seen to detail resident's skills, and also their needs, so staff were clear where residents were independent and where they needed support.

There was also a policy in place on restrictive procedures in the centre. The document gave clear information on the procedures in the centre, and covered identifying least restrictive procedures and exploring alternatives.

Residents managed their own finances during the staff at the centre, as their stay was short term.

Judgment:
Non Compliant - Minor

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. They were clear of what incidents needed to be notified and the timescales in which they must be completed. They had also provided three monthly notifications as required.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents had opportunities for new experiences and social participation during their stay at the centre.

Inspectors spoke to the residents about the activities and areas that were of interest to them while they were staying in the centre. They spoke about joining activities in the centre, such as art classes, massage, pamper sessions and group games.

Other residents were exploring the local area, and accessing local theatres and other entertainment. There were regular bus trips that residents could join, and they went to a range of places including local shopping centres.

The lounge, coffee dock and dining areas gave residents the opportunity to socialise with each other if they chose to.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were arrangements in place to provide health care for each resident, and they had access to medical and allied healthcare professionals as needed.

As this was a respite service residents had general practitioners (GP's) where they were based full time. The GP's were seen to have completed a form provided by the centre giving an update on the residents physical and mental health, and an up to date list of any medication the resident was taking.

The centre employed a multiple sclerosis specialist nurse, who residents could choose to meet with for a review. The nurse would speak to the residents about any issues affecting them, and could make assessments in a number of areas. If they identified a health need that was not being met they were able to make a referral to the applied professional where the resident was based. Examples of referrals they had made were to occupational therapy, speech and language therapy and continence services. Letters and medical assessments were available as part of the residents' records.

There was a physiotherapist available in the centre, and residents were able to have an assessment of their skills. They could also use the room with a physiotherapist of their choice if they preferred.

The service did not provide palliative care, but where residents had palliative care plans in place, the centre was able to follow them in line with the wishes of the resident.

A menu was available in the service of the choices for each meal time, and residents were able to express their wishes. Where they were not able to do so, staff used the records of their likes and dislikes to provide them with food and drinks of their preference. There was a two week menu in place so a wide range of meals were served during the respite stay.

If residents had speech and language therapy or dietician recommendations in place, these were available and seen to be followed by staff.

Inspectors observed very sensitive support during meal times, sometimes with other residents in the dining room, or at a different time if the residents wanted more privacy. They could take meals in their rooms, but most chose to go to the dining room.

Residents confirmed that they had access to adequate quantities and a good variety of food to meet their dietary needs. Snacks and drinks were available to the residents at all times. Meal times were seen to be a positive social event.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found there were policies and procedures around the safe administration of medication.

There was a policy in place for the administration of medication which did cover key areas such as prescribing, safe administration, crushing, storage, audit and disposal of medication. The processes in place for the handling of medication were well known by nursing staff, who were able to describe the process competently including administration and disposal.

There was a nurse on shift at all times, and they were responsible for the administration of all medication.

Residents were able to manage their own medication during the respite stay if they wished, and had the skills. There was a policy in place for the self administration of medication and residents were assessed to ensure they were able to do it safely. This was clearly recorded in their care plans.

A record was seen of medication errors were kept and audited to identify if practice could be improved. This showed that the policy had been followed. If staff made errors they were asked to update their training.

Inspectors observed that storage of medication was in line with the necessary legislation, including controlled drugs.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete. There was a process in place that ensured the residents had an up to date prescription record when they arrived at the centre, and their medication was sent in from their own pharmacist and checked in by the nursing staff and local pharmacist if available.

Audits had been carried out of medication and practice, and these had found practice to be good.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A Statement of Purpose was seen by inspectors which met the requirements of the regulations. It reflected the centre's aims, ethos, services and facilities. It also described the care objectives that the centre is designed to meet, as well as how those needs would be met.

The contents of the Statement of Purpose were also seen to be available to residents in an accessible format via the Residents' Guide, as well as copies of the Statement of Purpose being readily available throughout the centre.

The Person in Charge was seen to be aware of the need to keep this document up to date

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that there was an appropriate management structure in place which supported the delivery of safe care services.

Inspectors found that the person in charge of the designated centre was suitably qualified and experienced. She was knowledgeable about the regulations and standards, and her role in meeting them. She was also very clear about the organisational structure, policies and procedures, and her implementation of this was seen clearly through the two day inspection. She had a very good knowledge of the support needs of the residents.

Staff and residents all knew who she was and felt they would be able to speak to her if they had any issues.

There was a clearly defined management structure. The board was supported by the Chief Executive. For each area of the organisation there was a subcommittee that met at agreed intervals through the year. The subcommittee that oversaw the designated centre would review the relevant elements of the risk register and would receive reports from key staff on any issues raised. The person in charge had presented information to the subcommittee on a number of occasions.

Staff spoken to during the inspection were very clear about their roles, and where decisions needed to be made by other people.

Reporting systems were seen to be in place for any incidents, for example accidents and incidents, to be reviewed for themes and trends, and to identify any learning for the organisation.

A number of audits were being carried out in the designated centre, this included the prescription record sheets, medication management, mealtimes. Records showed actions identified as part of the audits, and who was responsible to take them forward, and by when.

The provider had also commenced the annual review of quality and safety in the centre. This had been completed by another senior manager who provided a report to the board on their findings.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence. With identified staff deputising in the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that sufficient resources were provided to meet the needs of residents.

There were sufficient staff to meet the needs of the residents. Each resident was supported to spend the respite stay to suit their personal needs.

The premises were well maintained. Records of maintenance being carried out in a timely manner were seen, and where larger work was identified the risk register was being used to support the work being priorities and funded.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors observed that there were sufficient staff with the skills and experience to meet the assessed needs of the residents at the time of the inspection.

Residents were seen to receive any support they needed in a respectful, timely and safe manner. The staff rota matched the staffing in place at the time of the inspection. Staff knew the residents well, and were seen to have sufficient skills and experience to meet their needs.

On each shift there was a person identified as being in charge, nursing staff, care staff and trainee staff.

Annual appraisal were being completed, and the learning objectives that were set were reviewed every six months. They included a self appraisal where the staff member could identify where they were doing well, and any areas they thought they needed to improve, or required training. The information from the appraisals supported the development of the training plan.

Minutes were seen of staff meetings, covering issues such as training and the regulations and standards. Staff said they felt supported by the person in charge and could arrange to meet them if they needed to discuss anything with them.

Training records confirmed that staff had received training both on an annual basis and an as needed basis. Staff reported that there was a week scheduled annually as a training week designed to cover all the mandatory training (fire, manual handling, adult

protection). Staff could also request training that they themselves identify as needed.

Training records showed that induction training included, but was not limited to, Health and Safety, Fire safety and evacuation, infection control, manual moving and lifting of residents, prevention of abuse and responding to complaints. Additionally incident reports reflected that re-training could be scheduled where deemed a necessary response to incidents.

Inspectors reviewed recruitment policies and procedures and found that they reflected the requirements of regulations. However there were two cases seen where staff files required up-dating to meet the regulations, to ensure they included a full employment history for all staff.

Judgment:
Non Compliant - Minor

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that records outlined in schedules 2, 3 and 4 of the regulations were stored in the centre in a secure and easily retrievable manner. Inspectors were satisfied that these were complete, accurate and up to date.

Additionally inspectors were satisfied that all documents required by schedule 5 were stored in the centre. These were seen to inform practice, except in regard to the admissions policy (discussed under Outcome 4).

Residents were seen to have a right to access their files and there was a policy informing practices of retention and destruction of records.

Inspectors saw an up-to-date insurance certificate demonstrating that the centre has adequate insurance cover against accidents to residents, staff and visitors in compliance

with regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
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 The Multiple Sclerosis Society of Ireland
Centre ID:	OSV-0001940
Date of Inspection:	11 November 2014
Date of response:	17 December 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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents had a contract but it did not fully outline the fee's to be charged.

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

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Person In Charge has ensured that the contract of care for each resident is now inclusive of fees to be charged and the services to be provided.

This action was addressed immediately following inspection.

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

The admissions policy did not include clear criteria on who the service would offer support to.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The Person In Charge will ensure that the admission policy includes clear criteria on who can access the Multiple Sclerosis Care Centre for a respite stay.

Proposed Timescale: 30/01/2015

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:

The assessments were not fully inclusive of residents specific social, emotional and participation needs, preferences and preferred routines.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The Person In Charge will ensure that the assessments of each resident will be fully inclusive of specific social, emotional and participation needs, preferences and preferred routines.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

Not all care plans provided clear guidance on how to meet the needs of the residents.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The Person In Charge will ensure that the revised care plans will provide clear guidance on how to meet the assessed needs of each resident

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all of the staff files met the requirements of the regulations.

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 Person In Charge will ensure that all staff files meet the requirements of regulation 15 (5)

Proposed Timescale: 28/02/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

A policy on positive behaviour support was in place, but required more information to direct staff practice in relation to responding to incidents of challenging behaviour.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 Person In Charge will ensure that the policy on positive behaviour support will incorporate information to direct staff practice in relation to responding to incidents of challenging behaviour

Proposed Timescale:

Theme: Use of Information

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

The policy on positive behaviour support did not include sufficient information to guide practice should a residents behaviour be unmanageable by the staff team.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 Person In Charge will ensure that the policy on positive behaviour support will incorporate information to direct staff practice in relation to responding to incidents of challenging behaviour

Proposed Timescale: 28/02/2015