

**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 Health Service Executive
Centre ID:	OSV-0002469
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Rachel McCarthy (Day 1 and 2)
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 3 day(s).

The inspection took place over the following dates and times

From:	To:
09 May 2016 10:00	09 May 2016 17:00
10 May 2016 10:00	10 May 2016 17:30
08 July 2016 10:45	08 July 2016 14:00

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

Background to Inspection

This was an announced registration inspection. At the time of inspection the legal provider entity was the Health Service Executive (HSE). The registration inspection was taken on foot of an application to register the centre by Muríosa Foundation to become the new provider for the centre. The centre was previously inspected in January 2016 when the centre was under the auspice of the HSE. It was found to be non-complaint across a range of outcomes. This inspection gathered evidence to assess the fitness of the applicant provider, Muríosa Foundation, in providing safe

and appropriate supports to residents in line with the Care and Welfare Regulations and Standards. The new provider had applied to register the centre to accommodate five residents initially and changed their application subsequent to the initial two days of inspection to six with the addition of second residential unit.

How we gathered evidence

Inspectors met with residents, staff, the proposed new person in charge, proposed provider nominee and area manager over the course of the inspection. Policies and documents were reviewed as part of the process including a sample of health and social care plans, complaints log, contracts of care and risk assessments. Inspectors observed practice and staff interactions with residents. Residents had varying communication abilities and inspectors interacted with residents in line with their communication styles and preferences as set out in their personal communication plans and following guidance from staff.

Description of the service

The statement of purpose for the centre set out that The Muiríosa Foundation aimed to provide citizens with an intellectual disability and their families a service which promotes individuals best interests, choices and that optimally captures the balance of empowerment and necessary safeguards. The centre is located in a rural location outside a town in County Westmeath. The incoming new provider had ensured residents had access to a range of local amenities such as shops, churches, restaurants, pubs, barbers, hairdressers. The centre had the use of three cars to facilitate residents accessing local amenities.

The centre accommodated adult residents with varying degrees of intellectual disability and specific support needs in the management of epilepsy, healthcare and nutrition and behaviours that challenge.

Subsequent to the inspection the applicant provider, Muiríosa Foundation, revised their application to include an additional residential unit to the centre bringing the number of residential units in the centre to two. The lead inspector inspected the additional residential unit on day three of the inspection and found it met with high standards of compliance.

Overall judgment of our findings

Inspectors found improvements in compliance had occurred since the new provider had assumed operational responsibility for the service in April 2016 as per the terms of a written agreement with the HSE. Following the first two days of inspection, 18 outcomes were assessed and 15 were found to be compliant or substantially compliant including communication, admissions and contracts of care, social care needs, healthcare needs and governance and management. However, the centre could not accommodate five residents in a way that upheld their privacy. The centre was overcrowded and some residents shared a bedroom which impacted on their privacy and posed a safeguarding risk.

Following the third day of inspection the non-compliances found with regards to overcrowding, safeguarding and privacy had been comprehensively addressed. This was mainly due to the applicant provider seeking to register the centre with the addition of a second residential unit.

This would provide all residents with more space and privacy. Therefore, non-compliant outcomes were found to be compliant by day three of the inspection.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are 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):

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

Findings:

Residents' rights, dignity and consultation were well met in this centre. Residents' opinions, preferences and civil and religious rights were upheld to a good standard. However, one bedroom in the centre did not provide residents with an appropriate standard of privacy. This privacy issue was identified on previous inspections of the centre and brought to the attention of the then provider. By day three of the inspection the provider had put forward an effective plan to address the issue. This further discussed below.

The centre had a complaints policy and procedure. It met the requirements of the Regulations. In addition the complaints procedure was displayed in a prominent position in an easy read format.

Inspectors reviewed the complaints log for the centre. There was one complaint logged which was being addressed at the time of inspection. Inspectors found the person in charge had documented the complaint in line with the policy and had implemented procedures appropriately.

As outlined in the opening paragraph one bedroom in the centre did not provide residents with appropriate privacy. The designated centre was a bungalow consisting of four bedrooms one of which was a twin room. As identified on previous inspections this room-sharing arrangement did not promote the privacy and dignity of residents. Although the previous provider had installed a curtain to enhance residents' privacy in the shared bedroom, inspectors were not satisfied residents' privacy and dignity was

being adequately provided for. The new person in charge and provider nominee were also not satisfied that the bedroom provided residents with adequate privacy. This privacy issue needed to be addressed.

Subsequent to the inspection Muríosa Foundation made an application to increase the number of residential units in the centre from one to two. The provider intended to move a resident that shared the twin bedroom to the second residential unit. On the third day of inspection, the lead inspector visited the additional residential unit and found it to be a safe and suitable premises which would ensure the resident lived in a comfortable home. The addition of the second residential unit addressed the non-compliance found in the centre on the first two days of inspection relating to inadequate privacy and dignity for residents.

Residents were consulted with and participated in decisions about their care and about the running of the centre. There would be regular residents' meetings which would facilitate residents to make plans and discuss matters important to them. Staff recorded minutes of the meetings, which showed that residents had given feedback on specific items that concerned them such as how to make complaints, their rights, activities and goals. Inspectors reviewed a resident meeting that had taken place. There had been a set agenda and items discussed included the inspection and information for residents about the health information and quality authority and what to expect.

The inspector observed interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Given the short space of time the person in charge and staff had known the residents they demonstrated an in-depth knowledge of the preferences of the residents and this was supported by information in residents' personal plans and entered into the daily records.

Residents' capacity to exercise choice in their daily lives and routines was respected and facilitated. They had opportunities to participate in activities that were meaningful and purposeful to them. At the time of inspection the person in charge and staff were in the process of carrying out activity sampling with residents to ascertain what they were interested in or liked.

The inspectors saw that there were systems in place to safeguard residents' finances. As per the policy of the organisation all residents are presumed to have capacity to make a decision regarding their personal finances. An individual assessment is carried out with each resident by relevant team members who know the person using the framework, 'working with a person's financial decision-making ability'.

Residents living in the centre had been assessed as requiring supports. Their finances were managed through a private patient property account. The management of residents' monies using this framework required the organisation to follow national standards and guidelines. The provider nominee outlined to the inspector that each resident had an individual account where their monies were strictly audited. Each resident is issued a statement of their account.

There were also localised financial management systems to manage and safeguard residents' finances. Financial transactions were documented in individual ledgers which detailed money signed in and out balances checked and receipts were maintained for all purchases where possible. Residents' finances were subject to frequent checks by staff and audit by the person in charge.

Each resident had a documented property list in their personal plan. The person in charge had also taken photographs of some residents' possessions as a method of documenting specific personal items for residents. Laundry facilities were adequate and were appropriately set up for residents to manage their own laundry if they wished.

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:

Resident communication needs were under review and assessment at the time of inspection. There was evidence to indicate the person in charge and staff actively supported residents communication needs and used assistive technology and expertise from relevant allied health professionals where necessary to further support resident's.

There was an organisational policy on communication which met the requirements of Schedule 5 of the Care and Welfare Regulations.

Residents had access to televisions, radios, mobile phones and the internet. Each resident also had their own Ipad (electronic handheld computer device). The person in charge informed the inspectors that they would be able to download certain communication and sensory programs on the Ipads to cater for residents individual communication repertoires. Residents were supported by staff to use their Ipad, for example, turning on the device and assisting the resident to choose the programme they wished to use on the device.

Inspectors reviewed a sample of communication passports for residents. At the time of inspection the person in charge was in the process of developing up-to- date communication passports for residents. The person in charge planned to upload each resident's communication passport on their individual Ipads. The purpose of this would be to promote residents' accessibility to their personal plan and enhance their

opportunities for communication and engagement.

Residents had access to speech and language therapist and had been assessed in the past. The person in charge had made a referral for one resident to have an up-to-date speech and language assessment due to a change in their needs being identified

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:

This outcome was not inspected during the previous January 2016 inspection. However, inspectors found the person in charge had made considerable improvements for residents in this outcome through the implementation of a discovery process. Through the implementation of this process the person in charge and staff had begun to re-establish residents' connections with their families and community.

There were instances where some residents had not had contact with their families for a considerable period of time. In one instance a resident had been supported to re-establish connections with their siblings after many years and had visited and met many of them in the weeks since the new provider had taken over the operation of the centre. The resident had been supported to buy a mobile phone and obtain contact numbers for their siblings. Staff were also overheard during the inspection discussing with the resident how they would support them to use social media to maintain connections with their siblings.

In another instance the person in charge had supported a resident to obtain their birth certificate. Through this process the person in charge had identified that the resident's date of birth on their birth certificate was different to the date of birth in their personal files and medical notes which had been maintained in the centre by the previous provider. Subsequently, the person in charge had contacted the relevant authorities and medical professionals on behalf of the resident to ensure they were aware of their correct date of birth.

Inspectors were assured that the new person in charge and provider would continue to support residents to establish and maintain family and personal relationships in a supportive way in line with their personal wishes.

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:

Due to the transition of a new provider the current contracts of care were not available to inspectors on the day of inspection. Inspectors reviewed the provisional contract of care between residents and the new service provider and found they met with compliance.

There were also up-to-date policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

The provisional contract of care was clearly presented and outlined the supports and services to be provided. At the time of inspection the new provider was still in the process of establishing the set fees for residents. The new provider informed the inspectors that once a fixed fee was agreed the provider will then consult with residents and their families and finalise the contracts of care.

Residents and their families were informed and kept up-to-date with the transition process from the old provider to the new one.

Judgment:
Compliant

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):

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

Findings:

At the time of inspection staff were actively carrying out an assessment of need for all residents. There was evidence to indicate when residents' assessments of need were completed, by the new incoming provider, personal plans for residents would be of an appropriate standard to meet their social care needs.

Inspectors reviewed a sample of personal plans for residents. An evidence based assessment model provided the framework by which staff had begun to assess residents specific social care needs. From assessments carried out staff had begun to identify residents needs in relation to managing healthcare needs such as epilepsy, behaviours that challenge, mental health and nutrition.

For each need identified there was a documented plan of care to support residents. There was also evidence in residents' personal plans that allied health professionals had been involved in the assessment and recommendation of interventions for residents. For example, behaviours support plans were in the process of being drafted which would guide staff working in the centre in supporting residents.

Inspectors found residents personal plans were well laid out, organised and information was easily retrievable. Daily notes and observations were documented and detailed.

Staff also outlined that once residents' social care needs had been identified they would then begin to identify specific goals for residents in consultation with them and their families and or representatives.

Activities residents had previously engaged in when the centre was managed by the previous provider were still being supported by the new provider and proposed new person in charge. There was evidence to indicate residents were being supported to explore new activities through an activity sampling process where staff and the person in charge could assess residents' likes, interests and preferences. This would inform the development of residents personal plans and goals in the future. For example, a resident who had previously not engaged in activities outside of the centre had started to go out regularly with the support of staff and increased transport resources. Feedback from staff indicated the resident enjoyed this and seemed happier, resulting in them engaging in less instances of self injurious behaviour.

Judgment:

Compliant

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):

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

Findings:

The centre was homely, clean and well maintained however, as identified on previous inspection reports, the facilities, size and layout of the premises could not meet the needs for the number of residents living there. Initially this outcome met with Major non compliance. However, following inspection of the additional residential unit on the third day of inspection this outcome was found to be in compliance.

The designated centre originally comprised of a bungalow with garden space to the front and rear located in a rural area which provided attractive views of the country side. The centre had four bedrooms, one of which was a shared bedroom that had its own en suite. The centre also provided the five adult residents with one communal shower room with a toilet, a small sitting room, a kitchen/dining area and utility room that doubled as an office space. There was also an external brick built building which was utilised by one resident in particular for personal activities. This space also contained a dryer and extra food storage equipment such as a freezer and fridge. The house was clean and nicely decorated throughout and each resident's bedroom was decorated and personalised.

However, inspectors determined the premises were not adequate to meet the needs of the number of residents living there. For example, the sitting room measured 13.5 m² and could not comfortably accommodate the five adult residents at any given time. Inspectors were informed residents rarely used the space and during the course of inspection, inspectors did not observe residents using the room to relax or engage in activities.

Some residents had been assessed as requiring a low arousal environment to reduce their anxiety levels which would in turn lessen the likelihood of some residents engaging in behaviours that challenge. However, the premises could not provide for this due to its size and the numbers of people in it at any one time. Residents mostly frequented the kitchen/dining space. This presented as a crowded, noisy space when all residents and staff were present any given time. On evening of the first day of inspection an inspector observed there were 10 adults (residents and staff) in the kitchen/dining space. During this time the inspector observed a resident become anxious and distressed due to the number of people present. Inspectors were informed on morning of the second day of inspection the resident had engaged in behaviours that challenge directed at a peer and a staff member as a result of their heightened anxiety and stress the evening of first day

of inspection.

Further evidence to substantiate inspectors concerns in relation to the size of the centre included the necessity for two residents to share a bedroom and the lack of toileting facilities for residents.

Inspectors asked residents and their representative's, permission to view the bedroom to ascertain its suitability to meet their needs. The shared bedroom contained two single beds, one wardrobe with designated sections for each resident, bedside tables and a curtain which could be pulled across to provide privacy while they shared the room. It also contained an en suite toilet and shower. However, should one resident wish to use these facilities during the night, for example, they were required to pull across the privacy screen and walk past the other resident as they slept. Inspectors concluded the room was not suitable to meet the privacy needs of the residents and did not provide them with adequate space to store their personal belongings or to enjoy undisturbed sleep.

The centre also did not have enough toileting facilities to meet the needs of residents. There was one communal toilet and shower room. The other toilet facility in the centre was located in the en suite bedroom in the twin room. Inspectors were informed there had been some instances where residents were unable to access the communal toilet because it was in use.

As referenced in the opening paragraph, subsequent to the initial two day inspection, Muríosa Foundation changed their registration application for the centre adding an additional residential unit to the centre. The additional residential unit was inspected on the third day of inspection by the lead inspector. The second residential unit was a detached bungalow located in a rural area. The inspector found the premises to be of high specification throughout. The standard of decor and furnishings were high. There were an adequate number of toilets, showers and bathing facilities for the intended number of residents to live there. Kitchen facilities were spacious and bright.

The addition of a second residential unit to the centre would reduce the number of residents living in the first bungalow inspected, from five to four residents. This would ensure residents had more communal and private space. It would also ensure residents were provided with an appropriate number of toilets and showers to meet the needs of the number of residents living there and also ensure all residents could maintain their privacy and dignity as they would no longer be a twin room in the centre, each resident would have their own bedroom.

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:

The health and safety of services users, visitors and staff was adequately provided for in the centre. Inspectors found the proposed new person in charge had begun to implement appropriate identification and management of risk systems. Fire detection and containment systems in the centre were adequate however, there was inadequate evidence of learning or changing of systems following fire drills.

Fire safety equipment had up-to date servicing and the fire alarm had been serviced May 2016. It was identified by the engineer that carried out the service of the alarm that the system required an upgrade. The person in charge informed the inspector that there were plans to upgrade later in the year.

Fire exits throughout had thumb lock systems fitted which allowed for ease of opening the exit in the event of an emergency evacuation. Displayed fire evacuation procedures were detailed and specific to the centre. Doors in the centre were fitted with smoke seals and closing devices fitted to the fire alarm which would release on the alarm sounding resulting in the doors closing and containing smoke and fire, protecting residents and staff.

Each resident had a documented personal evacuation plan which outlined their individual support requirements in the event of an evacuation. Two fire drills had been implemented by the new person in charge and staff team. These drills had taken place in the morning and evening time. One documented drill indicated a number of residents did not participate. While this information was important to ascertain residents willingness to participate in drills there was no evidence of learning or updating of residents' personal evacuation plans following the unsuccessful drill.

Infection control measures were sufficient given the purpose and function of the centre. A cleaning rota was in place and the inspector observed a good standard of cleanliness throughout the premises. Paper hand towels were used in the centre. Alcohol hand gels were also located at the entrance/exit doors. Colour coded mops and buckets were in use in and designated to clean specific areas to prevent cross infection.

Potential risks and hazards in the centre were documented in a 'risk register'. This identified and documented potential risks. Each risk was graded using a risk potential/severity matrix. Risk reduction strategies were documented against each risk. Personal risk assessments had been completed for each resident based on their specific identified needs, for example risks associated with epilepsy or lack of road safety awareness.

Organisational policies and procedures contained the matters as set out in the regulations relating to self harm, aggression and violence, accidental injury and unexpected absence of a resident. An emergency management policy with procedures was in place also to direct staff in the event of such an event, for example, power outage, flooding. Emergency accommodation was identified within the emergency management policy with contact numbers documented.

All staff had received up to date manual handling training.

Judgment:
Substantially 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):

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

Findings:

There was a policy and procedures for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. There was also evidence that a restraint free environment was promoted. However, measures in place to safeguard residents and protect them from abuse were not adequate.

Staff working in the centre had received training in the prevention, detection and response to abuse. Refresher training was also available to staff to ensure their skills and knowledge was maintained and up to date. All staff had also received training in management of actual or potential aggression to provide them with knowledge and skills in responding to behaviours that challenge.

As identified on previous inspections of the centre, there were long standing issues with regards to peer-on-peer assaults where some residents were subject to physical assaults on a frequent basis. These incidents were documented and at the time of inspection were under review by the incoming organisation's behaviour support team.

While systems were in place for the management of behaviours that challenge inspectors were not satisfied prescribed interventions or supports could adequately protect residents from abuse or reduce the severity or frequency of peer-on-peer assault. Overcrowding and incompatibility of residents living in the centre had been identified as the main contributing factors leading to peer on peer assaults by the behaviour support team supporting residents.

During the course of the inspection inspectors identified a further safeguarding risk to a resident which exposed them to potential peer to peer assault. The controls which were in place to address this situation were not adequate and were not proportional to the risk. Inspectors requested immediate action to be taken in order to protect the resident before the close of the inspection.

By the close of the first day of inspection staff had installed a monitoring system whereby waking night staff would be alerted that a resident was out of bed and required supervision. The monitoring system did not impact on residents' privacy when not activated. This monitoring system was an appropriate short term measure to mitigate the safeguarding risk. However, a permanent solution was required. This would be addressed with the addition of a second residential unit to the centre reducing the overcrowding in the bungalow and ensuring residents had adequate space which reduced the contributing factor for the assaults occurring. Please refer to Outcome 6 for further information.

There was a policy and procedures in place for the provision of intimate care. Each resident had an individual intimate care plan which identified the supports residents required.

There was evidence to indicate a restraint free environment was promoted, for example low-low beds and crash mats were in used by residents instead of bed rails. Chemical restraint had been discontinued as a form of behaviour management for residents further evidencing the promotion of a restraint free environment for residents.

Based on the findings from the third day of inspection, inspectors were satisfied that Muríosa Foundation had adequately addressed the safeguarding issue of peer-to-peer assault in a permanent manner with the addition of a second residential unit to the centre. Therefore, this outcome was found to be in compliance.

Judgment:
Compliant

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:

A record of all incidents occurring in the designated centre was maintained and where required notified to the Health Information and Quality Authority.

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:

The person in charge had implemented systems whereby the general welfare and development needs of residents would be promoted to a good standard.

A proactive approach was taken to ensuring residents had opportunities for new experiences such as going for walks; dining in restaurant, meeting their family, going to football and hurling matches, going to the beauty salon, retirement club or knitting club. Some residents were now participating in activities outside of the centre on a more regular basis than they had before and appeared to enjoy this.

The person in charge and residents keyworkers had begun a discovery process to establish each resident's employment/activity needs. Some residents attended day services or outreach services which were tailored to suit their requirements.

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:

Of a sample of health care issues reviewed, inspectors found residents were supported to achieve their best possible health.

Health care plans were being updated and there was evidence to indicate residents were receiving a wide range of healthcare assessments by allied health professionals. This would ensure residents healthcare plans were based on evidence based recommendations.

Residents were receiving timely access to appropriate health care services and treatments. Records showed that routine visits were organised as and when required to the general practitioner (GP), dentist and chiropodist. During the course of the inspection the person in charge identified a resident could have a possible ear infection, the resident was brought to their GP and an ear infection was diagnosed and antibiotic prescribed.

Some residents could experience seizures due to epilepsy. Support plans to guide staff in how to manage seizures were detailed and informed staff when to administer emergency rescue medication and if a second dose of medication might be required.

Inspectors also noted residents' nutritional risk was monitored. Residents' weights were checked and their body mass index (BMI) calculated each time they were weighed. From this information a malnutrition risk assessment tool was implemented to ascertain the level of nutritional risk for the resident.

Inspectors reviewed nutritional management for a resident that had been identified as experiencing malnutrition on a previous inspection. The inspector noted the residents' BMI was within healthy limits and their nutrition was being monitored regularly.

Some residents were prescribed modified consistency diets by their speech and language therapist as they were deemed to be at risk of choking. Inspectors observed residents meals were nicely presented and in line with the prescribed consistency. Inspectors also noted there was appropriate equipment in the centre to ensure meals could be made as prescribed, for example hand blenders and mixing utensils for thickening drinks.

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:

Overall, it was found that each resident was protected by the centre's policies and procedures for medication management.

All prescribing and administration practices were in line with best practice guidelines and legislation. Systems were place for reviewing and monitoring safe medication practices.

Most medication was supplied in a monitored dosage system in a blister pack system for residents. Each resident had a designated section allocated to them in lockable cupboard which ensured medications were safely secured in the centre.

Staff involved in the administration of medications had attended safe administration of medication training. Staff who spoke to the inspector was knowledgeable about residents' medications and demonstrated an understanding of appropriate medication management.

The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. Where residents required their medications to be crushed this had been documented on the administration charts by their prescribing doctor. There were no controlled drugs in use at the time of this inspection.

The person in charge had started medication audits to ensure medication management systems were in line with the policies and procedures of the organisation and to ensure best practice was ensured for resident's wellbeing and safety. The organisation's medication management policy was maintained in each resident's medication management folder for staff to reference when required.

The lead inspector reviewed a protocol for administration of PRN (as required) emergency rescue medication for epilepsy to compare it to the prescription administration charts, the inspector noted a discrepancy. The protocol documented a different maximum dose in a 24 hour period for the PRN medication than the administration document. This was brought to the attention of the person in charge.

On day two of the inspection the person in charge requested the resident's general practitioner review the documents following this the discrepancy was amended.

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:

The statement of purpose met the requirements of Schedule 1 of the regulations.

It described the service provided in the centre and would be kept under review by the person in charge. It was available to residents and their representatives.

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):

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

Findings:

Inspectors found evidence that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. Effective management systems

would be in place to support and promote the delivery of safe, quality care services in accordance with the application for Muríosa Foundation to become the registered provider.

The proposed person in charge outlined the auditing system she had introduced in the centre. She had commenced auditing health and safety, fire safety, medication management, vehicle maintenance and management of residents' finances. Through the implementation of these audits the proposed person in charge had made identified key issues that required addressing and had made arrangements for them to be addressed. For example, she had identified staff required training in the use of evacuation equipment and management of actual or potential aggression. She had made arrangements for staff to receive training and at the time of inspection all staff had received training in these key areas.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. Inspectors reviewed the templates the provider intended to implement during their unannounced visits and for the annual review of the centre. Inspectors were satisfied that if implemented in conjunction with the person in charge's auditing system the quality of care and experience of residents living in the centre would be effectively monitored.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre would be managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. The proposed person in charge was knowledgeable about the requirements of the Regulations and Standards.

She was supported in her role by the area director who had responsibility for oversight of a number of designated centres in the areas. He was identified as a person who would be participating in management who would assume responsibility of the centre in the absence of the person in charge and direct care practices and supervise staff to ensure organisational policies and practices were implemented for the care and support of residents. There were also management systems in place whereby persons in charge from nearby designated centres were on-call at weekends. A rotating roster of on-call would be established.

The regional director also acted as the proposed provider nominee for the applicant provider, and had the responsibility for the operation of the region and reports directly to the Chief Executive Officer. The provider nominee demonstrated good knowledge of the regulations and their regulatory responsibilities. She also demonstrated knowledge and understanding of the personalities and needs of residents living in the centre and the areas that required improvement in order to bring about positive meaningful outcomes for residents.

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:

Senior management were familiar with the requirement to notify the Chief Inspector of the absence of the person in charge.

There were systems in place whereby a person in charge from a designated centre in the local area was rostered on-call at weekends when the person in charge of the centre was absent or on leave.

The area director was directed and supervised services 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:

There were sufficient resources provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Activities and routines were not adversely affected or determined by the availability of resources. Three transport vehicles were available for the centre to bring residents to their day services and to social outings, for example.

Staffing levels were found to adequately support residents to achieve their individual personal plans and to meet their assessed support needs. Flexibility was also

demonstrated within the roster to meet specific needs of residents.

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):

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

Findings:

Management systems for the centre indicated that staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations.

A sample roster from the applicant provider was reviewed for the centre. This indicated there would be four to five staff allocated to support residents during the day with a waking and two waking staff in the centre at night time. The proposed provider nominee informed the inspector that the staffing ratio would be adjusted based on the needs of the resident at any given time. The planned staffing arrangements were in line with the statement of purpose.

The inspector saw that there was an induction and appraisal system in place. In addition, supervisory meetings were to be held with each staff member regular basis. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as the management of behaviour that challenge, safe administration of medication, manual handling and fire safety training.

The provider and person in charge were aware of residents' needs with regards to behaviours that challenge. Staff had undergone specific training to ensure they had the

necessary skills to implement behaviour support interventions and de-escalation techniques to support residents.

From a sample of staff files reviewed they were found to meet the matters as set out in Schedule 2 of the regulations which indicated safe and appropriate recruitment practices had been implemented.

No volunteers worked in the centre at the time of inspection.

Judgment:

Compliant

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:

There were policies and procedures in place in line with the matters as set out in Schedule 5 of the Regulations. Policies and procedures were reviewed and updated to reflect best practice at intervals not exceeding three years.

The centre was adequately insured against accidents or injury to residents, staff and visitors. The centre was also insured to cover residents' personal property which is outlined in the residents proposed contract of care.

A directory of residents was available which also met the requirements of the Regulations.

Inspectors noted systems were in place to maintain complete and accurate records in the centre. As the provider was relatively new to the service these records were not completely up to date at the time of inspection. The person in charge informed inspectors that they were in the process of receiving all the relevant information about each resident and completing the relevant records.

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:

Ann-Marie O'Neill
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 Health Service Executive
Centre ID:	OSV-0002469
Date of Inspection:	09 May 2016
Date of response:	03 August 2016

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 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:

One documented fire drill indicated a number of residents did not participate. While this information was important to ascertain residents willingness to participate in drills there was no evidence of learning or updating of residents' personal evacuation plans following the unsuccessful drill.

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

1. 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:

Monthly fire drills completed

- All staff work to the Muiríosa Policy' Fire Safety Management Policy'.
- Monthly fire drills are completed and learning to arise from the drills are documented within personal evacuation plans.

Proposed Timescale: 31/07/2016