

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Community Living Area 4
Centre ID:	OSV-0003749
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 October 2016 11:00	12 October 2016 19:00
20 October 2016 14:00	21 October 2016 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was carried out in order to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of this inspection, the inspector spent time with two residents. Residents appeared to be comfortable in their homes, and had their own individually decorated rooms. The inspector also met with staff and the person in charge, observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulations, which described the service provided. The designated centre was a detached four bedroom property, in a rural setting, which provided accommodation for three residents.

Overall findings:

Overall, inspectors found that residents had a good quality of life in the centre and the provider had arrangements in place to promote the rights and safety of

residents. Good practice was identified in areas such as:

- residents were supported to engage in meaningful activities (Outcome 5)
- fire safety and risk were well managed (Outcome 7)
- residents' healthcare needs were met (Outcome 11).

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 of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

Each resident had their own room which was furnished and decorated in accordance with their preferences, and with their own belongings. There was sufficient equipment available to meet all the needs of residents.

Residents were consulted with regarding many aspects of their daily lives. Regular residents' meetings were held, and there was evidence of meaningful consultation in relation to goal setting and personal planning. Choice was facilitated in relation to menus, activities and living environments.

There was a professional and respectful system for managing residents' personal possessions. In addition, the inspector found an appropriate system in place regarding the management and safeguarding of residents' finances.

While there were no complaints currently in process, there was a clear policy in place and an accessible version of this was available. The procedure for making a complaint was displayed in accordance with the regulations.

Residents were supported to communicate in various ways. For example an augmentative communications system involving a book of pictures and words had been developed for one resident. The resident was seen to use this in order to make requests of staff. A communication plan was in place for another resident which outlined all the

verbal and non verbal communication used by the resident in order to facilitate staff understanding.

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):

No actions were required from the previous inspection.

Findings:

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place.

Each personal plan began with a personal profile which included an assessment of residents' needs. Specific assessments had been conducted such as falls assessments, swallow assessments and skin integrity assessments.

Each identified area of need referred to a plan of care which included all aspects of daily life, including social care and activities. Goals were set for residents in accordance with their age, abilities and preferences. Implementation of progress towards these goals was recorded, and goals were reviewed and developed in accordance with changing needs.

Personal plans were well laid out and all aspects of the plans were regularly reviewed, and a daily record was maintained on each resident which gave a clear picture of how the day had been for the resident. Accessible versions of person centred plans had been developed.

The inspector was satisfied that residents were facilitated to engage in a variety of activities, both in the home and in the community. For example on the day of the inspection a therapist arrived to conduct therapeutic massage for some of the residents. Outings included shopping trips, attendance at concerts and use of the local library. Residents were supported to have short holidays.

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 inspector found that there were systems and processes in place for the management of risk and in the prevention and detection of fire.

All staff had received fire safety training and fire drills had been conducted regularly. Records of these drills were maintained which identified any learning and any required actions. There was a personal evacuation plan in place for each resident which had been recently reviewed, and an easy read version of these had been developed. All fire safety equipment, including emergency lighting had been tested quarterly. Daily checks were maintained of fire exits. Staffs were aware of the fire evacuation plans and were able to describe the procedures involved. Fire doors were in place throughout the house.

There were structures and processes in place in relation to the management of risk. There were various risk assessments in place including individual risk assessments. For example there was a risk assessment in place in relation to the use of lap belts and bedrails, and in relation to any changing conditions.

A risk register was maintained in which all risks were recorded and rated. A risk policy was in place which included all aspects required by the regulations. Accidents and incidents were recorded and reported, and overseen at management meetings. All accidents and incidents reviewed by the inspector had resulted in the development of a risk assessment which was included in the risk register.

The centre was visibly clean, hand hygiene facilities were available and there was a flat mop system in place. Cleaning checklists were maintained, and there was a quarterly deep clean of the house.

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):

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

Findings:

Any restrictive practices were well managed, however not all staff had received training in the protection of vulnerable adults.

Restrictive practices such as bedrails and lap belts had all been risk assessed. There was documented evidence of all alternatives having been considered, and that the restrictions were in place for the shortest time necessary to safeguard residents. There was also evidence of efforts being made to reduce the restrictions in the centre, for example following detailed assessment and observations one of the residents was no longer using bedrails.

Where a resident had engaged in behaviours which concerned staff, appropriate referral had been made to the psychologist, who had reviewed the resident and given guidance to staff.

There was a policy in place in relation to the protection of vulnerable adults and a recent allegation of abuse had been managed appropriately and safely within this policy. However, nursing staff had not received up to date training in the protection of vulnerable adults.

Judgment:

Non Compliant - Moderate

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:

There was evidence of a nutritional diet being provided for residents, and of healthcare needs being addressed.

Snacks and drinks were readily available and choices were facilitated by discussion at residents' meetings, via the use of communication aids, and by non verbal communication at mealtimes. Staff described various methods of ascertaining each resident's preference. A record was kept of residents' nutritional intake.

A dietician had been involved in menu planning , and where residents required additional support, for example because they had swallow difficulties, they had been assessed by the speech and language therapist. The recommendations of these healthcare professionals were documented, and staff could describe the required interventions for each resident.

Residents had access to other members of the multi-disciplinary team in accordance with their assessed needs, including physiotherapy, occupational therapy and psychology. Each resident had a community general practitioner (GP) of their choice, and there was an out-of-hours service available. Records were kept of each appointment and contact with members of the multi-disciplinary team.

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:

The inspector found appropriate arrangements in place regarding medication management.

Staff had received training in the safe administration of medication. This training involved three competency assessments, and was repeated every two years. A medication management policy was in place, and there was a supporting local protocol in sufficient detail as to guide staff. Practices in relation to ordering, recording and storage of medication were managed safely.

Prescriptions for regular medications included all the information required by the regulations, and the prescriptions for 'as required' (p.r.n.) medications included a protocol describing the conditions under which the medication should be administered. A record was kept on each occasion a p.r.n. medication was administered, which included the reason for the administration and the effect it had.

Regular medication audits were undertaken, and any drug errors were managed through the accident and incident reporting process. Any drug errors resulted in a risk assessment and management plan, and a root cause analysis of the circumstances of the error.

Staff engaged by the inspector were knowledgeable in relation to the management of medications in the centre.

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:

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge.

Within the management structure various team meetings were held, including regular staff team meetings, and regular management meetings. Records were kept of these meetings in which required actions were identified, the person responsible for them named. These actions were then reviewed at the subsequent meeting.

Audits had been conducted, for example, medication audits, finance audits and health and safety audits. Audits were undertaken of individual personal plans. Six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations, and a report of these visits was available. An annual review had been

prepared by the provider in accordance with the regulations.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the regulations and had a detailed knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

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:

The inspector found that there were appropriate staffing numbers and skill mix available to meet residents' needs within the layout of the designated centre.

Staff were in receipt of up-to-date training in mandatory areas for the most part, however nursing staff had not received training in the protection of vulnerable adults, as discussed under outcome 8.

A system of staff performance reviews had been introduced and had been completed for all staff.

Continuity of staff was managed by the use of familiar staff each day, and by drawing from a pool of familiar staff if the regular staff were not available. Staff were always of the gender preferred by residents.

All staff spoken to by inspectors were familiar with the needs of residents, for example, their communication needs and their healthcare needs, and all practices observed were in accordance with best practice and in accordance with the personal plans of residents.

On the second day of the inspection the inspector reviewed staff files in the organisation's head office, and found the files to contain all the information required by the 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:

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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:	Community Living Area 4
Centre ID:	OSV-0003749
Date of Inspection:	12 October 2016
Date of response:	27 October 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 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had received training in the protection of vulnerable adults.

1. Action Required:

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

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

response to abuse.

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

The Person in Charge will have her Safeguarding and Protection of Vulnerable Persons at Risk of Abuse completed.

Proposed Timescale: 25/11/2016