

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Multiple Sclerosis Society of Ireland - MS Care Centre
<b>Centre ID:</b>	OSV-0001940
<b>Centre county:</b>	Dublin 6
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	The Multiple Sclerosis Society of Ireland
<b>Provider Nominee:</b>	Ava Battles
<b>Lead inspector:</b>	Helen Thompson
<b>Support inspector(s):</b>	Conan O' Hara
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	12
<b>Number of vacancies on the date of inspection:</b>	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 1 day(s).

**The inspection took place over the following dates and times**

From: 09 March 2017 09:15 To: 09 March 2017 20:20

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

Outcome 04: Admissions and Contract for the Provision of Services
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
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was the centre's third inspection since regulation had commenced. The required actions from the centre's registration inspection in November 2014 were followed up as part of this inspection process.

**How we gathered our evidence**

The inspectors met with a number of the staff team which included nursing staff, care staff, the person in charge and the centre's quality manager. Additionally, in assessing the quality of care and support provided to residents, the inspectors spent time observing staff engagement and interactions with residents, and interviewed five residents. Two of those interviewed had previously availed of respite in the centre and for the remainder it was their first time there. On the week of the inspection the centre was primarily facilitating a specialised programme for younger and/or newly diagnosed people. The inspectors were particularly cognisant and mindful of this new situation for some residents and subsequently only met with those residents if they requested it.

Overall, residents reported that they were very happy with the quality of the service, the facilities and care that they received. Those that were present for the first time, expressed their satisfaction with the specialist programme and general support that was available. The person centred nature of the service and the staff team that provided it was especially highlighted. Access to occupational therapy whilst a resident, was the only additional area that was highlighted as a wish.

Additionally, as part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files, minutes of the centre's governance and staff meetings and a number of the centre's policy documents. The inspectors also completed a walk through all of the centre's premises.

#### Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The statement of purpose stated that the centre provided a dedicated respite service for people with Multiple Sclerosis (MS). It describes the centre as a place for the residents to learn more about their MS and find ways to self-manage their condition. It offers short-term respite care, therapeutic services, neurological assessments and many social activities in a homely environment. This service is available to people with MS from all over Ireland. There was capacity for 12 residents in the centre and on the day of inspection the centre was providing respite to 12 adult residents. This included five gentlemen and seven ladies.

#### Overall judgment of our findings

Nine outcomes were inspected against and overall the inspectors found a good level of compliance with regulations. However, some areas for improvement were identified in the core outcomes of health, safety and risk management and governance and management. The previously identified actions under admissions and contract for the provision of services remained outstanding.

The inspectors found that residents' healthcare, medication, social care needs and safeguarding needs were compliant with the regulations. Records and documentation to be kept was also found to be compliant on this inspection.

These findings along with others are further detailed in the body of the report and 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 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):**

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

**Findings:**

The inspectors found that the actions from the previous inspection were not satisfactorily completed. Further clarity on the inclusion and exclusion admission criteria was required in the admission policy.

The admission policy had been updated. The inspectors found that while the policy outlined the process for referrals and admissions, it did not clearly state the inclusion and exclusion criteria. Management and staff spoken to were clear on the inclusion and exclusion criteria.

Inspectors reviewed a sample of contracts and found that one contract did not fully outline the fees to be charged.

**Judgment:**

Substantially 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:**

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

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

**Findings:**

Overall, the inspectors found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plans. Residents were involved in and directed the planning process. Whilst receiving respite in the centre residents were observed to participate in meaningful and community based activities of their choosing.

The inspectors found that there was an established process in operation for the assessment of residents' needs. This involved a system for the assessment of their needs prior to being admitted for respite and at the time of their actual admission to the centre. This information was captured on a reservation form and included an assessment of the resident's particular goals for their respite stay, their preferences, preferred routines, social needs and hobbies.

This ensured that the respite service available would correlate to, and support each resident's needs in line with the centre's statement of purpose. A pre-screen phone call was also completed directly before the resident's admission. Plans were subsequently developed post assessment which informed staff practices and supports provided to the residents whilst on respite.

Whilst on respite, residents had a number of social and educational activities available to them in the centre. This included music sessions, art, quiz sessions, flower arranging, bingo and board games. Residents were also supported and facilitated to attend a number of activities within the local community. This included shopping and sight seeing.

During interview residents informed the inspectors of the significant social aspect gained from attending the centre for a respite stay and that a number of people will, where possible, consistently return together for a respite stay. All residents interviewed noted that they were satisfied with the range and level of activities available.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors found that there were systems in place to promote the health and safety of residents, visitors and staff. However, the risk management policy required some improvement.

The centre had a health and safety statement in place. The centre had a policy in place relating to incidents where a resident goes missing. Inspectors reviewed a sample of incidents and found that incidents were recorded, reviewed and actioned appropriately.

The centre had a risk management policy in place. However, the policy did not address some of the specified risks as per Regulation 26. The centre maintained a risk register which outlined a number of risks and the controls in place to control the risk. The risks outlined in the risk register included restrictive practices, slips and falls, fire and medication. The centre also had individual risk assessments in place which included manual handling and falls.

There were arrangements in place for fire safety management. There was certification to show that the fire alarms, emergency lighting and fire equipment were serviced on a regular basis. The procedures to be followed in the event of fire were displayed in a prominent place in the units of the centre. The centre completed regular fire drills and inspectors reviewed the record of these drills. In the welcoming meeting, fire evacuations were discussed with residents. Staff and residents spoken with were clearly able to tell inspectors what to do in the event of a fire. In addition, a fire risk assessment was completed in July 2016 by an external provider and the centre was in the process of addressing the issues identified.

The centre had prevention, and control of infection procedures in place and employed household staff. Training records reviewed showed that staff received training in infection prevention and control. Inspectors found the premises to be clean and hygienic. Inspectors observed personal protective equipment (gloves, aprons), hand wash facilities and hand gels located throughout the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors found that there were measures in place in the centre to protect residents from being harmed or suffering abuse.

The centre had a policy in place for the prevention, detection of abuse and systems in place for responding to incidents, allegations and suspicions of abuse. Staff spoken with were knowledgeable on what constitutes abuse and the procedure in place. They could outline how they would respond to potentially abusive situations for residents and were clear regarding their reporting responsibilities.

Inspectors observed staff treating residents in a warm, respectful and person centred manner. Inspectors spoke to several residents who stated that they 'love it here' and 'feel relaxed' in the centre. Residents also stated that they felt safe in the centre.

A behavioural support policy was in place in the centre, however no residents had behaviour that challenged or behaviour which required a support plan.

The centre had a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint. On the day of inspection, inspectors found that no restraints were in place in the centre.

The centre had a policy in place for the provision of intimate care. Residents had intimate care plans in place if needed, which outlined the supports needed and residents' preferences.

**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:**

The inspectors found that residents in this centre were supported to achieve and enjoy the best possible health. Residents endorsed and supported this finding on interview.

A review of residents' plans showed that their healthcare needs were assessed and supported. The inspectors found that residents were supported by a Multiple Sclerosis (MS) support nurse and physiotherapist, and whilst on respite attended these therapists for a review of their needs. Identified changes in support requirements were then communicated or referred back to the resident's community based therapists. Additional complimentary therapies of their choosing were available to residents. These included chiropody, reflexology, massage and the services of a beautician and hairdresser.

The inspector observed that residents were well supported by a general practitioner who visited the centre. Out of hours medical support was also available from a locally based service.

Mealtimes for residents were observed to be a relaxed and social occasion. The inspectors noted that residents' food choices, preferences and the timing of their meals were facilitated. There was a range of drinks and snacks available outside of the mealtime schedule. This included a coffee dock area with seating off the main dining room. Special diets were observed to be facilitated.

The support and advice of a dietician was also available. Residents consistently informed the inspectors that they were very happy with the food provided.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, the inspectors found that residents were protected by the centre's policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre were stored as required and residents' medication records were kept in a safe and accessible place.

A registered nurse was on shift at all times in the centre to administer medication where required and in line with the needs of the resident group. Residents were able to manage their own medication during the respite stay if they wished and had been assessed to have the required skills. On the day of inspection, all medication in this centre was being self administered by residents.

Inspectors reviewed the prescription record and medication administration record for a sample of residents. This documentation was observed to be complete.

There was a process in place to ensure that residents had an up to date prescription record on arrival for a respite stay. Residents generally accessed their own pharmacist and the centre also provided access to a local pharmacist where needed. Inspectors observed that medication stored in the centre was stored securely, including controlled drugs. Residents who were self administering were able to store their medications securely in their room.

There was a system in place for reviewing and monitoring safe medication management practices. A record of medication errors were kept and audited to identify if practice could be improved. The inspectors observed that learning from medication events was identified and subsequently implemented.

**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:**

The inspectors found that there were systems in place in the centre to provide oversight and accountability for the quality and safety of the care provided. However, some improvement was required with the centre's self-assessment process.

The inspectors observed that the centre had a number of governance structures and systems in operation. Previously these were encompassed into the centre's quality and safety meeting which recently had developed/been incorporated into a centre clinical governance and operational management meeting. This forum included operational and clinical lead personnel. The agenda for this meeting included resident care, people development, training needs, supervision and safety matters.

From a monitoring perspective, the inspectors observed some evidence of the six

monthly visits being conducted by the provider nominee. However, this process was not in keeping with the regulatory timeframe of at least once every six months. Additionally, there was no annual reviews completed of the quality and safety of the care provided in the centre.

The inspectors did acknowledge that the management had completed a number of other self-assessments procedures, including residents' questionnaires, suggestion/feedback boxes, surveys and audits. Subsequently a large volume of data sets were collated and the inspectors observed that this information was reviewed and used to bring about improvements in service delivery.

Additionally, the inspectors observed that there were arrangements in place for staff to exercise their responsibilities and express any concerns regarding the quality and safety of the services provided.

There was a clearly defined management structure in the centre with lines of authority and accountability. The person in charge (PIC) had been in the role for a number of years and was supported by the provider nominee, service manager and for one day a week by the service's quality manager. There were clear arrangements for the absence of the PIC.

There was systematic evidence of meetings between all personnel involved in the management structure. The inspectors noted that this had recently been revised with a view to achieving improved communication and efficiencies.

The PIC was noted to be knowledgeable with regard to the legislation and her statutory responsibilities. She demonstrated good leadership, was available to staff and was very involved in the day to day operational management and administration of the centre. The PIC was observed to be clearly identifiable to and known by residents.

**Judgment:**

Substantially 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:**

Overall, the inspectors found that the number and skill mix of residents was appropriate

to the needs and support requirements of residents. Staff were observed to be facilitated with the required training to meet residents' needs and to be appropriately supervised.

From observations, discussion with residents and staff members and from a review of documentation, inspectors found that staffing levels were in keeping with residents' needs and wishes. Throughout the inspection process residents used all opportunities to praise and highlight the support that they received from staff members.

A planned and actual roster was maintained with an underpinning legend system.

The inspectors observed that the supervision provided to staff was appropriate to their roles. This encompassed the direct availability of the person in charge during staff shifts, debriefing meetings for all available staff at the conclusion of residents' respite stays and a nurses' handover system.

Additionally, there was a specific co-coordinator for staff that worked as part of the community employment scheme. The required vetting process was also observed for volunteers.

Training provided to staff was in line with residents' needs and apart from the mandatory requirements, included food hygiene, pressure area and wound care and dysphagia.

The action from the previous inspection regarding staff files meeting the requirements of Schedule 2 was found to have been completed.

**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):**

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

**Findings:**

Not all aspects of this outcome were reviewed as part of this inspection.

Inspectors found that the centre had an updated policy in place for positive behaviour support.

**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 Thompson  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by The Multiple Sclerosis Society of Ireland
<b>Centre ID:</b>	OSV-0001940
<b>Date of Inspection:</b>	09 March 2017
<b>Date of response:</b>	13 April 2017

### 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:**

The admission policy did not include clear inclusion and exclusion criteria for admissions.

**1. Action Required:**

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

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:**

To ensure compliance under Regulation 24 (1) (a) I have amended the admission policy to include clear inclusion and exclusion criteria for admission to the designated centre.

**Proposed Timescale:** 10/03/2017

**Theme:** Effective Services

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

The contracts did not fully outline the fees to be charged.

**2. 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:**

I will make sure the contracts of care are amended to include the fees to be charged is clearly outlined, to ensure compliance under Regulation 24 (4) (a).

**Proposed Timescale:** 28/04/2017

**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:**

The risk management policy did not address all the specified risks as per Regulation 26.

**3. Action Required:**

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

To ensure compliance under Regulation 26 (1) (c) (iii) I will the risk management policy is amended, to include the measures and actions in place to control aggression and violence.

**Proposed Timescale:** 01/05/2017

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The provider's six monthly visits were not completed within the required regulatory timeframe.

**4. Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

To ensure compliance under Regulation 23 (2) (a), I will make sure that unannounced visits by the registered provider shall be completed within the required regulatory timeframe.

**Proposed Timescale:** 30/11/2017

**Theme:** Leadership, Governance and Management

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

No annual review had been completed of the quality and safety of the care and support provided to residents in this centre.

**5. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

To ensure compliance under Regulation 23 (1) (d) I will make an annual review of the quality and safety of care and support in the designated centre shall be completed in accordance with standards.

**Proposed Timescale:** 26/05/2017

