

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 6
Centre ID:	OSV-0002701
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	2

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: 08 March 2017 08:15 To: 08 March 2017 14:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection report sets out the findings of an unannounced monitoring inspection, the purpose of which was to monitor the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013. This monitoring inspection took place over one day. This centre was a respite services

How we gathered our evidence:

The inspector met with the residents, staff members on duty, the person in charge and members of the management team during the inspection process. The inspector reviewed practices and documentation such as residents' personal plans, healthcare plans, care planning guidance for staff, accident and incident reports, risk assessments, safeguarding practices, medication practices, premises, auditing and quality review and policies and procedures.

Description of the service:

This service was managed by the Muiriosa Foundation and consisted of two premises used for respite support to nine residents. There were two residents observed in the centre at the time of inspection and both were met by the inspector. A good quality service was observed throughout this inspection.

This designated centre consisted of two premises and the quality of care found was to be provided in accordance with the centres the statement of purpose. The residents were found to have an individualised respite service based on their needs, wishes and preferences.

Overall judgment of our findings:

The inspector found this was a very well managed centre that provided very good care to the residents using this respite service. The standard of service provision and overall quality of care delivered to the residents was found to be very person centred and of a good standard in all areas inspected.

The residents were found to be well cared for and supported to enjoy a good standard of care in accordance with their assessed needs. The requirements of the Regulations and Standards were well met in most areas in this centre. All findings are discussed in more detail in the main body of this report. Two minor actions were required which pertained to some maintenance issues and the absence of an emergency lighting system in part of this designated centre.

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 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:

The inspector found residents social care and support needs were well met in this centre. The personal plans in place to support the residents availing of respite were comprehensive, up to date and effectively reviewed and implemented in practice.

The inspector reviewed resident's personal plans and found that they were clearly categorised in terms of providing and guiding staff in the most important areas for residents.

Personal plans were divided into three specific colour coded areas outlining very important information that staff supporting the residents must know, individual support needs and the residents likes and dislikes in terms of how they are supported.

The inspector observed residents being supported in a caring and respectful manner in line with their personal plans. A resident was observed smiling and presented as very happy with the staff supporting them on this inspection.

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):

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

Findings:

There were two premises that formed this designated centre located approximately 2 miles from each other around a small rural town. One premises was located in a housing estate and consisted of two respite rooms and operated respite all year . The second premises consisted of a private countryside dwelling on a shared site which only operated for six nights a year for one specific resident. Both centres were inspected as part of this inspection.

The standard of accommodation was largely good in this centre with ample space, equipment and a good standard of accommodation for residents. The location, design and layout of the centre was found to be very suitable for its stated purpose and met residents individual needs. Some minor maintenance improvements were required in the second premises pertaining to paintwork (sitting room ceiling) and the water pressure in the kitchen and one bathroom was inadequate.

Judgment:

Substantially 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:

The inspector found that there were clear policies and procedures in place to ensure the health and safety of residents, visitors and staff is promoted and protected.

The inspector found that risk management policy, health and safety policies, safety statement and fire registers were all in place. The person in charge was very aware of all risks and had risk assessments and management plans outlined in a risk register. The person in charge had comprehensive direct oversight of risk areas such as resident falls, epilepsy, aspiration and absconding and demonstrated a strong knowledge of same in

the provision of a very good respite individualised service.

Incidents and accidents were continuously reviewed and evidence of managerial oversight and follow up was apparent.

The inspector found that an emergency lighting system was not installed in part of the designated centre. In reviewing fire safety orders, management plans and evacuation drills the provider demonstrated that they could safely evacuate 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:

There were safeguarding and protection of vulnerable adults policies and procedures in place in this centre and the person in charge and staff had a good understanding of the systems of reporting in place to ensure residents were protected. There had been no reported or investigated safeguarding concerns in this centre and there were clear channels and processes in place regarding same.

This respite service offered short term care and therefore behavioural support was not necessarily a component of service provision in this centre. However the inspector reviewed residents support plans whereby clinical and behavioural support input was available in terms of supporting residents with specific needs. A restraint free environment was found to be promoted and the person in charge had a restrictive practice register in place.

The inspector found that residents were appropriately safeguarded and protected in this centre.

Judgment:

Compliant

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Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
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Findings: Residents were found to be appropriately supported on an individual basis to enjoy best possible health. As this was a respite service, resident's health was primarily supported by residents and their families/primary carers. The inspector found that the person in charge had good systems in place to ensure all healthcare needs were met and supported for residents who used this centre. Residents who required specialised support equipment were provided with same and the person in charge demonstrated strong knowledge in terms of residents dietary support needs and care plans and risk assessments were reviewed in terms of supporting residents at risk of choking/aspirating. Residents were provided with healthy and nutritious foods when coming into the respite services. The inspector observed a resident being supported in caring manner at breakfast time in line with his assessed needs. There was very good communication between the person in charge and families regarding residents assessed needs to ensure the delivery of consistent care for respite stays.

Judgment: Compliant

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
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Theme: Health and Development

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

Each resident was found to be protected by the designated centres policies and procedures regarding medicines management. Resident's medicines came into the centre at the time of admission and was checked and counted and secured in terms of storage.

There were written operational policies and protocols regarding the ordering, prescribing, storing and administration of medicines in the centre. The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation.

The inspector reviewed a recent medicines error and found the matter had been followed up appropriately. Staff were provided with appropriate training in the safe administration of medicines where required and the inspector reviewed training logs for staff working in this 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):

No actions were required from the previous inspection.

Findings:

The quality of care and experience of the residents was monitored and developed on an on-going basis. Effective management systems were in place that supported and promoted the delivery of safe, quality care services in this respite service. There was a clearly defined management structure that identifies the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge who had been working in the centre since commencement.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix in the centre to provide care to residents in line with the centres statement of purpose. This centre was very much an individualised respite service whereby residents came in for short term respite stays and were supported on a one to one or two to one basis dependant on resident's assessed needs.

Staff rosters were in place and reflected the staff on duty. Mandatory training was completed in all required areas and all staff were recruited, selected, supervised and vetted in accordance with best practice. Staff spoken to on inspection were found to be knowledgeable and professional in their role in supporting residents. Staff were observed supporting residents in a person centred and caring manner throughout this inspection.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate

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 Muiríosa Foundation
Centre ID:	OSV-0002701
Date of Inspection:	08 March 2017
Date of response:	03 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 06: Safe and suitable premises

Theme: Effective Services

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

Some parts of one premises in this designated required some maintenance improvement.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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

construction and kept in a good state of repair externally and internally.

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

The second premises' sitting room ceiling has been painted and the water pressure in the kitchen and bathroom has full pressure.

Proposed Timescale: 15/03/2017

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:

There was not an emergency lighting system in all parts of the designated centre.

2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting system in the designated centre will be installed.

Proposed Timescale: 31/05/2017