

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodside
Centre ID:	OSV-0002706
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Colm Heffernan
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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: 29 November 2016 10:00 To: 29 November 2016 19:00

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 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
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.

How we gathered our evidence:

The inspector met with residents, staff members on duty and the management team during the inspection process. The inspector reviewed practices and documentation such as residents' personal plans, healthcare plans, accident and incident reports, risk assessments, audits and policies and procedures. The inspector also met with a volunteer who was working in the centre on the date of inspection.

Description of the service:

This service was managed by the Muiriosa Foundation and was a campus based centre providing care to nine residents at the time of this inspection. The centre

comprised of a large single story building which had spacious private and communal areas for resident use. Sufficient bedroom and bathroom facilities were available to meet the assessed needs of residents however some bedrooms were shared and some sharing arrangements were found to be inappropriate. The centre was found to be clean, bright and well maintained and had substantive external private grounds for residents.

Overall judgment of our findings:

The inspector found this was a well managed centre that provided good care to the residents living there. The standard of service provision and overall quality of care delivered to residents was found to be of a good standard in a number of areas that were inspected.

Residents were found to be well cared for and were supported to enjoy a good standard of care in accordance with their assessed needs.

However the inspector also found some areas that required improvements to ensure compliance with the Regulations and Standards. These areas included resident's privacy in shared bedrooms, personal planning goals/reviews, monitoring and follow up of an incident of a resident's seizure activity and the performance management of staff.

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:

Resident's rights, dignity and consultation needs were found to be met to a good standard on this inspection. Residents were found to be very well cared for and supported in this centre. However some improvement was required regarding the practice of using shared rooms.

The inspector met a number of residents and staff over the course of this inspection. A homely and calm atmosphere was evident on this inspection whereby resident's needs were met in a caring and respectful manner. Consultation with residents took the form of collective and individual meetings with residents and happened on an on-going basis with daily communication and choice facilitated.

The inspector observed staff offering choice to residents, knocking on bedroom doors and speaking to residents with dignity and respect throughout this inspection.

The inspector found that there were four shared rooms operational at the time of inspection and did not find these arrangements to be appropriate. For example, residents sharing bedrooms did not choose who to share with. While there was screening available in bedrooms it was found that using full time resident's bedrooms for short term/respice care was not ensuring their right to privacy.

Judgment:

Non Compliant - Moderate

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:

The inspector found that communication with residents was appropriate in this designated centre and found good systems in place to promote communication. A number of residents communicated non verbally and as such the person in charge and staff demonstrated a very good knowledge of resident's individual needs and were observed using picture aids and objects of reference to support residents. The inspector observed staff being patient and caring towards residents and were communicating and reassuring residents while supporting them. Resident's communication needs were clearly outlined in their personal plans and the person in charge had systems in place to review and update same.

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):

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

Findings:

The inspector found that residents were supported and encouraged to participate in community activities in line with their needs, wishes and preferences. Families were encouraged to participate in residents care and were welcome in the centre. There was a family area and visitors rooms for family to spend time in private with their loved ones. A community inclusion and research project presentation day was scheduled the week of this inspection whereby a number of residents were presenting substantive pieces of work on community accessibility and inclusion.

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):

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

Findings:

Overall the inspector found a lot of improvement in the area of social care provision and personal planning since the last inspection. Residents in the centre were engaged in activities in line with their needs, wishes and abilities. The inspector found some resident's personal plans were completed to an high standard however some personal plans required further improvement to ensure resident's person centred support plan goals and objectives were achieved, reviewed and appropriately updated.

The inspector saw residents leaving the centre for activities and to attend their day services. In reviewing a number of residents personal plans the inspector found that plans were accessible, comprehensive and multidisciplinary. The inspector reviewed plans with staff who demonstrated they were very familiar with same. One volunteer showed the inspector a person centred support plan whereby substantive work had been completed with a resident who completed a piece of inclusive research. The resident had also completed a lot of photography and made cards to sell with photographs he had taken. Other residents enjoyed trips, outings, dinners out and music concerts as part of their personal centred support plans. Some residents were linked to community groups such as supporting the homeless, the coeliac society and an equestrian centre.

However some improvement was required as some resident's plans reviewed were not appropriately updated and all of the resident's goals had not been achieved or reviewed.

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 health and safety of residents, visitors and staff was promoted and protected. However further review was required of one incident logged in the centres incident records that was not appropriately followed up.

The inspector found a safety statement in place that was location specific and also found that there were risk management policies and procedures as well as a fire register and emergency plans in the centre. Fire detection systems, equipment and evacuation procedures were outlined and available in the centre. Regular fire drills were completed and evidence of same was reviewed on this inspection.

There was a risk register in place that included identified risks such as resident falls, positioning protocols, skin integrity review, aspiration/choking risk, epilepsy and seizure risk and resident's personal injury and absconsion. The inspector found correlating risk assessments and control measures were in place for these risks.

The inspector reviewed a number of accidents and incidents and found evidence of follow up in the majority of incidents reviewed. One incident pertaining to a resident seizure did not have evidence of appropriate follow up.

Judgment:

Non Compliant - Moderate

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:

The inspector found that residents in this centre were safe and were protected by organisational policy and practices.

The inspector found that safeguarding issues were reported and investigated in line with organisational policy which reflected and incorporated national guidance. The provider had systems in place to ensure staff were trained and the inspector spoke to a number of staff who were aware of the types of abuse, signs and symptoms of abuse and the reporting procedures for allegations, instances or disclosures of abuse

The inspector reviewed a number of resident's personal finances (where managed by the provider) and found account balances matched with the residents last recorded income and expenditures ledgers which were all co-signed and reviewed by management at regular intervals. Resident's monies were found to be protected and secure in this centre.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were supported to participate in day services individually tailored to their needs. A number of residents attended a day service located close to the centre and engaged in various table top activities. The inspector reviewed a number of resident's activity records and found that some residents were involved in baking, art and photography.

Residents observed over the duration of inspection were found to be actively engaged by the staff supporting them while others chose to spend time relaxing in their home. Staff knew residents likes/dislikes and residents presented as comfortable with staff supporting them.

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.
Findings: Residents were found to be supported to enjoy best possible health in this centre. Healthcare plans reflected individual support needs and there was frequent supported access to allied health professionals. Residents with specific healthcare needs were supported with regular screening, blood tests and scans found to be facilitated for residents requiring review. Care plans were reviewed and updated for residents in areas such as epilepsy, ataxia, skin integrity, osteoporosis, uncontrolled movements and hearing impairments. The person in charge demonstrated detailed knowledge of each resident's healthcare needs. As residents in this centre had complex support needs many required 2:1 support for mobility and transitioning. Staff were observed supporting residents using hoist and transitioning equipment in a safe and appropriate manner.
Judgment: Compliant

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector found systems in place whereby residents were appropriately protected by medicines management practices within the designated centre. The inspector observed a medication round and the nurse on duty administered medication in a caring, respectful and professionally competent manner. Medicines were

administered in accordance with clear and accurate guidance and were stored securely in the centre. There was a nurse on duty in this centre at all times with responsibility for administration of medication. There were clear protocols in place for all medicines including PRN (as required) medicines. For example, there were clear guidelines for the administration of emergency epilepsy medication.

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 inspector found good governance and management arrangements in place in this designated centre. The person in charge had some good systems of oversight in place to monitor the care delivered in the centre. The provider nominee was a regular presence in the centre and was very aware of the standard of care provision in the centre. The person in charge demonstrated detailed knowledge for the residents in her care and was very person centred and caring in her management of the centre. Some improvements were required to ensure performance appraisal was conducted with staff.

The inspector reviewed audits on the areas of medication management, risk management, safeguarding. Internal auditing led to increased practice development in the areas of communication and skills teaching. The inspector reviewed completed six monthly provider audits in addition to an annual report dated October 2016 conducted by the area director.

The inspector found that the governance and management arrangements in this centre ensured a good standard of care to the residents living there. However the inspector found that there were no staff performance appraisals conducted for 2016 as is a requirement of the Regulations.

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:

The inspector found that a suitable staff number and skill mix were present in this designated centre. All staff and volunteers were recruited and vetted in accordance with best recruitment practices. One volunteer was working in this centre and the inspector interviewed this person as part of this inspection.

Staff consistency had improved since the previous inspection from reviewing rosters, speaking with staff, the person in charge and provider. Staff training and development records reviewed on inspection did not show that all staff were up to date with mandatory training, however the provider submitted evidence of same following this inspection which demonstrated compliance with the Regulations and Standards.

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-0002706
Date of Inspection:	29 November 2016
Date of response:	21 December 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Shared bedrooms that were operating in this centre did not respect resident's rights to privacy.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The Provider plans to transfer Individuals to 3 smaller houses to ensure each individual has their own room. Respite/short term Individual's will not share a room with a long term individual

Proposed Timescale: 31/12/2019

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some plans were not appropriately reviewed, implemented and updated.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The PIC will meet with all Key Workers and on a monthly basis review and evaluate the effectiveness of Person-Centred Plans

Proposed Timescale: 27/02/2017

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:

One incident of a resident seizure did not have evidence of appropriate follow up.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The PIC will ensure that all Individuals have evidence of appropriate follow up following a seizure. This will be documented in the individuals Personal Plan.

Proposed Timescale: 10/01/2017

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:

There were not performance management and appraisals completed for staff for 2016.

4. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The PIC/Deputy PIC will carry out Yearly Performance Reviews with all staff in Woodside

Proposed Timescale: 31/03/2017