

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 19
Centre ID:	OSV-0002723
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:	5
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 1 day(s).

The inspection took place over the following dates and times

From: 10 November 2016 13:00 To: 10 November 2016 20:00

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.

How we gathered our evidence:

As part of this inspection, the inspector spent time with three residents. Residents appeared to be comfortable in their homes, and had their own individually decorated en-suite rooms. The inspector also met with staff, 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 community home in close proximity to the nearest town.

Overall findings:

Overall, the inspector 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)
- residents were safeguarded (Outcome 8).
- staff were available to support residents (outcome 17)

Improvements were required in areas such as the safe administration of medications (Outcome 12) and care planning for health care needs (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 en-suite room which was furnished and decorated in accordance with their preferences, and with their own belongings. Staff had created small sensory areas in various parts of the house and garden to meet the sensory needs of residents.

Residents were consulted regarding various aspects of their daily lives. Weekly residents' meetings were held, a detailed record of the discussions was kept, and agreed actions were followed up. Communication aids had been developed and were in use to facilitate the participation of all residents who chose to be involved in the meetings.

Family contacts were maintained and supported, and staff accompanied residents to family events to ensure their involvement.

While there were no complaints currently under investigation, 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.

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, occupational therapy assessments and skin integrity assessments.

Each identified area of need referred to a plan of care which included all aspects of daily life, including healthcare, social care and activities. Goals were set for residents in accordance with their abilities and preferences, and these goals were clearly broken down into small steps to aid achievement. Implementation of progress towards these goals was recorded, and they were regularly reviewed. Accessible versions of goals and achievement of steps was available in the personal plans.

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 residents were involved in community groups and classes, and had regular outings in the community. Various activities also took place in the home, including sensory activities and home based pastimes. In addition, 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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems and processes in place for the management of risk and for 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. 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 centre. A monthly health and safety checklist was conducted which included fire safety. However, regular agency staff who might be lone workers overnight had not all been involved in a fire drill.

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 were a risk assessments in place in relation to wheelchair use, behaviours of concern and swallow difficulties. Centre specific risk assessments and management plans were in place, for example there was a risk assessment and 'buddy system' in place to mitigate the risks associated with lone working.

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.

The centre was visibly clean, and a daily checklist was maintained. There was a household staff once a week, and deep cleaning took place when required. There were appropriate hand hygiene facilities available.

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 systems in place in relation to the protection of vulnerable adults, and a restraint free environment was promoted.

Where residents required lap belts on their wheelchairs to maintain safety, these were risk assessed and only used for the shortest time possible to mitigate the risk. Residents could indicate to staff when they would like the lap belts to be removed, and this was facilitated.

Where residents' behaviour indicated anxiety around certain situations, or had a specific communicative function, there were risk assessments and protocols in place to safely manage these.

There was a policy in place in relation to the protection of vulnerable adults, all staff had received relevant training and displayed knowledge in relation to abuse and the management of any allegations.

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:

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

Snacks and drinks were readily available and choices were facilitated by discussion at residents' meetings, via the use of communication aids for those residents who required this support. Times of meals and snacks were strictly adhered to in order to meet the particular needs of residents. Others had been assessed by the speech and language therapist, and the recommendations were documented in the residents' personal plans.

Residents had access to members of the multi-disciplinary team in accordance with their assessed needs, including chiropody, speech and language therapy and alternative

therapists. Each resident had a community general practitioner (GP) of their choice, and there was an out-of-hours service available.

Where plans of care were in place for particular areas of need, they were documented in sufficient detail as to guide staff practice. Changing conditions had been quickly observed by staff, and the appropriate appointments and referrals had been made.

However, not all these changing needs or acute conditions were documented in the personal plans, and no guidance to staff was available under these circumstances. For example the interventions required to manage a recent respiratory tract infection for a resident were not documented.

Judgment:

Substantially 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 some appropriate arrangements in place regarding medication management, however improvements were required in the guidance relating to the administration of 'as required' (p.r.n) medications and in the management of stock control.

Staff had received training in the safe administration of medications. 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.

However improvements were required in the management of stock. Most of the medications were supplied in blister packs, and those not in the blister packs were in named containers. Stock of medication checked by the inspector was not correct, and there were more tablets on two occasions than there should have been if they had been administered each time that staff had signed the administration sheet. The inspector was therefore concerned that these medications had not actually been administered on several occasions.

In addition some of the guidance in place to assist in the decision making around the administration of p.r.n. (as required) medication was inappropriate. The criteria

documented for the administration of over the counter medication for pain relief included 'pupils dilated', loss of interest in eating' and 'salivary secretion'. The inspector was concerned that this guidance might not only lead to inappropriate administration of medication, but that appropriate follow up might not be sought under these circumstances.

Regular medication audits were undertaken, and any drug errors were managed through the accident and incident reporting process.

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

Judgment:

Non Compliant - Moderate

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. However, the agreed actions from the staff team meetings were not monitored, and two of the actions reviewed by the inspector had not been completed, and were not followed up at subsequent meetings.

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 on leave at the time of this unannounced inspection, however appropriate deputising arrangements were in place.

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):

No actions were required from the previous inspection.

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, and that additional staff were made available for social occasions or trips away.

Staff were in receipt of up-to-date training and a system of staff performance reviews had been introduced and had been completed for all staff.

Continuity of staff was managed by a core team of familiar staff, and by drawing from a familiar relief panel if the regular staff were not available.

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 a previous day three weeks prior to 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:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0002723
Date of Inspection:	10 November 2016
Date of response:	05 January 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 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:

Not all staff had been involved in a fire drill.

1. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably

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

practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- 1) A plan is in place to ensure that all regular agency staff are involved in a fire drill.
- 2) The staff member referred to in the report has since the inspection been involved in a fire drill.

Proposed Timescale: 1) 31st January 2017
2) 16th November 2016

Proposed Timescale: 31/01/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Appropriate healthcare was not always documented in personal plans.

2. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Care Plans have been updated to reflect changing needs and interventions recommended. Staff have been made aware of the importance of ensuring all changes in relation to an individual's care is documented.

Proposed Timescale: 15/11/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Administration records did not correspond to stock levels.
Guidance for some p.r.n. medications was in appropriate.

3. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All medication is now supplied in blister pack form and collected on a weekly basis.

PRN Guidance Documentation has been discussed with the G.P and the GP has re-written the PRN protocols to make them specific to each individual.

Proposed Timescale: 12/11/2016

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:

Not all actions agreed at staff meetings were implemented.

4. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Actions arising from previous meetings is now an agenda item for all meetings. Under this item a report on actions will be given and documented in the minutes.

Proposed Timescale: 15/11/2016