

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Offaly Respite/Family Support Service (Children) Area M
Centre ID:	OSV-0002740
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Mairead Sheedy (Brereton)
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
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: 31 May 2017 09:30 To: 31 May 2017 17:00

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

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

Background to the inspection:

This was a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection was undertaken on the 1 and 2 of December 2015 and the centre was subsequently registered. As part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with two service users availing of respite in the centre. Although these service users were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the service users and staff caring for them and that they were in good spirits.

The inspector interviewed the person in charge, two staff nurses and the parents of one of the service users. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the providers statement of purpose. The centre provided respite care for up to nine service users with moderate to profound dependency levels. Each of the service users availing of respite in the centre had high medical needs and support requirements. A registered staff nurse was on duty at all times when the centre was opened to meet the service users needs.

The centre could accommodate up to four service users per night but on the day of inspection there were two present. The centre was located on the outskirts of a town in county Offaly. The centre comprised of a detached bungalow which had a spacious garden to the front and rear of the centre with adequate leisure facilities for service users use.

Overall Judgement of our findings:

Overall, the inspector found that service users were well cared for whilst availing of respite in the centre and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre. Of the seven outcomes inspected on this inspection, minor non compliances were identified in two outcomes as outlined below.

Good practice was identified in areas such as:

- The health and safety of service users, visitors and staff were promoted and protected. (Outcome 7)
- There were appropriate measures in place to keep service users safe and to protect them from abuse. (Outcome 8)
- There were systems in place to ensure the safe management and administration of medications. (Outcome 12)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to service user's needs. (Outcome 14)
- There were appropriate staff numbers and skill mix to meet the assessed needs of service users, and the safe delivery of services. (Outcome 17)

Areas for improvement were identified in areas such as:

- In a small number of the plans reviewed, the inspector identified some areas for improvement. (Outcome 5)
- Medical notes on some files were not up to date. (Outcome 9)

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):

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

Findings:

Each service user's well being and welfare was maintained by a high standard of evidence-based care and support. The arrangements to meet each service user's assessed needs are set out in a personal plan that reflects his or her needs, interests and capacities. However, in a small number of the plans reviewed the inspector identified some areas for improvement.

At the time of the last inspection, inspectors found that some service users did not have a comprehensive assessment of their needs and that assessments were not reviewed to reflect changes of need and circumstances. On this inspection, the inspector found that each service user's health, personal and social care needs had been adequately assessed. There was documentary evidence to show that service users' parents were involved in assessments to identify service user's individual needs and choices. In addition, there was some multidisciplinary input into assessments.

Each service user had a personal plan which detailed their assessed needs and choices. One parent spoken with outlined their involvement in developing the plan and that they were satisfied that the plan was being implemented. There were some processes in place to formally review service user's personal support plans on a yearly basis. There was also evidence that audits of the effectiveness of plans had been completed on some files. However, in a number of files reviewed, there was limited documentary evidence to show that the service user's family representative and multidisciplinary team were involved in the revision of personal plans. It was not always clear, if progress against

goals and the overall effectiveness of the plans were reviewed.

One service user was due to transition to an adult service within the following 15 month period. There was evidence that transition plans were in the early stages of development.

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):

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

Findings:

The health and safety of service users, visitors and staff were promoted and protected.

There was a risk management policy and a risk management framework dated August 2016 which met with the regulatory requirements. The inspector reviewed a sample of individual risk assessments and plans for service users which contained a good level of detail, were specific to the individual and had appropriate measures in place to control and manage the risks identified. A falls risk screening tool was in place. Each service user's personal plan included an assessment and plan in relation to maintaining a safe environment which was specific to the service user. There was a risk escalation pathway from the local manager to the regional director to the management executive where necessary. The centre had a risk register which was regularly reviewed.

There was a safety statement, dated August 2016, with written risk assessments pertaining to the environment and work practices. A member of staff was the identified health and safety officer for the centre. There was a health and safety committee whose membership included a staff member from the centre. Minutes of their meetings were available and facilitated some shared learning across the service. Hazards and repairs were reported to the provider's maintenance department and records showed that requests were attended to promptly. Monthly and quarterly health and safety audits were undertaken which informed an annual health and status report.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving service users. This promoted opportunities for learning to improve services and prevent incidences. A paper based incident management system was used to report all incidents which also recorded actions taken. Overall, there were a low number of incidents reported. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection. The inspector observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule on display in each of the rooms and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use. There were adequate arrangements in place for the disposal of waste.

Adequate precautions were in place against the risk of fire. There was adequate means of escape and all fire exits were unobstructed. A procedure for the safe evacuation of service users in the event of fire was prominently displayed. Each service user had a recently updated personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the individual. Fire drills involved service users and were undertaken on a regular basis. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment and fire alarms were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre. A monthly fire safety audit was also completed.

Staff spoken with, were knowledgeable about manual handling requirements. Manual handling risk assessments and management plans had been completed for individual service users. A ceiling tracked hoist system was available in one of the bathrooms and there were two manual hoists available. Records showed that all hoists(including manual hoist) had recently been serviced. There was evidence that all staff had attended manual handling training.

There was a centre specific emergency procedure, dated October 2016, to guide staff in the event of such emergencies as power outages or flooding.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were appropriate measures in place to keep service users safe and to protect them from abuse.

The centre had a service user protection policy in place, dated July 2014. The inspector observed staff interacting with service users in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and Children First, National guidance for the protection and welfare of children, 2011. The picture and contact details for the designated person for the centre, (as per Children First, 2011) were observed on display. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. There were guidelines on the protection of service users personal possessions, property and finances, dated September 2014.

There were guidelines on intimate and personal care, dated June 2014. Each service user's personal plan, included a section on personal cleaning and dressing and there was a separate intimate care plan in place. These provided adequate detail to guide staff in meeting the intimate care needs of service users.

Service users were provided with emotional and behavioural support. There was a 'listening and responding to individuals who demonstrate behaviours of concern' policy, dated April 2014 which was overdue for review. At the time of the last inspection, some staff had not received appropriate training, and practices in place for managing behaviours did not include strategies for supporting the service user to reduce incidents of such behaviour. On this inspection, the inspector found that all staff had received appropriate training in reactive and proactive behaviour support strategies and that individualised behaviour support plans were in place for the small number of service users who required same.

There was a policy on upholding dignity and welfare of service users, dated August 2016. A restrictive practice register was maintained. There were a small number of physical and environmental restraints being used in the centre which had been prescribed by individual service user's multidisciplinary teams to meet their support needs. All usage was monitored and recorded. A risk assessment and management plan had been completed for each restriction in place. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Service user's healthcare needs were met in line with their personal plans and assessments. However, medical notes on some files were not up to date.</p> <p>Each of the nine service users availing of respite in the service had complex medical needs and support requirements. All recommended treatments were facilitated whilst availing of respite in the centre. It was a nurse led service with a nurse on duty at all times. Each service user's health needs were appropriately assessed on each admission and met by the care provided in the centre.</p> <p>At the time of the last inspection, specific health care plans for epilepsy for some service users had significant gaps in information. On this inspection, the inspector found that health care plans in place contained sufficient detail to guide staff. There was evidence that families had signed off on these plans. However, in a small number of cases, up-to-date medical notes were not available on all files.</p> <p>The centre had a fully equipped kitchen and dining area. A number of the service users were on enteral feeds. There was evidence that enteral feeding regimes in place were overseen by service user's GPs and dieticians. The service had a nutrition and hydration policy in place and policies relating to the care and management of the enteral feeding devices in use in the centre. Staff had attended training in relation to enteral feeding care and management. Eating and drinking plans were in place for service users who required same. Records showed that nutritional intake for service users were adequately recorded in the centre.</p>
<p>Judgment: Substantially Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings:</p>

There were systems in place to ensure the safe management and administration of medications.

There was a medication management policy and guidance in place, dated February 2017. The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. The inspector reviewed a sample of prescription and administration records and found that they had been appropriately completed and that medications were administered as prescribed. Staff interviewed had a good knowledge of appropriate medication management practices. There was a secure press for the storage of all medicines. There was a medication fridge in place and records showed that the temperature was monitored regularly.

At the time of the last inspection, inspectors found that the local protocol in regard to the review of as required (PRN) medications were not in line with the centres policy on the administration of medication and did not involve service user's general practitioners. On this inspection, the inspector found that appropriate protocols were in place which had been signed by general practitioners. Since the last inspection, the administration sheet record had been revised to contain a comment section.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to service user's families. It was not appropriate for any of the service users in in the centre to be responsible for their own medications. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. The inspector reviewed records of medication audits undertaken on a two monthly basis. These showed a good level of compliance and where issues were identified appropriate actions had been taken.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to service user's needs.

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. A relative spoken to as part of the inspection described the person in charge as approachable and committed to the well being of the service users. Service user were observed to interact warmly with her. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the health needs and support requirements for service users. The person in charge was in a full time post and also held responsibility for another respite centre which was only opened when the centre inspected was closed. The person in charge reported to the director of service. On-call arrangements were in place and staff were aware of these and the contact details.

At the time of the last inspection, an annual review of the quality and safety of care and support in the designated centre did not ensure that the service was operating in accordance with the regulations and standards. Since the last inspection, the provider had reviewed the organisational annual audit tool. The inspector reviewed the annual review undertaken for 2016 and found that it was adequate. An unannounced visit of the safety and quality of care in the centre had been undertaken by the provider on a six monthly basis as per the requirements of the regulations. There was an action plan in place to address issues identified in these audits. The person in charge had put in place a schedule for a range of internal audits in the centre. Examples included, medication, hygiene, epilepsy management, restrictive practice and fire safety. Actions identified from these audits informed an overall quality enhancement plan which was compiled by the regional director. The person in charge and regional director attended a monthly quality and safety meeting to review progress against the quality enhancement plan. Good progress was being made in monitoring and addressing issues identified.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility.

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:

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

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of service users availing of respite and the safe delivery of services.

The staffing levels, skill mix and experience were sufficient to meet the needs of the service users. Nursing care was provided on a 24 hour basis whilst the service users were in respite. The majority of staff had worked in the centre for a number of years which meant that service users had continuity in their care givers.

A training programme was in place for staff which was coordinated by the providers training department. An education and training needs analysis had been completed by each member of staff. Training records showed that all staff were up to date with mandatory training requirements. Refresher training in a number of areas was identified for staff, including enteral feeding, hand hygiene and infection control. Staff interviewed were knowledgeable about policies and procedures in place. The inspectors observed that a copy of the standards and regulations were available in the centre.

At the time of the last inspection, there were no formal staff supervision arrangements in place. On this inspection, the inspector found that all a supervision policy and schedule had been put place. Staff interviewed told the inspector that they found supervision provided, beneficial to them in their role. The inspector reviewed supervision records for four members of staff and found that they were of a good quality.

There were no volunteers working in the centre.

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:

Maureen Burns Rees
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-0002740
Date of Inspection:	31 May 2017
Date of response:	22 June 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 05: Social Care Needs

Theme: Effective Services

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

There was limited documentary evidence to show that the service user's family representative and multidisciplinary team were involved in the revision of personal plans.

1. Action Required:

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

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The PIC will schedule meetings with service users, their representatives and the multi-disciplinary team to review personal plans at least on annual basis.

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

It was not always clear, if progress against goals and the overall effectiveness of the plans were reviewed.

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:

- i) Ensure that the goals are reviewed at least on an annual basis with the service user and/or their representative.
- ii) Implement a system to review the overall effectiveness of the plans in consultation with the service user and/or their family representative

Proposed Timescale: 31/12/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Up-to-date medical notes were not available on all files.

3. 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:

The PIC will schedule meetings with family representatives to request copies of all medical notes for their family member

Proposed Timescale: 30/09/2017