

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 3
Centre ID:	OSV-0003750
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:	2
Number of vacancies on the date of inspection:	1

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 January 2017 09:45 To: 31 January 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
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.

How we gathered our evidence:

The inspector met with the residents, staff members on duty, the person in charge, a behavioural support therapist 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, residents finances, auditing and quality review and policies and procedures.

The governance and management systems in place in this centre were found to be of a very good standard which was reflected in the high levels of compliance found in

this centre. A competent and qualified nurse held the role of person in charge and demonstrated a very person centred and professional approach to the management of the centre.

Description of the service:

This service was managed by the Muiriosa Foundation and consisted of a large private country dwelling on a substantive site and grounds. There were two female residents residing in the centre at the time of inspection and both were met by the inspector. There was one vacancy in the centre at the time of inspection.

This designated centre consisted of a modern house that was well decorated, designed and maintained to a very good standard and provided a high quality of care in accordance with the centres the statement of purpose. The residents were found to have an individualised service based on their needs, wishes and preferences. Residents told the inspector they loved their home and presented as very happy and well cared for by the staff and clinical team supporting them.

Overall judgment of our findings:

The inspector found this was a very well managed centre that provided very good care to the residents living there. 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 this centre. All findings are discussed in more detail in the main body of this report. Only one action was required which pertained to the absence of an emergency lighting system in 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 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 were found to be well promoted in this centre. Residents were consulted with on a collective and/or individual basis and presented as being well supported in this designated centre.

One resident was observed being very well supported and was very welcoming of the inspector in showing their home. This resident spoke positively and fondly of the person in charge, staff, psychologist and behavioural support specialist in terms of the support available.

Residents presented as very comfortable in their home which was found to be warm, bright, modern and very comfortable and homely.

Each resident's privacy and dignity was upheld and well maintained. Residents had large bedrooms decorated to an individualised and high standard. Residents stated they were very happy in their home and with the staff supporting them.

There was a clear complaints policy in place and procedures in place and the inspector found complaints were followed up and action was taken in response to complaints. The inspector found that the centre was well managed by a competent person in charge and residents were provided with a good service that promoted good quality of care for residents.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Admissions and contracts for the provision of services were found to be in place and well managed in this centre. The centre provided good care for two residents at the time of inspection with one vacancy.

The inspector found that one resident had been discharged from the centre due to issues with the resident mix. Resident's spoken to on this inspection highlighted they were very happy living in the centre and got on very well.

Contracts reviewed by the inspector highlighted details of the services provided to residents and the fees being charged which have been realigned in accordance with most recent national guidance. Each contract had a signed copy of their contract for provision of services on their file.

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:

Residents were found to be provided with and supported to pursue activities and social events in line with needs, wishes and preferences. The inspector spoke with and observed residents coming from and going to various activities on inspection. Residents presented as very relaxed and happy over the course of this inspection and were very welcoming to the inspector.

One resident volunteered in a local animal shelter and gave the inspector a good insight into their social life stating that they regularly went out for meals, to the cinema, walking, shopping and enjoyed knitting. Another resident enjoyed table top activities and had an area in their home where they designed and made jewellery which they sold at the organisation annual garden party.

Personal plans reviewed were found to be comprehensive, multidisciplinary and aligned to resident's needs and wishes. Personal plans were effective and reviewed and up to date.

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):

No actions were required from the previous inspection.

Findings:

The premises were found to be of a very high standard in this centre. The house was a large private country dwelling on substantive grounds.

Residents had large bedrooms and en-suite bathrooms available in the house. There was ample space and the premises was found to be clean, bright and maintained to a high standard. Residents had access to kitchen and laundry facilities and there was large spaces for communal and private time for residents. A gym room was developed for one residents to keep fit and active.

There was one vacant room that was unoccupied at the time of this inspection. Overall the inspector found the centre was of a high standard in terms of the internal and external physical premises, facilities and equipment available.

Residents told the inspector they really liked their home and were very happy with the service they received and where they lived.

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:

There were appropriate systems in place to ensure the health, safety and risk management of residents, visitors and staff. There were policies and procedures in place to ensure good practices in the area of health, safety and risk management. There were systems in place for the management of fire precautions however there was not an emergency lighting system present in this centre.

There was a policy regarding risk management procedures that was in line with the requirements of the regulations and guided practice. Health and safety policies were reviewed as was the safety statement and fire management policy and fire register. A risk register and accident and incident records were also reviewed. The person in charge had systems in place to effectively monitor and review risks. Incident reviews included instances of behaviours of concern, a minor issue with a transport vehicle and medication errors. There was evidence of follow up in all areas concerned.

Emergency evacuation procedures were in place and the inspector reviewed fire prevention, detection and fighting equipment. There was evidence of evacuation drills completed and the person in charge highlighted the house was fully evacuated in 30 seconds. There was a n emergency pack in place in the event of an evacuation occurring. There was not an emergency lighting system in place as is required by the regulations.

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:

Measures were in place to protect residents from being harmed or suffering abuse. The provider had clear policies in place to respond to allegations, disclosures or suspected abuse. Residents were found to be provided with a high standard and individually tailored therapeutic support programme and a restraint free environment was promoted in this centre.

The inspector found that residents were safe and protected by practices within the centre. All staff demonstrated a good understanding of policies and procedures in the protection of vulnerable adults. Staff were aware of the types of abuse and how to report same to line management and a designated liaison person in line with policy.

Staff training records indicated that all staff had up to date training in the safeguarding and protection of vulnerable adults.

Detailed positive behavioural support services were available to residents who described the importance of psychological support in their life. There was clearly a very strong rapport built up with clinical support personnel in the continued support of residents in this centre.

The inspector reviewed residents finances and found they were well protected by policy and practice. The person in charge demonstrated the accounting system in place and found finances were correct and protected residents' monies appropriately.

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:

Residents were found to enjoy a good standard of health and were well supported to on an individual basis to achieve best possible physical and mental health.

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. Residents had good access to allied health professionals and their needs were well assessed and provided for in this centre.

Healthcare plans reviewed were reviewed and up to date. Residents with specific need such as autism and mental health support needs were well supported. Care planning was in place and was appropriately reviewed and up to date. There were nutritional, skin integrity and nursing assessments in place and correlating care planning was found to be in place where an need was assessed.

Residents were seeking and promoting a healthy lifestyle and this was reflected in the menu planner and choices being made by residents. Residents weights and body mass index was monitored and residents were encouraged to make active dietary choices and live active and healthy lifestyles.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Medicines management policies and procedures were in place and protected residents.

The person in charge was a qualified and registered nurse and all staff in the centre had undergone safe administration of medicines training. The inspector reviewed medication administration in the centre and found this was completed to a professional standard and was very respectful to residents. A resident was observed administering their own medication (with supervision) and the inspector reviewed administration and prescription medication which was clear, accurate and well maintained.

The inspector found clear protocols in place regarding residents and staff guidance

pertaining to the administration of medicines in the centre including specific guidance for the use of short term 'as required' (PRN) medicines used in this designated 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 well monitored and developed in this centre. A qualified and professionally competent person in charge was in place and there were effective systems of management apparent that promoted the delivery of safe, quality care services.

The inspector found that this centre was well managed by a suitably qualified and skilled person in charge with authority, accountability and responsibility for the provision of services.

The person in charge had a clear rostering system in place and ensured all staff were appropriately recruited, inducted, trained and supervised in line with their job descriptions.

There were audits reviewed on inspection in the areas of health and safety, personal planning, medication management and residents personal finances. The provider had an organisational auditing approach on a daily, weekly and monthly frequency which ensured continual quality review of practices.

Provider unannounced visits and audits had taken place and annual reviews for the last 3 years were evident which demonstrated compliance with the requirements of the regulations.

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 to meet the assessed needs of residents and the safe delivery of services.

Staffing numbers reflected the number and needs of residents in accordance with the centres statement of purpose.

Staff meeting minutes were reviewed and were occurring regularly as were house meeting with residents. Staff rosters reflected the staff who were present on duty. Staff induction records and supervision and performance appraisal documentation was reviewed on inspection and found to be of good standard.

Schedule 2 information pertaining to staff personnel files was reviewed (prior to the inspection) and all staff were found to be appropriately Garda Vetted and had evidence of references and qualifications on their files.

Staff training records were in place, up to date and included safe administration of medication training, epilepsy training, fire safety training and manual handling training.

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

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-0003750
Date of Inspection:	31 January 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 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 this designated centre.

1. Action Required:

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

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

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

An emergency lighting system will be installed in this designated centre.

Proposed Timescale: 28/04/2017