

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 15
Centre ID:	OSV-0003753
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:	6
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:	To:
04 May 2017 09:30	04 May 2017 18:30
05 May 2017 09:30	05 May 2017 12:30

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 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. The last inspection of this centre took place on 24 June 2015.

How we gathered our evidence:

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

A competent and qualified person in charge was present for the duration of this inspection and demonstrated a knowledgeable and professional approach to the management of the centre.

Description of the service:

This service was managed by the Muiriosa Foundation and consisted of two private dwellings which provided residential care to six residents. The residents were all met as part of this inspection and those who communicated verbally spoke to the inspector. The residents presented as happy and well cared for by the staff team supporting them. The residents in this centre were supported on a 24/7 basis by care staff.

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 the residents was found to be of good standard. The inspector found the provider had developed good oversight systems and the care delivery in the centre was well monitored.

The inspector found that some improvement was required regarding staffing provision which was impacting on resident's ability to leave the centre at certain times. There were also some improvements required in the area of safeguarding and self protection, social care provision and the provision of an appropriate emergency lighting system in this centre.

All findings are discussed in more detail in the main body 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 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:

Overall the inspector found that residents had personal plans in place that reflected needs, wishes and preferences. The inspector met and observed all residents residing in this centre which gave some good insight into their experience of living in the designated centre. Further development was required to ensure there were adequate community activities available for some residents.

The inspector found that residents had person centred plans in place and some residents had completed goals and planned holidays such as trips to Disneyland, Scotland and Cork. The inspector found that some residents were very religious and enjoyed going to mass and had a eucharistic minister coming to their home every week. Residents told the inspector this was important to them. Residents were observed returning from a cake sale on the day of inspection and were relaxing after having their evening meal having returned to the centre.

In reviewing a number of resident's plans and progress notes the inspector found that there was some improvement required regarding some residents community activities. For example, while long term planned social activities like holidays were very much a feature, weekly and everyday social activities such as socialising within the community needed further development in parts of this centre. One resident informed the inspector they would enjoy more one to one activities and social outings.

Judgment:

Substantially Compliant

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Outcome 07: Health and Safety and Risk Management <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
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Theme: Effective Services

Outstanding requirement(s) from previous inspection(s):
Findings: The health, safety and risk management systems in the centre were found to meet the requirements of the regulations. However there was not an emergency lighting system in place within this centre. The inspector reviewed accident, incident and near miss logs in this centre and found appropriate follow up had taken place in a number of areas. For example, evidence of follow up on medication errors and instances of peer to peer incidents. Risk identification, assessment and management plans were found to be in place and appropriate control measures were also in place in these areas. A risk management policy was in place that met the requirements of the regulations. In reviewing fire safety arrangements the inspector found there was a fire register in place with clear guidelines, policies and procedures. Staff highlighted that they had been part of evacuation drills and were confident that they could evacuate residents safely. The inspector noted that one house was subject to an evacuation when a neighbouring house recently burned down. Residents were not adversely affected by this incident. There was appropriate fire alarm, detection and fire fighting equipment in the centre. There was not an emergency lighting system in this centre.

Judgment: Non Compliant - Moderate
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Outcome 08: Safeguarding and Safety <i>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.</i>

Theme: Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were safe and protected in this centre. However there was an on-going safeguarding investigation occurring at the time of inspection. The inspector found appropriate measures had been implemented by the provider to safeguard and protect residents pending this investigation outcome.

Staff on this inspection were able to explain the signs and symptoms of abuse and highlighted the procedures and protocols that they would follow if they were concerns regarding the safety and welfare of a residents. Residents who communicated verbally told the inspector that they felt safe and identified staff members and the person in charge as who they would go if they had a problem.

Policies and procedures reviewed reflected best practice and national safeguarding guidelines. These protocols were displayed and accessible in the centre. Staff training schedules were reviewed and all staff had undergone safeguarding training.

The inspector found that some further work could be completed with the residents regarding their own personal safeguarding, self care and protection.

Judgment:

Substantially 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:

The inspector found that the residents in this centre were well promoted to enjoy best possible health. The residents had appropriate access to allied health professionals and had on-going access and review to appropriate multidisciplinary care.

The residents spoken with informed the inspector they were very happy with their access to their doctor and stated they felt their healthcare needs were met. Residents stated they would tell staff if they were feeling unwell. Resident's healthcare plans were appropriately reviewed and updated.

Staff were very clear on the resident's healthcare needs and monitored same to a good

standard. All healthcare documentation was in place and the residents in this centre were found to be receiving good care.

There was clear guidance and care planning in place for the management of infectious diseases and hygiene standards in the centre.

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):

Findings:

The inspector found that the residents were well protected by the designated centres policies and procedures around medicines management. Individual medication plans were appropriately implemented and reviewed as part of the individual's personal plan. Residents informed the inspector they were well supported with their medication needs.

Medication was administered in a caring and respectful manner to the residents on this inspection. The processes in place for the ordering, prescribing, storing and administration of medicines were found to be in line with best practices.

Medication errors were followed up and root cause analysis were completed to review and ensure learning from medication errors. All staff were up to date with safe medication administration practices.

The inspector found clear and robust arrangements regarding the suitable storage and disposal of medications.

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 found to be well monitored and developed on an on-going basis. There were effective management systems in place that supported and promoted the delivery of safe, quality care services. The centre was managed by a qualified and competent person in charge.

There was a clearly defined management structure in place that identified a clear line of authority and accountability. The person in charge was well supported in their role by the provider's senior management team. The inspector found that staff were performance managed and appropriately supervised in their role. Staffing issues were addressed appropriately by management in accordance with policy and procedures to ensure the provision of safe care to residents.

A review of staff files was completed and the inspector found personnel files were maintained in accordance with Schedule 2 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:

Overall the inspector found that the staff met as part of this inspection presented as professional and knowledgeable regarding their role and the residents they cared for. There had been some staffing changes in part of this designated centre due to staff

team issues. Improvements were required in parts of the designated centre regarding needs based staffing to ensure residents can pursue activities at certain times.

The inspector found many examples whereby resident's quality of life and needs, wishes and preferences were well assessed and facilitated in this centre. Residents who communicated verbally spoke very fondly of staff and presented as comfortable with the staff on duty. Personal plans offered some good examples of care provided in this centre.

The inspector found in one part of the centre further review of support staff arrangements was required to meet the assessed needs of the residents. The inspector reviewed resident's assessments, personal plans, progress notes, staffing rosters and spoke with both residents and staff about this issue. The inspector found there were times whereby residents were not leaving the designated centre to pursue activities due to staff resourcing issues.

Judgment:

Non Compliant - Moderate

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-0003753
Date of Inspection:	04 May 2017 and 05 May 2017
Date of response:	27 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 Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some elements of social care provision and residents person centred support planning regarding community activities and social outings required review to ensure implementation.

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 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Support planning regarding community activities and social outings has been reviewed and it has been agreed that the PIC will release staff to ensure individuals in the centre are facilitated to participate in community based activities when requested.

Proposed Timescale: 12/05/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was not an emergency lighting system in this centre.

2. Action Required:

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

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

Emergency Lighting System will be installed in both premises in this designated centre.

Proposed Timescale: 30/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The area of appropriate engagement with residents around self care and protection required some improvement in this centre.

3. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

Due to the severe level of disability of the individuals, their knowledge, self-awareness, understanding and skills needed for self-care and protection is limited. In order to protect individuals all staff have been given refresher training in the Safeguarding and Vulnerable Adults policy. Refresher training and supervision has also being provided to all staff on intimate and personal care. The Person in Charge has reviewed the care

plans to ensure the intimate and personal care section reflects the dignity and respect of individuals. Local guidelines have been drawn up to support staff in this area.

Senior Psychologist assessed both individuals and stated that in his opinion therapy or counselling is not indicated for either lady at present.

Proposed Timescale: 30/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The inspector found that support staff arrangements in this designated centre need to be reviewed and improved to ensure improved outcomes for residents.

4. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

A funding application will be made by the Regional Director to the HSE for additional hours to facilitate more outings outside the designated centre when required.

Proposed Timescale: 30/06/2017