

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Community Living Area C
<b>Centre ID:</b>	OSV-0003804
<b>Centre county:</b>	Offaly
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Mairead Sheedy (Brereton)
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	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: 29 May 2017 09:00 To: 29 May 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 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 was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 29 January 2015. There were no actions identified following the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with two residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. Communal areas also had photographs of family life events on display. The inspector spoke briefly with 2 staff members and the provider nominee. The inspection was facilitated by the person in charge and an area manager. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

#### Description of the service:

The designated centre provided a residential service to two residents with intellectual disabilities. One resident availed of a seven day service, while the other resident resided in the centre four nights per week. The premises comprised a single story house with each resident having their own bedroom which was decorated to reflect their interests. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located within walking distance of shops and local services. Suitable transport was made available to residents who wished to access the community.

#### Overall judgement of our findings:

This inspection found compliance with the regulations under several outcomes including residents rights dignity and consultation, communication, healthcare, governance and management and workforce. However, the inspector also found that improvements were required in relation to outcomes including social care needs, premises, health and safety, safeguarding and medications.

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.

**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:**

On the day of inspection, the inspector found that the rights and dignity of residents was promoted in the designated centre.

Residents attended weekly house meetings in which topics such as meal choice and activities were discussed. Minutes of these meetings were available for review and also presented in a user friendly format. Residents were also consulted on a daily basis in regards to daily activities and the inspector observed staff on duty offering a choice of activities on the day of inspection. Advocacy was also available to residents in the centre.

Staff interacted with residents in a warm and very caring manner and residents appeared relaxed in their company. Staff were also guided by detailed personal plans which included guidance in relation to providing intimate care.

Residents were supported to manage their finances and detailed records were maintained. The inspector was unable to verify cash balances within the centre as residents were enjoying a day out at the time of inspection.

The centre also had procedure in place for managing complaints. These procedures were on display and the person in charge was nominated to manage all received complaints. There were no active complaints in the centre on the day of inspection.

**Judgment:**

Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the communication needs of residents were met.

Residents' communication was actively promoted in the centre. Each resident had a communication passport in place and communication plans were regularly reviewed by the speech and language therapist. Residents used a combination of picture exchange and Irish sign language to communicate. Staff had had received training in Irish sign language and two staff who had not received this training were schedule to do so.

Residents also had computerised handheld devices which were recently introduced to offer a more diverse method for residents to communicate. The internet, television, radio and newspapers were also available to residents.

The person in charge also provided easy read versions of documents for residents in regards to safeguarding, medications, medical conditions, health promotion and safeguarding.

**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):**

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

**Findings:**

On the day of inspection, each resident had a comprehensive personal plan in place which was regularly reviewed. However, improvements were required in relation to identifying goals in aspects of the residents' personal plan.

Personal plans incorporated a traffic light system which detailed the importance of various sections of residents' care requirements. The sections included areas such as maintaining safe environment, personal care, mobility and life events. The inspector found that each of these areas had a section for documented goals, however, some of these goals were not clearly identified.

Each personal plan had contained two areas which the inspector found very informative and captured the voice of the resident. They included " A book about me" and "A snapshot of me". Each document contained a personalised account of the resident and how they live their lives. Residents also had access to a copy of their individual plan in an accessible format.

Residents were also involved in a monthly review of their identified goals. These goals were found to reflect the identified interests of residents such as attending concerts and going on holidays. When a goal had been achieved it was replaced by a new goal at the next monthly meeting and goals which had become established practice were also removed from the planning process.

**Judgment:**

Substantially 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:**

On the day of inspection, the inspector found that the premises met the assessed needs of residents.

The centre was warm, clean and appropriately furnished. Residents had access to an adequate number of bathrooms which were equipped to meet their needs. All equipment used to support residents' needs such as hoists and high low beds were serviced as required. The centre also had an open plan kitchen and dining room which had suitable cooking facilities. The provider had also ensured that the premises was accessible to those who required assistance with mobility. Ramps and hand rails were available to the front and rear of the premises.

**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:**

On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. However, improvements were required in relation to risk management plans.

The centre had systems in place for the identification and management of risk. The person in charge maintained a risk register for all identified risks. Each resident also had risk management plans in place which were regularly reviewed. However, the inspector found that the centre did not have a risk management plan for infection control and some risk management plans failed to clearly describe the identified risk, such as the risk of falls from staff not applying bed rails or lap belts.

The centre had fire precautions in place. Staff were conducting regular fire drills and checks of emergency lighting, exits, fire extinguishers fire panel and smoke detectors. On the day of inspection, the provider was installing a new fire alarm and a certificate of the completed works were submitted by the provider subsequent to the inspection. The centre did not have fire doors in place, however, a plan of works was in place to install fire doors and proof of installation was submitted following the inspection.

The centre had procedures in place for the recording of adverse events and the inspector found that all documented events had been responded to in a prompt manner by the person in charge. The centre promoted hand washing and hand sanitizers were available. Colour coded mops and chopping boards were also in use.

**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:**

On the day of inspection, the inspector found that residents were safeguarded from potential abuse. The inspector did not interview staff in relation to safeguarding as staff and residents were engaging in community activities while essential maintenance works were being carried out on the premises. Some improvements were required in relation to restrictive practices.

Residents did not interact verbally with the inspector; however, residents appeared comfortable in the presence of staff and appeared to enjoy their company, staff in turn appeared to treat residents in a warm and caring manner.

Residents who required behavioural support were regularly reviewed by the behavioural support specialist, psychology and the staff team. Behavioural support plans included proactive and reactive strategies which were amended following these reviews to reflect the care requirements of the individual. The person in charge also had detailed knowledge of these plans.

The centre had some restrictive practices in place such as lap belts, however, residents had free access to all areas of the centre. The provider had a register of all restrictive practices which were regularly audited by the person in charge and reviewed by the multidisciplinary team. However, the provider had not sought the consent for the use of these therapeutic interventions from the residents or their representative.

**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:**

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre.

Residents were supported to attend their general practitioner on an annual basis and in times of illness. Residents were also referred to allied health professionals and specialists such as neurology and orthopaedics as required. The inspector found that all prescribed interventions following these referrals had been implemented by the staff team.

Each resident's personal plan contained their medical history, and where required, a detailed plan of care had been formulated to guide staff in the management of each condition. Information on health promotion was available and residents had been supported to attend preventative health screening appointments such as mammograms.

The inspector observed that breakfast for one residents was prepared by staff in line with their personal plan and recommendations from a speech and language therapist. Snacks and drinks were also readily available to residents.

**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:**

On the day of inspection, the inspector found that there were systems in place for the safe receipt, storage, prescribing, administration and recording of medications. However, some improvements were required in relation to protocols for the administration of rescue medication.

The centre had appropriate storage for medications and residents had been assessed to self medicate. Each resident had an individual prescription sheet in place which had been signed by the general practitioner and contained relevant information such as the medication, dosage, route, frequency and time of administration. Prescription sheets also stated when a medication could be crushed. Staff were also completing an administration record following the administration of residents' medications.

The centre had protocols in place for the administration of rescue medications, however, the inspector found that these protocols were not in line with prescription sheets and epilepsy care plans. These three documents had conflicting information in relation to the timeframes for administration, the maximum dosage to be administered and procedures for calling the emergency services. The inspector noted that this had not resulted in any medication errors occurring in regards to the administration.

The centre had a stock control system in place including medications which were received and those returned to the pharmacy and the person in charge was conducting regular audits of medication practices in the centre. The centre also had systems in place for the monitoring, response and review of any medication errors.

**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):**

No actions were required from the previous inspection.

**Findings:**

On the day of inspection, the inspector found that the provider had appropriate governance and management arrangements in place.

The person was in a full-time role and had some administrative time in place to carry out their role. The person in charge also had a good understanding of the regulations and had demonstrated a good understanding of the care requirements of residents throughout the inspection. The provider had auditing systems in place for the monitoring of health and safety, medication practices, fire precautions, restrictive practices and residents' finances which the person in charge was conducting.

The provider had conducted a detailed six monthly audit and had consulted with residents and their representatives in the formulation of the annual review. Each document had a detailed action plan generated to address any identified failings and the person in charge had made good progress in progressing these action plans.

**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:**

On the day of inspection, the inspector found that the staffing arrangements met the assessed needs of residents.

The person in charge maintained a staff rota which was found to be accurate on the day of inspection. Staff were up-to-date with mandatory training needs and had completed training in fire safety, safeguarding, management of behaviours that challenge, medications, epilepsy and the administration of rescue medications.

Staff received regular support and supervision and were taking part in performance management twice yearly. Monthly team meetings were also taking place for which minutes were available.

**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:***

Ivan Cormican  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0003804
<b>Date of Inspection:</b>	29 May 2017
<b>Date of response:</b>	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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that goals documented in resident's personal plans were clearly identified.

**1. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

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 person in charge will review the personal plans and in consultation with the resident's and/or their representatives will review the goals and clearly state them in the residents' personal plan.

**Proposed Timescale:** 31/07/2017

**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:**

The provider failed to access infection control in terms of risk. The provider also failed to ensure that all risks were accurately described.

**2. Action Required:**

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

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

- (i) The Person in Charge in consultation with the staff team will complete a risk assessment on Infection control for the designated centre.
- (ii) The Person in charge will undertake an assessment of the designated centre to identify all risks.
- (iii) The Person in Charge in consultation with the staff team and other relevant personnel will complete risk assessments and risk management plans for the identified risks.

- (i) 30/06/17
- (ii) 31/07/17
- (iii) 31/08/17

**Proposed Timescale:** 31/08/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The provider failed to ensure that consent had been sought from residents or their representatives for the use of therapeutic interventions.

**3. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The person in charge will ensure that written consent is sought for the use of therapeutic interventions from the residents or their representatives.

**Proposed Timescale:** 23/06/2017

**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:**

The provider failed to ensure that protocols for the administration of rescue medications were in line with epilepsy care plans and prescription sheets.

**4. 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:**

The person in charge will review the protocols for the administration of rescue medications, epilepsy care plans and prescription sheets to ensure that the information is consistent and accurate.

**Proposed Timescale:** 23/06/2017