Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Meath Westmeath Centre 1
Centre ID:	OSV-0003957
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Julie Pryce
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:	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 inform a registration decision. 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:
12 January 2017 09:00	12 January 2017 21:00

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
Outcome 18: Records and documentation

Summary of findings from this inspection

This was a 10 Outcome inspection carried out to monitor compliance with the regulations and standards and to monitor the implementation of agreed actions from the previous inspection which was conducted on 14 July 2015 in order to inform a registration decision.

How we gathered our evidence:
As part of the inspection, the inspector met with five residents. Residents appeared to be comfortable in their homes and to have a good relationship with staff. Residents were observed to arrive home from their daily activities and tell staff all about their day.

The inspector also met with staff members, the person in charge, and the area director. The inspector observed practices and reviewed documentation such as personal plans, risk assessments, policies and procedures and fire safety records.

Description of the service:
The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised two community homes in the same housing estate, with easy access to

local shops and amenities. One house accommodated four residents with intellectual disabilities, and the other accommodated two.

Overall findings:
Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents. The inspector was satisfied that the provider had put system in place to ensure that the regulations were being met.

Good practice was identified in areas such as:
• residents were facilitated in a meaningful day (Outcome 5)
• robust systems in place to ensure the safe management of medications (Outcome 12)
• the promotion of a restraint free environment (Outcome 8)

The inspector found that improvements were required in:

• the management of documentation (Outcome 18)

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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was evidence that a meaningful day was facilitated for each resident, although some improvements were required in the documentation of goals set for residents. There was a personal plan in place for each resident, although the management of documentation meant that information was not readily available.

Assessments of residents needs had been conducted, and there were personal plans in place which included all of the issues identified in these assessments. However the information in personal plans was not readily retrievable, as further discussed under outcome 18.

Residents had various daily activities in accordance with their needs and preferences. Some attended a day centre which met their assessed needs, and some were involved in supported employment.

Leisure activities included swimming, dog walking and horse riding. Where residents did not enjoy being in groups, individual activities were supported. Goals had been set for residents in relation to maximising their potential, and these were in accordance with their preferences as well as their assessed needs. These goals were recorded in residents' personal plans, and the person in charge had introduced a template to guide staff in the goal setting.

However some of these goals required further improvement in that they were sometimes vague, lacked any timeframes and had not been broken down into

manageable steps.

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):
No actions were required from the previous inspection.

Findings:
There were structures and processes in place in relation to the management of risk, although some further detail was required in risk management plans, and appropriate measures were in place in regard to fire safety.

Various improvements had been made in relation to fire safety since the previous inspection. Key locks on external doors had been replaced with thumb locks to ensure ease of egress in the event of an emergency. Additional emergency lighting had been installed, and self closures had been put on internal fire doors.

Other fire safety precautions were in place. Fire exits were all clear, and appropriate daily and weekly checks were recorded. All staff had received fire safety training and fire drills had been conducted twice a month, including occasional night time drills. There was a personal evacuation plan in place for each resident which had been recently reviewed. All fire safety equipment, including emergency lighting had been tested quarterly. Staff were aware of the fire evacuation plans and were able to describe fire safety procedures.

A risk register was maintained, and various risk assessments and management plans were in place. For example there were risk assessments in relation to kitchen appliances, staffing levels and people living together. There was a lone working risk assessment and management plan in operation. Individual risk assessments had been developed for residents, although improvements were required in the risk management plan for one of the residents reviewed in by the inspector, as a particular area of risk had not been included.

The centre was visibly clean, hand hygiene facilities were available and there was a flat mop system in place. There was appropriate storage for cleaning items and products, and colour coded shopping boards were 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:
There was behaviour support in place for those residents who required it, restrictive interventions were managed appropriately and there were robust systems in place in relation to the management of any potential allegations of abuse.

Risk assessments were in place for all restrictive practices, and they were reported as required to HIQA. A register of any restriction was maintained, and the appropriate members of the multi-disciplinary team (MDT) had been involved in the decision making processes, for example the physiotherapist.

Behaviour support plans were in place for residents who required this type of support in sufficient detail as to guide staff. They were reviewed regularly, and included both proactive and reactive strategies.

Staff had all received training in the protection of vulnerable adults, and were aware of the steps to be taken in the event of any allegations of abuse. There were clearly defined processes in relation to the management of allegations, and all staff demonstrated clear knowledge of these processes, and of their role within them.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was evidence of a nutritional diet being provided for residents, and of healthcare needs being addressed.

Snacks and drinks were readily available and choices were facilitated by residents' involvement in menu planning and in choices further being facilitated at the times of the meals. Residents were supported to make choices with the use of communication aids such as pictorial representation of meals and snacks.

Residents had access to members of the multi-disciplinary team in accordance with their assessed needs, for example speech and language therapy, psychology and behaviour support. Each resident had a community general practitioner (GP), and there was an out-of-hours service available. Records were kept of each appointment and contact with members of the multi-disciplinary team. There were healthcare plans in place for all issues reviewed by the inspector, including long term conditions.

All staff engaged by the inspector demonstrated a detailed knowledge of healthcare needs and any required interventions.

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:
There were robust systems in place in relation to the safe administration of medications.

Documentation contained all the information required by the regulations, including both regular and 'as required' (p.r.n.) prescriptions. There were detailed protocols indicating the conditions under which medications should be administered. A detailed administration record was kept which outlined the reason for administration and the observed response of the resident to the medication. Stock control of these medications was robust, and stocks checked by the inspector were correct.

Other medication was managed by a blister pack system, and administration was recorded on a sheet on which there was a picture of each individual medication. Medications were stored securely, and monthly audits of medication management were conducted.

Medication errors were managed by reflective practice and root cause analyses, and learning outcomes were identified in the event of an error.

Staff practice was appropriate and staff were knowledgeable about the medications prescribed for residents. Staff had all received training in the safe administration of medication.

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 was a clear management structure in place, of which all staff were aware, and processes in relation to communication and monitoring within this structure.

There was a system of meetings in place including staff meetings, person in charge meetings and management meetings. Minutes of these meetings were maintained, and actions agreed following meetings were monitored.

An annual system of performance development was in place for staff together with a monthly structured supervision.

A suite of audits were conducted on a regular basis, and monitored by the person in charge. This included health and safety audits, financial audits and a medication audits. The provider had conducted unannounced visits to the centre, these visits resulted in an action plan, and those actions reviewed by the inspector had been completed, or were within their agreed timeframe. In addition provider had prepared an annual review of the safety and quality of care and support to be made available to the chief inspector.

The person in charge engaged in the inspection process and was formally interviewed and found to be fit for purpose. She was appropriately skilled and qualified and showed evidence of continuing professional development.

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 was an appropriate level of staff and skills mix to meet the assessed needs of residents, and staff demonstrated an in-depth knowledge of the needs and preferences of residents.

Staffing levels were appropriate to meet the needs of residents in both houses in the designated centre, including where residents had been identified as needing one-to–one staffing to ensure their social care needs were met.

There were sufficient staff on duty to meet the needs of residents, including their social care needs, and some one-to-one activities for those residents who required them. Staff engaged by the inspector demonstrated a thorough knowledge of the care needs of residents and were knowledgeable in relation to fire safety and the protection of vulnerable adults.

There was a system of formal staff supervision in place, this took place every four to six weeks and performance conversations were conducted twice a year.

Staff files had been reviewed by the inspector in the organisation's head office prior to the inspection, and all the required information was in place and all staff training was up to date.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The agreed actions from the previous inspection had been completed, and there was now an up-to-date policy on education, and the policy on the management of documentation had been reviewed.All the policies were up to date, including those which had been identified at the previous inspection as requiring review. There were, in addition, various local protocols in place to provide guidance to staff on issues pertinent to the designated centre, for example, in relation to particular safeguarding strategies There was now a clear record maintained of the nutritional intake of residents.

However, the information pertaining to individual residents was stored in four or five folders, some of them filled to capacity. Information was difficult to retrieve, there was repetition and varying information in relation to the same issues. For example, for one issue reviewed by the inspector it was necessary to read five different documents, each stored in a different place, in order to gather all the relevant information.

These were the only aspects of records and documentation examined on this inspection.

Judgment:
Substantially 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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0003957
Date of Inspection:	12 January 2017
Date of response:	22 February 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:
Personal plans did not all outline the supports to maximise residents' potential.

1. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the

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

supports required to maximise the resident's personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
• The PIC will review each individual's personal plan to ensure that goals identified facilitate the individual with opportunities to maximise their potential.
• Required supports identified to support the individual's potential will be documented following the SMART format and will be reviewed at the monthly team meetings which involve the PIC and the staff team.
• In-house training will be provided by the PIC to the staff team in regard of the locally introduced template to guide staff in appropriate goal setting.

Proposed Timescale: 21/04/2017

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:
Not all risk assessment included all identified aspects of risk.

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:
• The PIC and the Area Director will review the individuals' risk assessments; ensuring all potential risk and hazards are identified and control measures put in place to ensure that all details of the risk are addressed and included.
• Individuals' risk assessments and any amendments will be discussed at the monthly team meeting.

Proposed Timescale: 07/04/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records in relation to the residents' personal plans were not readily retrievable and available to the inspector.

3. Action Required:
Under Regulation 21 (1) (a) you are required to: Maintain, and make available for

inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
Actions Planned
• The PIC will audit all care plans and personal documentation pertaining to each individual to ensure that:
i. The care plan is properly indexed
ii. The care plan contains all relevant information in the appropriate section.
iii. Information is not duplicated in other folders.
iv. A one page guidance document is available containing all relevant information to guide the care required for each individual.
v. The folder is neat, tidy and easy to navigate.
vi. All records will be archived as per Muiríosa policy on Record Retention so that each individual's information is readily retrievable.
• Findings of the audit and maintenance of files will be discussed at the next team meeting.

Proposed Timescale: 07/04/2017