

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Meath Westmeath Centre 2
<b>Centre ID:</b>	OSV-0003958
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Josephine Glackin
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	13
<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 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: 24 August 2017 09:30 To: 24 August 2017 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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**

This inspection was carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection the inspector spent time with seven residents. They appeared to be comfortable and content in their home, and it was evident from interactions observed between staff and residents that staff knew the residents well, and were familiar with all their needs and preferences.

The inspector also met with staff members, observed practices and reviewed documentation such as personal plans, risk assessments, audits and medication documentation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised three large detached bungalows, in separate locations, each with spacious and well kept grounds, which could accommodate thirteen residents.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met.

Good practice was identified in areas such as:

- the consultation with residents (outcome 1)
- the management of risk (outcome 7)
- management of health care needs (Outcome 11)

Improvements were required in relation to the setting of appropriate goals for residents to facilitate the maximising of their potential (outcome 5).

The reasons for these findings are explained under each outcome in the 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 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:**

There was evidence of consultation and choice being offered and of a clear complaints procedure.

Weekly residents' meetings were held, and issues discussed at these meetings included menus, activities and maintenance of the houses. Agreed actions reviewed by the inspector had been completed.

The complaints procedure was detailed enough to guide staff, residents and their families. It was available in an accessible version and was clearly displayed in the centre. There was a named complaints officer for residents to refer any complaints to. A complaints log was available in which to record any complaints and the outcomes, and compliments were also recorded here.

There was a named advocate available should residents require this type of support and an inventory of personal possessions was maintained for each, including photographs of items.

Residents were supported to have keys to their own front doors. One of the residents told the inspector how much they liked their home, felt safe there, and how much better it was than where they lived previously.

**Judgment:**

Compliant

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**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 residents and there was a personal plan in place based on assessments of needs.

Various assessments of both social and health care needs had been conducted including detailed assessments relating to communication.

There was a personal plan in place for each resident, however information was not easily retrievable. Information relating to particular issues was stored in various locations, and there was not an adequate reference or indexing system to ensure that information was not overlooked. In addition there were no goals in relation to maximising the potential of residents as required by the regulations. Information recorded under the heading of goals related to the planning of activities.

Residents engaged in various daily activities in accordance with their needs and preferences. These activities included both community activities and home based activities. Where group activities did not suit residents, they were supported in an individual schedule of activities. Some residents had employment within the organisation.

**Judgment:**  
Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**  
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**  
Effective Services

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

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

**Findings:**

There were appropriate measures in place in regard to fire safety, and structures and processes in place in relation to the management of risk.

All staff had received fire safety training, fire drills had been conducted monthly, including a night time drill and the records of these drills were maintained including a description of the process and the length of time taken to evacuate the house.

Staff were knowledgeable in relation to fire safety, and the actions to take in the event of an emergency. There was a personal evacuation plan in place for each resident which had been recently reviewed. Fire exits were all clear, and appropriate daily and weekly checks were recorded. All fire safety equipment, including emergency lighting had been tested quarterly.

A risk register was maintained which included various risk assessments and management plans, such as the sharing of homes, use of kitchen areas and lone working. The risk register listed all identified risks, including the risk rating, and referred to detailed risk assessments which identified control measures.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were structures and processes in place in relation to safeguarding residents, and any behaviours of concern were managed appropriately.

Staff had received training in the protection of vulnerable adults and were

knowledgeable about their role in this area. There was a detailed policy on the protection of vulnerable adults.

There were robust systems in place in relation to the management of residents' finances. Transactions were recorded and signed, and receipts were maintained for all purchases. Balances were checked daily, and those reviewed by the inspector were correct.

There were detailed behaviour support plans in place for those residents who required them, which had been developed by the behaviour therapist in conjunction with staff. They were regularly reviewed, for example the plan for one of the residents had been updated following a recent incident. Staff had received training in the management of challenging behaviour.

**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 residents' healthcare needs being met, and of a nutritional diet being available.

There was evidence that changing healthcare needs were responded to promptly and appropriately. For example an appointment had been made with the general practitioner (GP) for the afternoon of the inspection because of a changed healthcare issue.

Residents had access to various members of the multi-disciplinary team including dentist, dietician, diabetic clinic and chiropody.

There were detailed healthcare plans in place for all the areas reviewed by the inspector, and staff demonstrated an in-depth knowledge of all the healthcare and nutritional needs of residents.

There was evidence of a healthy and diverse diet being offered, and meals were being prepared in a way which residents preferred. Records of nutritional intake were maintained.



**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 structures and processes in place in relation to the safe management of medications.

Medication was managed for the most part by the use of blister packs supplied by the local pharmacist on a monthly basis. Medications were stored securely and documentation relating to the management of medications for residents was in place. Prescriptions, including 'as required' (P.R.N.) medication prescriptions, contained all the information required by the regulations.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Staff demonstrated knowledge of the procedures relating to medication management and to the medications of individual residents.

Medication errors were managed by the accident and incident reporting process, and there was a system whereby any patterns would be monitored.

There was a policy in place in relation to medication management, and audits of medications were regularly undertaken.

**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 an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge at the time of the inspection.

Monthly staff meetings were held and minutes were kept of these meetings. All agreed actions reviewed by the inspector had been implemented. There were also both area and regional meetings between persons in charge and the area director.

Audits had been conducted, for example in the management of medication, infection control, health and safety and personal plans. There had been six monthly unannounced visits on behalf of the provider as required by the regulations, and an annual review of the quality and safety of care and support had been prepared. Any identified actions reviewed by the inspector had been implemented.

Six monthly staff performance management meetings were held by the person in charge for each staff member.

The person in charge was not available on the occasion of this unannounced inspection. However, she had previously been found to be suitably qualified, skilled and experienced. She was knowledgeable regarding the requirements of the regulations and had a detailed knowledge of the health and support needs of the residents. Evidence was provided to the inspector 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):**

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

**Findings:**

The inspector found that the numbers and skills mix of staff was appropriate for the assessed needs of the residents.

There was a planned and actual roster available, and the number of staff on duty during the day and at night were adequate to meet the needs of residents, including one-to-one staff for residents for some activities.

Staff had received mandatory training, for example in fire safety, safe administration of medication and protection of vulnerable adults. Individual supervision meetings were held with staff.

All staff engaged by the inspector were knowledgeable, and interactions between staff and residents were respectful and caring.

**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:***

Julie Pryce  
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-0003958
<b>Date of Inspection:</b>	24 August 2017
<b>Date of response:</b>	18 September 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:**

Goals were not set in relation to maximising 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

<sup>1</sup> 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:**

- An information session will be organised to support the staff team in vision building.
- The Person in Charge will undertake supervision with the staff team in relation to goal setting that supports the person's vision.
- Goals will be identified that offer opportunity to individuals to increase activity, social inclusion and build relationships in the local community.
- The abilities and talents of the individual will form the basis of any goals identified.
- The Person In Charge will review the relevant documentation in-house to ensure that goals set are appropriate.

**Proposed Timescale:** 10/11/2017