

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mullingar Centre 2
Centre ID:	OSV-0004083
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:	4
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: 25 January 2017 13:00 To: 25 January 2017 20:00

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was a follow up 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 2 November 2015 in order to inform a registration decision.

How we gathered our evidence:

The previous inspection had been conducted on 2 November 2015, and the inspector reviewed the actions the provider had undertaken since then. As part of the inspection, the inspector spent time with four residents. Residents appeared to be comfortable and at home in the designated centre. The inspector also met with staff members and the person in charge. The inspector observed practices and reviewed documentation such as personal plans, risk assessments, healthcare plans and records of restrictive practices.

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 close proximity to the local town, each of which accommodated two residents.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had put systems in place to ensure that the regulations were being met. The designated centre was fully compliant in all the outcomes included in this inspection.

Good practice was identified in areas such as:

- personal plans were in place for residents, and a variety of activities were available (Outcome 5)
- residents were safeguarded (Outcome 8)
- healthcare needs were met (Outcome 11)
- staff were available to provide appropriate care and support for residents (Outcome 17)

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 were structures in place relating to the management of complaints, consultation with residents and respecting their dignity.

Each resident had their own room which was furnished and decorated in accordance with their preferences, and with their own belongings. A record was maintained of each resident's belongings, including photographs of large items. There was sufficient storage, and adequate communal and private living areas in both homes in the designated centre.

Residents were consulted regarding various aspects of their daily lives. Weekly residents' meetings were held, at which choice was facilitated and information shared. Staff were knowledgeable about the ways in which residents communicated and facilitated this at the meetings.

Information was readily available to residents and accessible versions had been developed, for example the last HIQA inspection report had been made available in an accessible version, with symbols to illustrate the outcomes.

While there were no complaints currently in process, there was a clear policy in place and an accessible version of this was available. The procedure for making a complaint was displayed in accordance with the regulations. Compliments were also recorded, and discussed for learning at staff meetings.

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:

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place.

Assessments had been conducted for each resident, and personal plans were in place. Each aspect of care reviewed by the inspector had a detailed plan of care in place, including social and health care needs.

Personal plans had been made available to residents in an accessible version, including pictorial representations when this was indicated by residents' communication needs. Plans were regularly reviewed and updated.

Person centred plans included a section entitled 'This book is about me'. This included various pieces of pertinent information about the resident including areas the resident was working on and a page 'I can't stand it when..' to provide guidance to staff.

There was evidence of steps being taken towards the maximising of potential for residents as required by the regulations. For example goals were set for each resident and progress towards these goals, and success at reaching goals was documented. Where residents were being supported to use sign language a 'sign of the week' was selected each week to facilitate learning. A resident who was interested in cycling had been facilitated by staff by riding a tandem, and was also now riding a scooter.

The inspector was satisfied that residents were facilitated to engage in a variety of activities in accordance with the preference of the residents, and in accordance with their personal planning goals.

Residents were involved in various activities in the community, for example dog walking at a local rescue centre, and gardening at the local garden centre. Various outings took

place including days out and shopping trips. One resident who previously had difficulty coping with shops had progressed to being able to enjoy shopping for their own clothes.

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):

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

Findings:

There were appropriate measures in place in relation to the management of risk and fire safety, and there were robust infection control systems

All the issues identified on the previous inspection in relation to infection control had been rectified. Flooring had been replaced in the living room and a bedroom in one of the homes, and a door had been erected between the staff sleepover room and bathroom. Staff training had been completed, as had further information sessions. Infection control continued to be an item for discussion at staff meetings, and records of these discussions were available. There was an infection control policy in place, and additional local protocols had been developed in relation to issues specific to the designated centre, together with a risk management plan.

All staff had received fire safety training and all residents had also received fire training from the local fire officer who was familiar to them. Fire drills had been conducted monthly, both during the day and night. Records of these drills were maintained which identified any learning and any required actions. 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. Daily checks were maintained of fire exits. Staffs were aware of the fire evacuation plans and were able to describe the procedures involved. Fire doors were in place throughout the centre, and glass above some of the doors had been replaced with fire retardant glass since the last inspection.

A risk assessment and management plan was in place in relation to the location of the fire blanket in one of the kitchen areas due to the specific needs of residents.

A risk register was in place which included all identified risks in the designated centre, and was indexed with referral to full risk assessments. Environmental risk assessments were in place for example in relation to lone working and smoking. Individual risk assessments included the management of privacy and behaviours of concern. There was a detailed risk assessment in place for all areas examined by the inspector.

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 was behaviour support in place for those residents who required it, and restrictive interventions were managed appropriately.

Behaviour support plans were in place in sufficient detail as to guide staff. They had been developed in conjunction with the behaviour therapist and psychologist and were reviewed regularly. Behaviour support meetings were held quarterly for each resident. Plans included both proactive and reactive strategies, and staff were familiar with them and with the interventions required to support residents, for example specific phrases which should not be used. Staff had received training in the management of behaviours of concern which had been developed specifically around the needs of the residents.

Any incidents reviewed by the inspector had been notified to HIQA as required and appropriate follow up actions had been taken and clearly documented.

A restrictive practices register was maintained and all restrictions were notified to HIQA as required by the regulations. Risk assessments were in place for all restrictive practices, and times of implementation were recorded. There was evidence that restrictive interventions were only used as a last resort.

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 robust systems in place in relation to the management of residents' finances. Transactions were signed and receipts kept. Some residents signed their own records and balances checked by the inspector were correct.

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 healthcare needs being addressed, and of a nutritional diet being offered to residents.

Residents had access to members of the multi-disciplinary team in accordance with their assessed needs, including psychology, behaviour support, occupational therapy for sensory needs and speech and language therapy. Each resident had a community general practitioner (GP), and an out-of-hours GP service was available.

Healthcare needs were documented in the personal plans of the residents, and included detailed plans of care for any assessed needs. All issues reviewed by the inspector had a detailed plan of care which were regularly reviewed and updated as required. Staff were knowledgeable about the healthcare needs of residents, and the interventions required to support them.

There was evidence of a nutritional diet being provided for residents, and of snacks and drinks were readily available. Residents had access to a dietician and a speech and language therapist if required. The guidance of these professionals was documented and followed. Menu choices were discussed at weekly residents' meetings, and individual choices also facilitated on a daily basis at mealtimes. A record of the nutritional intake of all residents was maintained.

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:

There was an appropriate and clear management structure in place which supported the delivery of safe care and services, and there was an appropriately skilled and qualified person in charge.

Within the management structure various team meetings were held, including regular staff team meetings, behaviour support meetings and management meetings. Records were kept of these meetings in which required actions were identified and monitored.

Audits had been conducted, for example, medication audits, finance audits and audits of fire safety. Six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations, and a report of these visits was available. An annual review had been prepared by the provider for 2015. Required actions identified in these processes were monitored, and those reviewed by the inspector had been completed.

The person in charge of the centre was suitably qualified 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. She was clear about her roles and responsibilities and provided 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):

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

Findings:

The inspector found that there were appropriate staffing numbers and skill mix available to meet residents' needs within the layout of the designated centre. Additional staff hours had been introduced since the last inspection in order to ensure that the social needs of all residents were met.

Staff were in receipt of up-to-date training in mandatory areas and specific training had been provided to staff in relation to behaviour support. A system of annual staff performance reviews was in place and the person in charge undertook a six weekly with staff.

Continuity and consistency of staff was well managed in accordance with the assessed needs of residents by the use of familiar staff each day, and by only using relief staff who were known to residents.

All staff engaged by the inspector were familiar with the needs of residents, for example, the best way to address them and the management of behaviours of concern. All practices observed by the inspector were in accordance with best practice and corresponded to the personal plans of residents.

The inspector had undertaken a review of staff files in the organisation's heads office prior to the inspection and found the files to contain all the information required by the regulations.

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:

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