

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mullingar Centre 1
Centre ID:	OSV-0004090
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:	7
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 December 2016 13:00 To: 08 December 2016 20:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
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 18 August 2015 in order to inform a registration decision.

How we gathered our evidence:

The previous inspection had been conducted on 18 August 2016, and the inspector reviewed the actions the provider had undertaken since then. As part of the inspection, the inspector met with five residents. Residents appeared to be comfortable and content in their homes. The inspector also met with staff members and the person participating in management. The inspector observed practices and reviewed documentation such as personal plans, accident logs, 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 could accommodate four 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.

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 inspectors found that improvements were required in:

- the mitigation of all identified risks (Outcome 7)
- the provision of relevant equipment (Outcome 16)

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):

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

Findings:

Personal plans were in place for each resident, and there was evidence of a meaningful day being supported, although some improvements were required in goal setting with residents.

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.

Goals had been set for some residents, however, many of the goals documented referred to preferred activities rather than maximising potential as required by the regulations. Staff reported that one of the residents would like to learn to use a pedestrian crossing independently, but this had not been identified as a goal, and was not documented. In addition a goal for another resident involved the use of the internet which was not available in the house as further discussed under outcome 16.

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.

There was evidence of a meaningful day being provided for residents, in that day and leisure activities were based on each person's needs and preferences. For example, sensory equipment was available for residents, and the inspector observed items in use during the course of the inspection.

Other activities included outings to local amenities, going for walks and attendance at local classes. There was a 'buddy' system in place for some of the residents, in order to facilitate one-to-one activities.

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):

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

Findings:

There were systems in place in relation to the management of risk, and some systems in place in relation to fire safety management, however a practice in relation to using an inappropriate fire door which had been identified on the previous inspection was still in place, and not all risks had been mitigated appropriately.

All staff had received fire safety training and fire drills had been conducted regularly. 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. Fire doors were in place throughout the centre.

However a risk assessment in place in relation to fire exits prohibited the use of one specific fire door leading from the kitchen as it was unsuitable for the mobility needs of residents. Records of recent fire drills showed that residents were still exiting through this door contrary to the advice in the risk assessment. This issue had also been identified on the previous inspection; therefore actions taken were not satisfactory.

There was a system of reporting and recording of any incident and accidents, which included detailed documentation of events and follow up actions required. Those reviewed by the inspector had been implemented appropriately.

There were various risk assessments in place, both environmental and individual, for example the use of door alarms and bedrails. Risk assessments which had not been in place at the previous inspection had now been developed. However the risk assessment in relation to lone working did not include adequate control measures to mitigate the risk. In addition there was broken panelling in the room of a resident which represented a particular risk for that individual.

The inspector was concerned that there was no spare key to one of the houses, and that on the day of the inspection the only key was with a staff member who was not available. In the case of emergency access to the house being required, or of a resident needing to return to their home during the day, there was no evidence that they would have immediate access to their home.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

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

Areas for improvement identified on the previous inspection in relation to restrictive interventions had been rectified. Restrictive practices were removed as frequently as possible, and a restrictive practices register was maintained. Risk assessments were in place for all restrictive practices, and they were reported as required to HIQA.

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 one had recently been reviewed following an incident at an emergency meeting.

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.

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):

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

Findings:

Improvements had been made in the access to members of the multi – disciplinary team since the previous inspection, and there was evidence of appropriate healthcare being offered to residents.

There were detailed care plans in place for all healthcare needs reviewed by the inspector. For example there was a detailed plan in relation to the management of epilepsy, including identification of triggers, signs that a seizure may be imminent and the management of seizures.

There was evidence of appropriate steps being taken in response to changing conditions including doctor appointments, consultations and medication reviews. Residents had access to members of the multi disciplinary team as required, and all had been reviewed by a dietician since the last inspection.

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):

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

Findings:

Improvements had been made in the management of 'as required' p.r.n. medications, as required following the previous inspection.

There was a clear protocol in place for each p.r.n. medication outlining the conditions under which it should be administered, and signed by the prescribing medical practitioner. The protocol for analgesics also included detail as to how residents presented with pain.

There was a clear record kept of all p.r.n. medications administered which included the reason for its administration, and the effect of the medication.

This was the only area of medication management included in this follow up inspection.

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 six monthly unannounced visits to the centre, these visits resulted in an action plan, and those actions reviewed by the inspector had been completed. 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 was not available on the occasion of this unannounced inspection, but appropriate deputising arrangements were in place

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

There was no computer or email access in either of the houses of this designated centre, although the area director provided evidence that his had been identified and requested. Staff were handwriting any documentation including personal plans, and taking them into the organisation's office for typing.

In addition the goal for one of the residents was to learn to use a tablet and the internet, but they did not have access to the internet in their home.

Judgment:

Non Compliant - Moderate

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:

A review of staffing levels had taken place since the last inspection, and there was an appropriate level of staff and skills mix to meet the assessed needs 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.

All staff training was up to date including mandatory training and additional training offered to staff in order to meet the needs of residents, for example training in the management of percutaneous enteral gastronomy.

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

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 report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0004090
Date of Inspection:	08 December 2016
Date of response:	24 January 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:

Not all supports required to ensure the maximising of residents' potential were outlined.

1. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident

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

no later than 28 days after admission to the designated centre which outlines the 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 undertake a review of each individual's personal plan to ensure that goals identified facilitate the individual with opportunities to maximise their potential.
- Individual goals identified will have a SMART format.
- In-house training will be provided to the staff team in relation to ensuring goals identified have recognition of the individual's potential, rather than activity based goals.

Proposed Timescale: 28/04/2017

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 risks were mitigated.

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 broken panel in one individual's bedroom is now repaired to a safe standard and presents no risk on 22nd December 2016.
- The protocol regarding Lone Working was reviewed by the Area Director and the PIC to include a Buddy System and a recording sheet for all telephone contacts during lone working time and a procedure for responding to emergencies.
- A spare key for each house is now stored in the key box in PIC office.

Proposed Timescale: 23/12/2016

Theme: Effective Services

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

An inappropriate fire door was in use.

3. Action Required:

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

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

- The risk assessment for safe evacuation was reviewed by the Fire Officer and the Area Director on 16th January 2017 and the following control measures were identified:
 1. The PIC has reminded staff of the requirement to only use the emergency exits identified in the agreed fire evacuation plans.
 2. The running man sign will be moved from its current location (over the door which is not to be used for evacuations) to the identified emergency exit.
 3. All individual's evacuation plans will be reviewed by the PIC and the appropriate doors for evacuation identified and documented clearly.
 4. The risk assessment reviews and the identified control measures will be discussed at the next staff team meeting.
 5. Refresher location specific fire training will be facilitated by the Fire Officer and/or PIC.
 6. Evacuation procedures form part of the location specific induction for all new staff.

Proposed Timescale: 28/04/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre did not have IT systems in place to support staff activities or the goals of some of the residents.

4. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- Currently the IT systems for the organisation are in the process of being upgraded.
- The Longford Westmeath region has been prioritised in terms of IT requirements.

Proposed Timescale: 01/07/2017