

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Community Living Area R |
| Centre ID: | OSV-0002742 |
| Centre county: | Offaly |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Muiríosa Foundation |
| Lead inspector: | Julie Pryce |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 5 |
| 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 November 2017 10:30 To: 29 November 2017 18:30

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

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| 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 centre was registered with the Health Information and Quality Authority (HIQA) in 2016. This inspection was carried out to monitor ongoing compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection the inspector spent time with two residents. They appeared to be comfortable and content in their home, and one resident told the inspector that they were happy in their home, and liked the staff.

The inspector also met with staff members and the area director. The inspector 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 a large detached bungalow with spacious well kept grounds, which could accommodate five 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:

- support for a meaningful day (outcome 5)
- management of healthcare needs (Outcome 11)
- management of restrictive practices (outcome 8)

Improvements were required in:

- Medication management (Outcome 12)

The reasons for these findings are explained under each outcome in the report and in the action plan at the end of 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 that the environment was adapted and utilised to meet the needs of residents, and of consultation with residents and their families.

Various areas of the home were utilised by different residents, in accordance with their preferences, for example a sun room and a sensory garden were preferred by some residents. There was an additional sink in the kitchen area to ensure access by anybody using a wheelchair. A call bell system was in place in the bathroom area for residents who required assistance in accordance with their needs.

Weekly residents' meetings were held, and records were kept of these meetings. Various ways of communicating with residents were in place to facilitate participation in these meetings, for example pictures and photographs were used.

There was a 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. A complaint which had been raised by a resident at a residents meeting had been recorded and resolved.

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 that a meaningful day was facilitated for each resident and there was a personal plan in place for each resident which was based on assessments of needs.

Various assessments of both social and healthcare needs had been conducted including assessments relating to healthcare needs, communication including expression of discomfort and social care needs.

Personal plans included sections on all areas of need, and were detailed and person centred. Personal plans included a vision for the future for each person, and person centred goals had been set with residents which were appropriate to their needs and preferences. Steps had been taken towards these goals, and these were documented.

Accessible versions of personal plans had been developed, and regular reviews of the plans had taken place.

Residents had various daily activities in accordance with their needs and preferences. Some people did voluntary work, some preferred sensory activities in the home and garden and some attended day services.

Equipment was available in the house to facilitate activities, such as sensory equipment and garden items. Some residents had tablets and used email.

Leisure activities outside the home included visits to local facilities such as the library, outings and community activities of residents' choice. Some residents were members of groups in the local community.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

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

There was a personal evacuation plan in place for each resident which included detailed information as to how each person responded to an evacuation, and what supports if any were required. Fire exits were all clear, and appropriate daily and weekly checks were recorded. All fire safety equipment, including emergency lighting had been tested quarterly. There were self closing fire doors throughout the centre.

All staff had received fire safety training including locatin specific training, and were knowledgeable in relation to fire safety, and the actions to take in the event of an emergency. Fire drills had been conducted regularly, including night time drills, and the records of these drills were reviewed by the fire officer.

A risk register was maintained which included various risk assessments and management plans, such infection control, proximity to a road and other environmental risks. The risk register listed all identified risks, including the risk rating and control measures. Individual risk assessments were in place for resident, for example in relation to the risk of aspiration safety in the kitchen, and individual activities.

The centre was visibly clean, cleaning checklists were maintained and there was a flat mop system in place. A quarterly deep clean was in progress on the day of this unannounced inspection. Staff had received hand hygiene training, and practice observed by the inspector was appropriate.

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.

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| <p>Theme: Safe Services</p> |
| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There were structures and processes in place in relation to safeguarding residents, and any restrictive practices were managed appropriately.</p> <p>Where restrictive practices such as bedrails were in place there was clearly documented evidence of attempts to reduce the practices, and of alternatives having been considered or tried. For example a two week schedule of monitoring of the use of bed rails had taken place. In addition residents or their families had consented to any restrictions.</p> <p>Staff had received training in the protection of vulnerable adults, were knowledgeable about their role in this area. There was a detailed policy on the protection of vulnerable adults.</p> |
| <p>Judgment: Compliant</p> |

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

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| <p>Theme: Health and Development</p> |
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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was evidence of residents' healthcare needs being met, and of a nutritional diet being available.</p> <p>Residents had access to various members of the multi-disciplinary team including speech and language, physiotherapy and dentist, as required. Each resident had their own, different GP, and there was an out-of-hours service available. One resident had recently been supported to change their GP as they were not happy with the original service.</p> <p>There were detailed healthcare plans in place and evidence of regular health checks of various types. There was evidence that changing healthcare needs were responded to</p> |
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promptly and appropriately. For example visits were made to the general practitioner (GP) and required referrals to the appropriate health care professionals were made immediately. Any follow up requirements were implemented in a timely manner.

Staff demonstrated an in-depth knowledge of all the healthcare and nutritional needs of residents, and could describe any required interventions.

There was evidence of a healthy and diverse diet being offered, and of choice being offered to residents in accordance with their communication needs. Detailed 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):

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

Findings:

There were some structures and processes in place in relation to the management of medications, however improvements were required in the covert administration of medication and in the safe storage of medications .

Medication was managed for the most part by the use of blister packs supplied by the local pharmacist. 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. There were detailed protocols in place providing guidance on the administration of P.R.N. medications, and a record of each administration was maintained including the reason for the administration and the response.

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. Medication errors were managed by the accident and incident reporting process, and there was a system whereby a root cause analysis would be undertaken in the event of any errors.

There was a specific locked cupboard for the storage of medication, however the key to this cupboard was kept in an open cupboard in an unlocked room, and was therefore not maintained securely.

There was a policy in place in relation to medication management, and audits of medications were regularly undertaken. In addition a detailed audit had been undertaken by the pharmacist.

However, medications were administered covertly for some residents. Medications were crushed and hidden. While the person in charge outlined a clear rationale for this practice, there was no risk assessment in place, and the practice had not been recognised and managed as a rights restriction.

Judgment:

Substantially 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. Any identified actions reviewed by the inspector had been implemented. In addition the person in charge undertook monthly 'spot checks' of various aspects of the service.

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

The person in charge was 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. She was clear about her roles and responsibilities and outlined various communication strategies.

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. There was a nursing presence in the centre on a daily basis in accordance with the assessed needs of residents.

Staff had received mandatory training, for example in fire safety, safe administration of medication and protection of vulnerable adults. Training was provided in relation to the management of dysphagia.

Individual supervision meetings were held with staff, and the person on charge had also introduced team supervision.

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 report¹

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| Centre name: | A designated centre for people with disabilities operated by Muiríosa Foundation |
| Centre ID: | OSV-0002742 |
| Date of Inspection: | 29 November 2017 |
| Date of response: | 09 January 2018 |

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 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Medications were administered covertly in the absence of the identification of a rights restriction or risk assessment.

The key holding arrangements for the medication cupboard required review.

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

1. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

a)The Person in charge will devise a risk management plan in relation to covert medication management practice.

b)The Person in charge will update the restrictive practice register to include if the practice of administering medication covertly is used. This practice will only be implemented following completion of the risk management plan and with agreement from the individual or his representative.

c)The Person in charge reviewed key holding arrangements and a coded key box is now in place and being used by staff

d)The Person in charge discussed the new key holding arrangements with staff at staff team meeting on 6th December 2017.

Proposed Timescale:

a) 6th of December 2017 [implemented]

b) 7th of December 2017 [implemented]

c) 6th of December 2017 [implemented]

d) 6th of December 2017 [implemented]

Proposed Timescale: 07/12/2017