

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 7
Centre ID:	OSV-0004080
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	2

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 renewal 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: 11 January 2018 11:00 To: 11 January 2018 16:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This inspection was carried out to monitor on-going regulatory compliance and inform a registration renewal decision. This centre had previously been inspected and has been reconfigured since the last inspection with one unit being removed.

This designated centre now consists of one premises which was inspected as part of this inspection.

How we gathered our evidence

As part of the inspection, the inspector met with the resident, the person in charge and staff. There was one resident living in this centre at the time of inspection. Policies, procedures, personal planning and relevant documentation were reviewed as part of this inspection.

Description of the service

The provider had a statement of purpose in place that clearly explained the service they provided. This service consisted of a rural country bungalow whereby one resident was in receipt of an individualised service.

In the areas inspected, the inspector found that the service provided was as it was

described in the statement of purpose. At the time of inspection the centre provided care for one resident who had an intellectual disability.

Overall judgment of our findings

Overall, the inspector found that this centre demonstrated a high standard of care and support and compliance was found across all of the areas inspected. The one resident who lived in this centre was found to be well cared for and supported by the service.

The resident spoke to the inspector and presented as very happy with their service and was found to enjoy a good quality of life in accordance with their individual needs, wishes and preferences.

The inspector found the service was well managed by the provider and a safe and quality service was delivered which was operated in accordance with the regulations and standards.

All inspection findings regarding compliance are discussed in further detail within the inspection 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 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):

No actions were required from the previous inspection.

Findings:

The inspector found that the resident's wellbeing and welfare was well maintained by a good standard of evidenced based practice.

The resident who lived in this designated centre was provided with an individualised service and had comprehensive assessments and personal plans in place. The inspector met the resident who presented as happy in their home and with the staff supporting them.

The resident had clear goals in place and had good opportunities to participate in social activities in accordance with their individual interests. The inspector saw the resident going out on activities over the course of inspection such as art therapy and being supported to visit their friends.

Social goals were in place and were reviewed every three months with the resident, key worker and their next of kin. There was clear evidence whereby goals were achieved and the resident's key worker gave good insight into the resident's likes and dislikes. The resident told the inspector they were very happy in their home. Holidays, art classes, festivals, meals out and shopping trips were a continual feature in this residents life. The resident's person centred support plan was last fully reviewed and updated on 5 January 2018.

Judgment:

Compliant

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Outcome 07: Health and Safety and Risk Management <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
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Theme: Effective Services

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The health and safety of residents, visitors and staff was found to be well promoted and protected. Risk management policies and procedures were in place and were found to protect the resident from harm. Appropriate management and operational protocols were found to be in place regarding protection against infection and fire precautions. A risk register was reviewed which outlined the identified risks in this designated centre. These risks included behavioural risks, falls risks, transport risks, medical risks and environmental risks. The inspector found good risk assessment and management plans were in place which were known and understood by staff. Staff members spoken with could identify risks prevalent and understood how to manage these risks. Incident reports were reviewed and there was a system in place for reporting, recording and responding to incidents. The resident was found to be protected by the systems reviewed on this inspection. Fire management systems were in place and a fire register and protocols were reviewed. There were appropriate systems in place regarding the detection, management, response and ability to evacuate in the event of a fire or other emergency.

Judgment: Compliant

Outcome 08: Safeguarding and Safety <i>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.</i>

Theme: Safe Services

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

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place for the protection of the resident. The inspector found that the resident in this centre was appropriately protected from abuse by up to date safeguarding policy and procedures. As this was an individualised service this resident was supported on a 1:1 basis.

There were no safeguarding concerns evident regarding this resident and all staff spoken to were familiar with the types of abuse and the systems of reporting and recording abuse. Training records reviewed indicated that all staff were provided with training in the protection of vulnerable adults.

The inspector found a very homely environment whereby restraint free practice was promoted. There were no operational restrictive practices in this centre.

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):

Findings:

The resident in this centre was found to be well supported on an individual basis to achieve and enjoy best possible health.

The resident had good access to allied health professionals and was well supported by the service in this regard.

A calendar of appointments was reviewed in addition to up to date health assessment and associated healthcare plans.

The resident was found to be well supported in terms of on-going health screening and was in receipt of good care.

There was clinical review from a therapeutic perspective and behavioural support planning was reviewed which contained proactive and reactive strategies. Staff spoken

to were very familiar with this resident's individual healthcare and associated support needs.

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):

Findings:

The resident was protected by the designated centres policies and procedures for medication management. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines.

The inspector reviewed operational medication management systems and found both prescription and administration practices were safe and in line with regulatory requirements. Staff understood their responsibilities regarding this resident's medication and all medicines were found to be handled appropriately and stored securely within the designated centre.

Medication counts and audits were regularly completed and the inspector found medications were present and accounted for in line with prescription and administration records.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose in place that accurately described the service provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of the resident.

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:

The quality of care and experience of the resident in this centre was found to be well monitored and developed on an on-going basis. Effective management systems were in place whereby staff were appropriately supported and the delivery of safe and quality care was promoted.

A person in charge was in place who was suitably skilled, experienced and qualified to fulfil the role. The staff team in place were found to be meeting the resident's individualised needs and knew the resident and their family very well.

A good individualised service was evident for this resident and the management and oversight in terms of monitoring, auditing, resourcing and staffing were all found to be provided to a good standard.

Provider auditing and unannounced visits were taking place in line with regulatory requirements.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. As highlighted earlier in this report this was a 1:1 service whereby the resident was provided with individualised support at all times.

Continuity of care was found to be prioritised and while there had been some staff turnover due to retirement and staff moving on the resident in this centre was found to be consistently supported. Rosters reflected consistent supports in place and staff spoken to knew the resident very well and were observed treating the resident with dignity and respect.

The inspector found staff were recruited, selected and vetted in accordance with best practice. Staff were supervised in their roles by governance and management and were up to date in terms of mandatory training requirements.

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:

Conor Brady
Inspector of Social Services

