

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mullingar Centre 4
<b>Centre ID:</b>	OSV-0004213
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 October 2017 10:00 To: 10 October 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
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**

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 two 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 two detached bungalows, next door to each other in a quiet estate, 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. The provider had identified areas that required improvement in relation to the premises, and new premises for all residents had been sourced, to which they would be moving next year.

Good practice was identified in areas such as:

- consultation with residents (outcome 1)
- meeting social care needs (outcome 5)
- management of healthcare needs (Outcome 11)

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):**

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

**Findings:**

There was evidence of consultation with residents, and of communication being facilitated, including while offering choice to residents.

There was a complaints procedure in place which was detailed enough to guide staff, it was available in an accessible version so as to guide residents if required, and this accessible version was clearly displayed in the centre. There was a named complaint officer for residents to refer their complaint to. This person's picture was also displayed to assist residents in identifying the complaints officer. A complaints log was kept which would include evidence of actions being taken by the service in response to any complaints.

Regular residents' meetings were held for residents, and records were kept of these meetings. Where residents had communications difficulties, strategies were in place to aid understanding. There was also an individual consultation with each resident on a monthly basis.

There was a named advocate available should residents require this type of support, and residents' personal possessions were recorded including photographs of any large items.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Each resident had a written contract of care in place which outlined the services provided and any charges incurred. There was also a tenancy agreement in place for each resident.

There was an admissions policy in place, although there were no vacancies in the centre, and no admissions anticipated.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was evidence that a meaningful day was facilitated for each resident, although some improvements were required in the organisation of personal plans to ensure that information was retrievable.

There was a personal plan in place for each resident, and assessments of residents needs had been conducted on which these plans were based. Improvements had been made since the previous inspection in the storage and location of the information in

personal plans, and all pieces of information were now easily retrieved.

There were sections in the personal plans on all healthcare and social care needs, and the information was detailed and based on an assessment of needs. The plans were regularly reviewed.

Goals had been set for residents, and improvements had been made in ensuring that these goals were meaningful. Goals relating to a meaningful day were in the format of an overarching aim with goals identified towards reaching these aims. A record of progress towards goals was maintained.

Residents had various activities in accordance with their needs and preferences. Some were involved in local community groups and activities. Leisure activities included visits to the local market, walks, mass and use of local amenities.

Various home based activities were also available to residents, including music, learning to use an ipad and cycling.

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

All staff had received fire safety training and fire drills had been conducted twice a month, including occasional night time drills. 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, and a 'hospital passport' which contained important information on each person. 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 no fire doors in the centre, however there were mitigating circumstances as to why the agreed installation of fire doors had not taken place. In addition the provider had acquired two new premises to which residents would be moving next year.

A risk register was maintained, and various risk assessments and management plans were in place. For example there were risk assessments in relation to behaviours of concern, acute medical conditions and medical or dental procedures. All areas of risk examined by the inspector had a risk assessment and management plan in place.

The centre was visibly clean, hand hygiene facilities were available and there was a flat mop system in place. There was appropriate storage for cleaning items and products, and a cleaning roster and checklist were in operation.

**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):**

**Findings:**

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

There were robust systems in place in relation to restrictive practices. A restrictive practices register was maintained, and all notifications had been made to HIQA as required. There was evidence that where restrictive practices were in place they were the least restrictive to manage the risk and were applied for the shortest period of time possible. All restrictive practices had been referred to the restrictive practices team for approval, and there was a risk assessment in place for each which included detailed rational.

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 had been developed in conjunction with the behaviour therapist and psychologist. Programmes had been successful in reducing the use of restrictive practices in the centre.

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. Balances were



checked regularly, transactions were signed and receipts were kept.

**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 a nutritional diet being provided for residents, and of healthcare needs being addressed.

Snacks and drinks were readily available and choices were facilitated by residents' involvement in menu planning and in choices further being facilitated at the times of the meals. Residents were supported to make choices with the use of communication aids such as pictorial representation of meals and snacks, sign language and the use of a tablet for one resident to assist communication.

Residents had access to members of the multi-disciplinary team in accordance with their assessed needs, for example chiropodist, neurologist, speech and language therapy, and physiotherapy. Each resident had a community general practitioner (GP), and there was an out-of-hours service available. Records were kept of each appointment and contact with members of the multi-disciplinary team.

There was a nurse based in one of the houses of the designated centre who provided nursing support to all residents who required it. There were healthcare plans in place for all issues reviewed by the inspector. Any acute medical conditions were responded to in a timely manner with the appropriate referrals being made.

**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):**

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

**Findings:**

Significant improvements had been made in relation to storage and stock control, although further improvements were required in stock balancing.

Documentation for prescriptions contained all the information required by the regulations, Prescriptions for 'as required' (p.r.n.) prescriptions specified the circumstances under which they should be administered, and the record of any administration included the reason for the administration and the effect of the medication.

Medications were managed for some residents by the use of blister packs, but for those residents who required liquid medications were managed in bottles. A stock check system had been introduced to monitor the stock of liquid bottles, but improvements were required to ensure it captured the entire stock.

There was a local guideline in place to guide practice in the centre as required by the organisation's medication management policy.

A self-medication assessment had been completed for all residents, all of whom required staff assistance with medication management.

**Judgment:**

Substantially 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 Statement of Purpose in place in line with the requirements of the regulations, which adequately described the service provided.

**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 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. There was an appropriately skilled and experienced person in charge at the time of the inspection.

The provider had conducted unannounced visits to the centre, these visits resulted in an action plan, and those actions reviewed by the inspector had been completed, or were within their agreed timeframe. 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.

A series of audits were conducted including health and safety audits, financial audits and an audit of the quality of personal plans.

**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:**

Staffing levels were appropriate to meet the needs of residents in both houses in the designated centre in accordance with their assessed needs.

Continuity of staff was managed by the use of a core group of staff and by covering absences with staff who were known to residents for the most part. Where unfamiliar or new staff were in the centre, they were never alone with residents.

Mandatory staff training was up to date, including training in the protection of vulnerable adults, safe administration of medications and the management of particular medical conditions.

Staff engaged by the inspector demonstrated a thorough knowledge of the communication and care needs of residents and were knowledgeable in relation to fire safety and the protection of vulnerable adults.

A system of formal staff supervision had commenced, this was planned for every four to six weeks , however it had not taken place in the previous six months.

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:**

Substantially 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



## 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-0004213
<b>Date of Inspection:</b>	10 October 2017
<b>Date of response:</b>	7 December 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 12. Medication Management

**Theme:** Health and Development

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

Stock control was not capturing all the stock of medication.

#### 1. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and

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

administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- The Area Director and the PIC will review the protocol to ensure the amount of medication (liquids) in stock is correctly accounted for.
- The revised protocol will be introduced and discussed at the team meeting.

**Proposed Timescale:** 16/01/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A system of four to six weekly staff supervision had not been implemented.

**2. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

- The PIC will plan and schedule staff supervisions to ensure the staff members receive supervision at least six weekly.
- The Area Director will complete spot checks to ensure compliance.

**Proposed Timescale:** 01/02/2018