Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults)

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	19 February 2020
Centre ID:	OSV-0005787
Fieldwork ID:	MON-0025793

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre comprises two community houses, each in close proximity to the nearest town. Each house accommodates four adults, both ladies and gentlemen, with an intellectual disability. Each resident has their own bedroom, and there is sufficient private and communal space in the houses. There is also functional outside space at each of the houses.
The centre is staffed by two members of staff during the day, and a sleepover staff at night. There were vehicles for the use of residents, and a variety of activities available and supported.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 February 2020	10:00hrs to 19:00hrs	Julie Pryce	Lead
Wednesday 19 February 2020	10:00hrs to 19:00hrs	Caroline Meehan	Support

What residents told us and what inspectors observed

There were eight residents on the day of the inspection, and the inspectors met four of them. Others did not wish to interact with the inspectors, and this was respected. The inspectors observed the residents' daily lives and the interactions between staff and residents, and reviewed questionnaires which had been completed by residents and their families.

Residents were observed to be engaging in their chosen activities and appeared to be comfortable and relaxed in their homes. They were observed to be interacting with staff members in a comfortable and familiar way. Mealtimes were pleasant and enjoyable occasions for residents.

Some residents said that they were supported in various activities, including maintaining contact with families, listening to music and other activities. Residents meetings were regularly held in order to elicit the views of residents, and staff demonstrated various communication strategies to assist in this process. Views of residents were also sought via a detailed recording of their response to activities, and these findings were used to tailor activities to suit the preferences of residents.

Capacity and capability

There was a clearly defined management structure in place with clear lines of accountability and various governance processes in place, however these processes were at times, not adequate to ensure the quality and safety of care and support at all times. .

While the provider had ensured that key roles within the centre were appropriately filled, and the person in charge at the time of the inspection was appropriately skilled, experienced and qualified, there was insufficient oversight of the centre. The person in charge had responsibility for three operational centres, and it was apparent that time constraints contributed to the lack of various required strategies, including meaningful auditing and detailed knowledge of the day to day operation of the centre.

Some audits had been completed by the staff, including fire safety, vehicle safety, finances and medication storage and documentation. An unannounced visit had been conducted on behalf of the provider as required. However, there was no audit of personal planning, other than one or two questions during the six monthly visit and there were no required actions arising from these processes.

A staff meeting had been held in the month prior to the inspection, and the record

of this meeting indicated that various aspects of the operation of the centre and the welfare of residents were discussed. Required actions arising form this meeting, including maintenance issues were complete or being completed within their identified time frame.

The provider had arrangements in place to ensure there was a consistent and up to date staff team, although the staffing arrangements were at times not adequate to ensure the safety of residents at night in one of the houses. This was because one resident frequently required several hours of supervision during the night when only a sleep over staff was on duty. Rosters were planned, and a record of the actual roster was maintained as required by the regulations.

Staff were in receipt of regular training and all were knowledgeable about the support needs of residents. Staff were observed to be implementing any guidance on the support requirements of residents.

There was a complaints procedure in place which was clearly available to residents, including contact information. There were no complaints on file at the time of the inspection, although a number of compliments relating to good work of staff were recorded.

While there was a clearly defined management structure in place with clear lines of accountability, the inspectors found that oversight of the centre required some review so as to ensure the quality of life and safety of residents at all times in the centre.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers were appropriate to meet the needs of residents during the day, but were not adequate to ensure the safety of all residents during the night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of training in accordance with the needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and some systems in place to monitor the quality of care delivered to residents. However the person in charge had other management responsibilities in the organisation, meaning that governance activities in the centre were not all up to date.

Judgment: Not compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to HIQA as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Suitable policies procedures were in place for the management of complaints in the centre, in line with the requirements of the Regulations, including accessible information for residents. A complaints officer was appointed in the centre, and residents had access to an advocacy service if required.

Judgment: Compliant

Quality and safety

The provider had put some systems in place to ensure that residents had support in leading a meaningful life and having access to healthcare, but arrangements relating to risk management, personal planning and maintaining privacy and dignity required review.

Each resident had a personal plan in place based on an assessment of needs and abilities which were regularly reviewed and aspects of these personal plans had

been well developed, to include clear guidance with which staff were familiar with. However, some aspects of residents needs were not adequately detailed in the personal plans, including sleep and personal care for some residents, or where a resident's needs had changed. It was also observed that there was no written information available relating to reported multi-disciplinary team reviews in some cases. In addition, some plans relating to personal goals, did not outline the support required and person responsible to enable residents to achieve these goals.

However, there was evidence through activities, records and photographs that some residents had been facilitated to achieve goals and learn new skills. The documentation however, recording this information required review.

Healthcare needs were supported, and residents had access to allied healthcare professionals in accordance with their needs. Regular appointments with the general practitioner were supported if required, and residents had access to a range of allied healthcare professionals including dentist, chiropodist, ophthalmology, occupational therapy, psychotherapy, neurology and the mental health team. Where there were recommendations from these professionals, they had been implemented, and this resulted in positive outcomes for residents.

Residents were supported to communicate in various individual ways. Each resident's communication needs had been assessed and a detailed guide to their preferred methods of communicating was available in personal plans, including an assessment of their ways of communicating discomfort or pain. Staff were observed to communicate consistently with residents in accordance with their stated needs, including interpreting sign language and gestures. Staff could explain in detail the ways in which residents would make requests, or indicate choice.

A range of activities was available to residents, who were all occupied in different ways according to their needs and preferences. Some residents attended day services, and others had a range of hobbies including choir membership, coffee outings, holiday, massages, caring for a pet and swimming.

Where residents required positive behaviour support this was supported by a detailed assessment and behaviour support plan which was regularly reviewed. Consistency of approach and regular evaluation of strategies were effective in supporting residents in managing behaviours of concern. Where restrictive practices were required to support residents, there was a documented rationale for each, and a register of all restrictive practices was maintained. However, the use of some restrictive practice was not documented as required.

A risk register was maintained in which all identified risks to include both local and individual risk. The record included the risk rating and review date. Individual risk assessments were in place for identified risk to residents, however a significant risk of falls relating to behaviour for one resident had not been mitigated. There was a falls risk assessment in place, but this did not include the pertinent information, meaning that this risk was not being adequately managed.

There were appropriate systems and processes in place in relation to fire safety. There was safety equipment and fire doors throughout, and all had been certified

and well maintained. All staff had completed fire safety training, and records indicated that all had been involved in a fire drill. There was a personal evacuation plan in place for each resident which outlined any supports they would require in the event of an emergency.

There were robust systems in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff.. There were systems in place relating to review should an incident of concern arise. Staff training had provided and both staff and the person in charge were aware of their roles in relation to safeguarding of residents.

The houses were visibly clean throughout, and a cleaning schedule was maintained. Cleaning equipment and products were appropriate and stored safely. However, one of the bathrooms had a makeshift cistern lid on the toilet, and rust around the handrails, meaning that good standards of hygiene could not be ensured.

Medications were well managed for the most part, although some of the administration guidance was insufficient. Medications were safely stored, and there were robust systems in relation to fulfilling orders from prescriptions. There was detailed stock control system in place, and medications were safely stored. Staff knowledge was good, and all the processes were clearly familiar to staff. However, the guidance available to staff in order to make a decision on the administration of 'as required' or PRN medicines was not always clear enough to ensure safety and consistency of decision making.

The rights of residents were upheld for the most part, and no rights restrictions had been identified. Regular residents' meetings were held, and records were kept of these. Residents were supported at these meetings to communicate, so that their voices were heard. Daily activities and way of life were informed by residents' choices, and where a resident had expressed a dissatisfaction with their daily activity, this had been accepted, and the requested changes made.

However, the provider had not ensured that the privacy and dignity of one resident was being respected with regards to some aspects of personal care practices. There were regular occasions where the privacy of this resident was compromised and this issue was on-going at the time of the inspection.

Overall the provider had systems in place to ensure that residents had a comfortable and meaningful life, but documentation in personal plans, the right to privacy and risk management were not at times adequate to ensure the quality and safety of care and support.

Regulation 10: Communication

Comprehensive information on residents' communication needs and preferences were outlined in personal plans. Staff were observed to communicate with residents

in ways that were consistent with residents' needs and wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to pursue activities and interests both in the centre and the community, based on their likes, wishes and goals. Residents were actively supported to link with their families, and with friends in the community.

Judgment: Compliant

Regulation 17: Premises

Suitable accommodation was provided ensuring that the premises were safe, accessible, homely and comfortable, in order to meet the needs of the residents. The premises were suitably decorated and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs had been assessed, and formed the basis of meal planning for residents living in the centre. Nutritional plans were observed to be implemented, and staff were knowledgeable on the individual food preferences and dietary requirements of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements or the regulations. However, not all risks had been mitigated adequately in the centre.

Judgment: Not compliant

Regulation 27: Protection against infection

Suitable procedures were in place in the centre for the prevention and control of infection for the most part, but improvements were required in the maintenance of one of the bathrooms to ensure standards of hygiene would be maintained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated quickly in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were safely managed, stored and administered, except that there was not always clear guidance in place relating to the administration oft all PRN medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall residents had comprehensive assessments of their needs completed by relevant healthcare professionals however, sufficient evidence was not available to confirm a resident had been assessed by a professional in relation to an emerging need. The inspectors found a number of personal plans were not developed in line with residents identified needs, and consequently the support required to meet some residents' identified needs and goals were not clearly outlined in plans or in some cases implemented in practice.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported to access a range of healthcare activities and services appropriate to their needs. Residents availed of the services of a general practitioner (GP) in the community, and timely access was provided to both their GP and a range of allied healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The centre actively promoted a positive approach in order to support residents in managing their behaviour. Behaviour support plans had been developed for residents where required and reflected the expressed wishes of individual residents, and of the outcomes of ongoing monitoring and evaluation of behaviours that challenge. Restrictive practices were only in place where there was a clear rationale for their use, however the use of some of them was not recorded on a daily basis.

Judgment: Substantially compliant

Regulation 8: Protection

The centre had policies and procedures in place in to ensure residents were safeguarded against abuse. Staff had received up to date training in safeguarding and were knowledgeable on the centre's safeguarding reporting and response procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that the privacy and dignity of some residents had been respected with regards to some personal care practices.

That said however, residents were encouraged to participate in decisions about their care and support in the centre, and were evidently encouraged to make choices and take control through activities and personal preferences in their daily lives.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Meath Westmeath Centre 4 OSV-0005787

Inspection ID: MON-0025793

Date of inspection: 19/02/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The area of responsibility has been reconfigured to allow the PIC additional time to fully meet the regulatory requirements; • There was re-configuration of the Designated Centres that the Person In Charge has responsibility for. • A Team Leader has been appointed to support the Person In Charge in the day to day running and management of the centre. • The Area Director will continue supervision with the Person In Charge to ensure the service provided is safe, appropriate to residents needs and effectively monitored. • A review of the audit question regarding personal care plans will be undertaken to ascertain if the area is sufficiently covered. • To support the robustness of six monthly audits, the Person in Charge will provide overview of current challenges in the centre to the auditor on the day.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • The activity was reviewed by the Occupational Therapist, PIC and staff team on 10/03/2020.	

• It was determined that this resident required a monitoring device to alert staff to incidents where the resident is accessing the toilet independently. Monitor in place since 23/03/2020.

• Local protocols are in place to assist the resident to safely use the bathroom and to reduce the risk of falls.

• The Risk Assessment was reviewed and additional safety controls identified.

• The revised Risk Assessment will to be discussed at the next Team Meeting to ensure that staff are confident in the effectiveness of the documents.

• The staff will closely monitor and the new protocols will be discussed at staff meetings for next 3 months to ensure its effectiveness.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• The Person in Charge will contact the maintenance team to replace hand rails and toilet cistern top.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• PRN Protocols to be reviewed by the Person in Charge to ensure all protocols have clear guidance for the administration of medication.
• P.R.N. Protocols reviewed by PIC for the treatment of Status Epilepticus.
• Review of medical history to determine presentation of Epilepsy Seizure and duration of seizure.
• Review of Neurology assessments and recommendations.
• Individual guidance completed on P.R.N. protocol for presentation and likely duration of Seizure Activity.
• Documentation is in place to review effectiveness of P.R.N. medication following every administration.

• Revised P.R.N. protocol discussed at staff team meeting.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• The Person in Charge will review all Personal Plans to ensure that all plans are developed in line with residents needs and changing needs, ensuring that supports required are documented and implemented.
• Any findings will be discussed at the team meeting.
• The Person in Charge will review all Personal Goals ensuring that each goal has facilitative steps identified to achieving the goal.
• The PIC will work with Key Worker to ensure goals are being achieved.
• The Person in Charge will contact the Senior Clinical Psychologist to forward the minutes of meetings held and ensure that recommendations are followed and implemented by the staff team.
• The Person in Charge will hold a supervision meeting with staff individually to provide support with documentation and recording of information.
• The Area Director will mentor PIC to ensure personal plans are developed in line with residents identified needs.
• All staff will attend the next available training on Record Keeping.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• The Person in Charge will ensure to communicate to all staff the importance of recording the use of a lap strap to include the time the restriction is applied and the time the restriction is removed.
• The recording of the lap strap will be reviewed by the Person in Charge on a fortnightly basis.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The Person in Charge in consultation with the staff reviewed incidents where privacy and dignity of a resident was compromised.

• A comprehensive risk assessment was completed and appropriate control measures identified and implemented to mitigate the risk.

• The Person in Charge will ensure that all control measures are implemented and reviewed in a timely manner with support from the individual’s key worker.

• This will be an agenda item for next 2 months to monitor the effectiveness of the control measure.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Yellow	31/05/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	24/03/2020
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	20/05/2020

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/04/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with	Not Compliant	Yellow	30/04/2020

	paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/04/2020
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Not Compliant	Yellow	30/04/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	24/02/2020
Regulation 09(3)	The registered provider shall ensure that each	Not Compliant	Yellow	30/03/2020

	resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			