

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Joseph's Unit
Centre ID:	OSV-0002705
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Colm Heffernan
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
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 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: 28 November 2016 09:30 To: 28 November 2016 17:30

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

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

Summary of findings from this inspection

Background to the inspection:

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013. This monitoring inspection was un-announced and took place over one day.

How we gathered our evidence:

The inspector met with residents, staff members on duty and the management team during the inspection process. The inspector reviewed practices and documentation such as residents' personal plans, healthcare plans, accident and incident reports, risk assessments, audits and policies and procedures. The inspector also met a resident's family members who happened to be visiting the centre on the date of inspection.

Description of the service:

This service was managed by the Muiriosa Foundation and was a campus based centre providing care to 15 residents at the time of this inspection. The centre comprised of a large single story building which had spacious private and communal areas for resident use. Sufficient bedroom and bathroom facilities were available to meet the assessed needs of residents however some bedrooms were shared. The

centre was found to be clean, bright and well maintained and had substantive external private grounds for residents to enjoy.

Overall judgment of our findings:

The inspector found this was a well managed centre that provided good care to the residents living there. The standard of service provision and quality of care delivered to residents was found to be of a high standard in a number of areas that were inspected. Residents were safe, well protected and provided with good quality health and social care in this centre. A professional staff team was in place who residents' presented as very comfortable with and who knew residents and their families very well. The inspector found a calm and homely environment on this inspection and overall found good care practices evident over the course of the inspection.

The inspector also found some areas that required improvements to ensure compliance with the Regulations and Standards. These included resident's privacy in shared bedrooms, personal planning goals and the performance management of staff.

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:

Resident's rights, dignity and consultation needs were found to be met to a good standard on this inspection. Residents were found to be very well cared for and supported in this centre. However some improvement was required regarding the practice of using shared rooms.

The inspector met a number of residents and staff over the course of this inspection and also met a visiting family who were visiting at the time of inspection. A homely and calm atmosphere was evident on this inspection whereby resident's needs were met in a caring and respectful manner.

Residents were observed coming and going to different activities and appointments with the support of staff presented as comfortable with the staff who were supporting them.

Consultation with residents took the form of collective and individual meetings with residents and happened on an on-going basis with daily communication and choice facilitated.

The inspector saw a resident who had been up all night being facilitated to remain in bed for the day and another resident who refused a medical appointment and this was respected.

Residents spoken to stated they were looking forward to Christmas and one resident was overseeing the external crib decorations and garden outside the centre.

The inspector found that there were two shared rooms operational at the time of inspection and spoke to the residents residing in same. One resident stated they liked sharing and another was indifferent when the inspector asked their opinion. One arrangement was short term and another was facilitating respite. While there was screening available in bedrooms it was found that using full time resident's bedrooms for short term/respite care was not ensuring their right to privacy.

Judgment:

Non Compliant - Moderate

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:

Overall the inspector found a lot of improvement in the area of social care provision and activation. Residents in the centre were engaged in activities in line with their needs, wishes and abilities. Some further improvement was required to ensure resident's person centred support plan goals and objectives were achieved, reviewed and appropriately updated.

The inspector saw residents leaving the centre for activities and appointments. There was an activity room operating in the centre and meditation and reminiscence activities were happening on the day of inspection.

In reviewing a number of residents personal plans the inspector found that plans were accessible, comprehensive and multidisciplinary. The inspector reviewed plans with staff who demonstrated they were very familiar with same. One staff showed where a resident was supported to revisit their old family home and photographed the whole experience for the resident. Other residents enjoyed trips, outings, dinners out and music concerts as part of their personal centred support plans.

However some improvement was required as one resident's plan reviewed was not appropriately updated and all of the resident's goals had not been achieved. This was discussed with the person in charge and the provider offered further detail on this the

day following this inspection.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The inspector found good systems of risk management in place that were governed by appropriate risk management policy. Staff were risk aware and knew the centre and residents very well.

A risk register was in place that outlined all risks and potential risks prevalent in this centre. Individual risk assessments and control plans were found in residents personal plans and were reviewed and updated.

Risks such as falls, epilepsy, injury to residents, absconsion and burns and scalds were included in the centres risk register.

The inspector reviewed the centres logs which recorded accidents, incidents and near misses and discussed a number of same with the person in charge. It was evident that the centre was very responsive to any incidents that had occurred and effective control measures and learning was demonstrated in a number of incidents reviewed which were mainly minor in nature.

A location specific safety statement was in place and a fire register was reviewed. There were appropriate measures in place to ensure the centre was equipped to safely evacuate in the event if an emergency. Fire orders and evacuation procedures were clearly displayed and practice evacuation drills had taken place. The person in charge demonstrated good oversight of areas of risk in this centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents in this centre were safe and were well protected by organisational policy and practices. Residents told the inspector they felt safe and well cared for in the centre and identified the 'nurse in charge' as the person they would ask for if they had any problems.

The inspector found that safeguarding issues were reported and investigated in line with organisational policy which reflected and incorporated national guidance. The provider had systems in place to ensure staff were trained and the inspector spoke to a number of staff who were aware of the types of abuse, signs and symptoms of abuse and the reporting procedures for allegations, instances or disclosures of abuse

The inspector reviewed a number of resident's personal finances (where managed by the provider) and found account balances tallied with the residents last recorded income and expenditures ledgers which were all co-signed and reviewed by management at regular intervals. Resident's monies were found to be protected and secure in this centre.

The provider and person in charge demonstrated that good oversight and monitoring systems were in place to safeguard residents. The provider nominee was very much a presence on the floor and called to the centre very regularly. The person in charge was a 'hands on' operational manager who knew residents support needs very well and monitored the quality of safe care delivered to the residents in this centre on an on-going basis. The person in charge highlighted her awareness as to the vulnerability of residents who did not communicate verbally and had high dependency and mobility support needs and had good systems to monitor care, follow up on incidents, review body mark recording charts and ensure resident safety was a high priority in the 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):

No actions were required from the previous inspection.

Findings:

The inspector found residents healthcare needs were well supported with nursing care continually provided in this centre and on-going facilitated access to allied health professionals and support services. Residents were found to be supported to enjoy best possible health.

Resident's healthcare needs were well monitored with regular observations and routine checks throughout the day with a number of residents observed. Resident's healthcare plans were reviewed and updated and there were care plans reviewed that highlighted epilepsy, depression, osteoporosis and various clinical support that were in place for residents. These were found to be well documented and the nurses spoken to were very aware of residents needs.

The inspector found residents were well supported with access to physiotherapy, occupational therapy and speech and language therapy and the inspector met the physiotherapist and occupational therapist who were in the centre reviewing and supporting residents at the time of inspection.

Paramedics were called to the centre for one resident on the morning of inspection. This resident refused to go in the ambulance and this right to refusal was respected. The resident chose to remain in the centre and the provider put interim arrangements in place to monitor this resident's vital signs and observations and a nurse remained with the resident while the residents doctor was contacted and requested to come to the centre.

Residents spoken with stated that they were well cared for in the centre and said that they felt well supported.

Regarding food and nutrition the inspector found that meals were provided from a central canteen and arrived in the kitchen within the centre. Food was prepared, temperature checked and modified dietary requirements were checked to ensure residents received meals that were appetising and in line with their dietary support needs. Residents were observed to be supported at meal times in a patient and caring manner by staff. Residents told the inspector the food was very nice and that there was always choice afforded to them. Residents' said if they did not like something they would get something else. Pictorial menus with various meal options and menus were observed including deserts. Residents weights were monitored to ensure clear plans were in place to review residents nutritional and hydration intake as required

Judgment:

Compliant

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Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>

Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: Medication management policies and procedures were available in the centre and nursing staff were always on duty in this centre and held responsibility for managing and administering medications. The inspector observed a medication round in the centre and found nurses administered medications as prescribed to the residents in a caring and respectful manner in line with best practice. Residents were well supported and medicines were administered in a careful, professional and unhurried manner. The nurse administering medication wore a red apron and was not interrupted or disturbed during her medication round. Medications were kept secured and stored safely and the inspector found arrangements in place were in line with best practice. Nurses were found to be professionally knowledgeable regarding resident's healthcare and medication support needs.

Judgment: Compliant

Outcome 14: Governance and Management <i>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.</i>

Theme: Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The inspector found good governance and management arrangements in place in this

designated centre. The person in charge had good systems of oversight in place to monitor the care delivered in the centre. The provider nominee was a regular presence in the centre and was very aware of the standard of care provision in the centre. Some improvements were required to ensure the performance appraisal was conducted with staff.

The inspector found a full time person in charge who worked in the centre as a nurse and was accessible to residents and staff. The person in charge had good auditing systems to ensure she had good oversight of the quality of care delivered in the centre. For example, the inspector reviewed audits on the areas of health and safety, risk assessments, healthcare plans and medication management. The inspector reviewed completed six monthly provider audits in addition to an annual report dated October 2016.

The inspector found that the governance and management arrangements in this centre ensured a good standard of care to the residents living there.

While there was no staff performance issues found on this inspection the inspector found that there were no staff performance appraisals conducted for 2016 as is a requirement of the Regulations.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0002705
Date of Inspection:	28 November 2016
Date of response:	19 December 2016

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Residents who were availing of shared bedrooms in this centre did not enjoy full privacy and dignity in relation to their personal and living space.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

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.

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

The PIC will ensure that residents who avail of short term/ respite care in the designated centre will not share with permanent residents.

Proposed Timescale: 27/02/2017

Outcome 05: Social Care Needs

Theme: Effective Services

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

Further review was required in some resident's personal plans whereby social goals had not yet been achieved or appropriately updated.

2. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

PIC will ensure that all residents'

- personal plans are updated and reviewed monthly to assess their effectiveness
- goals identified in their plans are achieved

Proposed Timescale: 27/02/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

While performance appraisals were conducted in 2015 they were not completed in 2016.

3. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A revised performance appraisal form has been agreed and the PIC will ensure that all staff members have a performance appraisal meeting conducted.

Proposed Timescale: 30/04/2017