

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Community Living Area 14
<b>Centre ID:</b>	OSV-0003754
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Margaret Melia
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<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 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 April 2017 09:30 To: 28 April 2017 15:30

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This inspection report sets out the findings of an unannounced 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 took place over one day.

How we gathered our evidence:

The inspector met with the residents, staff members on duty, the person in charge and members of the management team during the inspection process. The inspector reviewed practices and documentation such as the residents' personal plans, healthcare plans, care planning guidance for staff, accident and incident reports, risk assessments, safeguarding practices, resident finances, medications management, provider audits, reviews and policies and procedures. The governance and management systems in place in this centre were found to be of a good standard which was reflected in the high levels of compliance found in this centre.

A competent and qualified person in charge was present for the duration of this inspection and demonstrated a very person centred and professional approach to the

management of the centre. The centre was delivering a very good quality of service to the residents that was well monitored and provided in accordance with the requirements of the regulations and standards.

Description of the service:

This service was managed by the Muiriosa Foundation and consisted of one large private country dwelling which provided residential care to five residents. The residents were found to have a high quality of service based on their assessed needs, wishes and preferences. The residents in the centre primarily communicated non verbally and presented as very happy and well cared for by the staff team supporting them. The provider continually liaised and consulted with the residents and their families regarding the service provided. Overall the service was found to be delivered to a high standard in accordance with the statement of purpose and function.

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 overall quality of care delivered to the residents was found to be person centred and of a good standard in all areas inspected. The inspector found the provider had implemented all plans outlined and developed and progressed the necessary areas since the previous inspection and this service was found to be delivered in accordance with the residents assessed needs to a high standard.

There were no areas of non compliance found on this inspection. All findings are discussed in more detail in the main body of this 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 residents were well supported in this centre and were provided with good levels of care in accordance with their assessed needs, wishes and preferences. The inspector observed residents to be well engaged in terms of their support needs on this inspection and reviewed a number of personal plans that were comprehensive, multidisciplinary and appropriately updated.

Some residents were observed to be going swimming, having alternative therapy or going out for lunch. In reviewing activities and personal planning the inspector found residents had attended music festivals, went on holidays, enjoyed regular social evenings out, participated in gardening and maintained contact with family and friends.

Each resident had a comprehensive plan in place with regular review meetings documented and updated. Clear personal plans were in place to guide staff in professionally supporting residents. Residents had person centred support plans in place which outlined likes and dislikes and highlighted goals and objectives. Overall the inspector found personal plans and social care provision to be of a good standard in this centre.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**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 that all issues identified on the previous inspection had been addressed by the provider. The location, design and layout of this designated centre was suitable for its stated purpose and met the residents individual and collective needs in a comfortable and homely way. There was appropriate equipment for use by the residents in this centre which was maintained in good working order.

The centre was a large residence on private grounds which was decorated and designed to a very high standard. Residents had individually designed and decorated bedrooms and had more than ample space in this very large designated centre. There were appropriate numbers of bathrooms, showers and toilet facilities. There was an elevator installed for a resident requiring same and the house was very accessible based on the residents assessed needs.

The centre was observed to be very clean, bright and well ventilated and provided a calm and homely environment for the residents living there.

**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:**

The health, safety and welfare of residents in this centre, staff and visitors was well maintained.

There were policies and procedures in place regarding the identification, control and

management of risk in this centre. The person in charge and staff were able to identify all risks in the centre and discuss the control measures and protocols for the management of risk with the inspector. A risk register was in place and all risks were assessed in line with organisational policy.

Risks identified included healthcare risks such as PEG (percutaneous endoscopic gastrostomy) feeding, epilepsy, falls risks and safe administration of medications. The inspector found clear risk assessments and care planning in place for all of the identified risk areas.

Regarding fire safety, the centre had a fire alarm, monitoring and detection and emergency lighting system in place and the inspector found fire extinguishers and a fire blanket in the centre. There were clear fire procedures and emergency evacuation plans and the inspector found that evacuations had taken place to ensure the centre could be evacuated in the event of an emergency. The centre was found to be operated in a safe manner and risks were found to be well managed.

**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:**

Appropriate measures were in place to protect residents being harmed or suffering abuse. Residents in this centre were found to be well protected and cared for and staff on duty demonstrated a good awareness of the types of abuse persons were vulnerable to and how to appropriately respond to same.

The inspector found that there were policies and procedures in place regarding the safeguarding and protection of vulnerable adults. Residents presented as comfortable, content and calm with the staff supporting them. The inspector reviewed resident finances and found that financial records matched income and expenditure ledgers which were all found to be double signed by staff and signed off by the person in charge.

<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> A record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector. The inspector reviewed accident, incident and near miss logs and found that there was evidence of appropriate review and effective oversight to ensure learning from all incidents occurring in the designated centre.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 11. Healthcare Needs</b> <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector found that residents were appropriately supported to enjoy best possible health in this centre. The centre provided good levels of care and support to all residents living in the centre in accordance with evidence based practice.</p> <p>The inspector found detailed healthcare plans were in place to ensure residents were appropriately supported in line with their individual support needs. There were clear plans and guidance available to support residents with epilepsy, mobility support needs, modified dietary requirements and percutaneous endoscopic gastrostomy (PEG) support needs.</p>



There was appropriate access to allied health professionals facilitated where required and the service had very good relationships with the resident's families in this regard. Detailed healthcare support information was contained for each resident in the event of an emergency hospital admission being required. The inspector found whereby resident's healthcare needs changed that the provider and service responded very appropriately and based all interventions on the resident's assessed needs.

Exercise and healthy eating was well promoted in this centre and staff were observed preparing healthy home cooked food on the day of inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall, inspectors found that residents were protected by the designated centres' policies and procedures for medication management.

There were written operational policies for the ordering, prescribing, storing and administration of medication. The inspector reviewed a sample of medication prescription records and found these records were maintained in accordance with current national guidelines. Administration records confirmed medication had been administered as indicated to the resident for whom these medications had been prescribed. PRN (as required) medication prescriptions stated the maximum dosage in 24 hours.

Suitable arrangements were in place for the disposal of medication. Out of date or unused medications were returned to the dispensing pharmacy.

Medication errors were recorded in an adverse event record book and regularly reviewed by the person in charge.

**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):**

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

**Findings:**

The quality of care and experience of the residents was found to be well monitored and developed on an on-going basis. There were effective management systems in place that supported and promoted the delivery of safe, quality care services. The centre was managed by a qualified and competent person in charge who had changed since the previous inspection.

There was a clearly defined management structure in place that identified a clear line of authority and accountability. The person in charge was well supported in their role by the provider's senior management team. The inspector found that staff were performance managed and appropriately supervised in their role within this centre. Some operational changes had occurred in terms of a reduction in the provision of agency staffing and an increase in the utilisation of core staff at night time in this centre.

The quality of care delivered to the residents in this centre was being well monitored and the care observed and reviewed as part of this inspection was found to be delivered to a good standard and was very person centred in its delivery. Compliments from resident's families and feedback surveys as part of the providers annual review highlighted satisfaction of the part of families with the service provided in this centre.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The centre was found to be staffed by an appropriate number and skill mix of staff based on the assessed needs of the residents.

In reviewing staff rosters and discussing the residents assessed needs with staff and management, the inspector found that the service provided was meeting the needs of the five residents who lived in this centre in a professional and caring manner. The person in charge and staff team demonstrated very good awareness of the residents assessed support needs in this centre.

On the day of inspection there were appropriate staff numbers observed to be supporting the residents to pursue activities and facilitate appointments. Staff were observed to be caring and knowledgeable regarding resident's support needs.

The inspector found the residents presented as very comfortable with the staff and person in charge. Staff files, rosters, training records and performance appraisals were reviewed and were found to meet the requirements of the Regulations.

**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:***

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