

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 19
Centre ID:	OSV-0002723
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	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 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 December 2017 11:00	14 December 2017 17:00
15 December 2017 09:30	15 December 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 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was carried out to monitor compliance with the regulations and standards and to inform a registration renewal decision.

How we gathered our evidence:

As part of the inspection the inspector spent time with five 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. Residents told the inspector that they were happy and felt safe in their home, and could talk to staff about any issues they

had.

The inspector also met with staff members, the person in charge, and the area director. The inspector 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 a large detached house including a self contained apartment with spacious well kept grounds, which could accommodate five 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.

Good practice was identified in areas such as:

- communication (outcome 2)
- management of social care needs (Outcome 5)
- availability of familiar and caring staff (outcome 17)

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):

No actions were required from the previous inspection.

Findings:

There was evidence of consultation with residents and of a clear complaints procedure.

The complaints procedure was detailed enough to guide staff, residents and their families. It was available in an accessible version and was clearly displayed in the centre. There was a named complaints officer for residents to refer any complaints to. A complaints log was available in which to record any complaints and the outcomes, and compliments were also recorded here.

Weekly residents' meetings were held, and records were kept of these meetings. Various ways of communicating with residents were in place to facilitate participation in these meetings. There was a named advocate available should residents require this type of support and lists of residents' personal possessions were recorded.

Residents were supported to invite their friends to their home if they chose to, and to have a pet dog.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate in accordance with their needs, and information was available to residents in a format accessible to them.

There was a section on communication in each resident's personal plan which included detailed information on communication needs. Where residents used augmentative communication staff had learnt how to communicate with them. Various communication strategies were in place including signing, communications books and pictures.

A record was kept on how residents were supported to communicate to ensure their involvement in the running of the home.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Links had been forged and maintained in the local community. Some residents were active members of local groups, for example an active retirement group and a music group. Local amenities including shops, restaurants and beautician were regularly used by residents, who were known in the community.

Close links were maintained with the significant others of residents. Contacts and visits were regular, and staff provided support to family and friends as well as to residents.

Residents were involved in various aspects of community life. For example, residents were involved in community groups and clubs and were well known in the local community.

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):

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

Findings:

There was a written agreement of care in place for each resident which clearly outlined the services which were offered and any charges incurred. Some residents had signed their contracts.

There was a detailed admissions policy in place, although no admissions were planned

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 and there was a personal plan in place for each resident which was based on assessments of needs.

Various assessments of both social and healthcare needs had been conducted including assessments relating to falls, expression of discomfort, nutrition and decision making.

Personal plans included sections on all areas of need, and were detailed and person centred. Goals had been set with residents which were appropriate to their needs and preferences, and there was evidence of steps being taken towards reaching these goals. Steps towards goals were documented, and a record was kept of achievement of any goals. This information was available in an accessible version for residents, including photographs of progress. There was evidence of residents' involvement in the personal planning process.

Residents had various daily activities in accordance with their needs and preferences. There was sensory equipment and a sensory garden in accordance with the preferences of some residents. Others were facilitated to engage in various activities both in and outside the home. Holidays and weekends away were facilitated for some residents.

Residents had a pet dog, and were involved in caring for the pet, for example taking it to be groomed.

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):

No actions were required from the previous inspection.

Findings:

The centre comprised a large detached bungalow within walking distance of the local small town, and with public transport to the near large town. Residents used public transport for shopping and hobbies.

The house had four ensuite bedrooms and several communal sitting areas. There was adequate space for storage and for receiving visitors. The home was decorated, furnished and maintained to a high standard, and each resident's private room was personalised in accordance with their preferences. There were sufficient bathroom facilities, including a jacuzzi bathroom.

The house also included a self contained apartment with bedroom, bathroom and kitchen/living area which accommodated one of the residents.

There was a spacious and functional outside area, including a sensory garden and raised vegetable beds.

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 appropriate measures in place in regard to fire safety.

There were fire doors throughout the centre and a zoned fire alarm system was in place. All fire safety equipment, including emergency lighting had been tested quarterly. Fire exits were all clear, and appropriate daily and weekly checks were recorded.

All staff had received fire safety training including the use of specific fire safety equipment. Fire drills had been conducted regularly, and the records of these drills were reviewed by the fire officer.

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 which identified any potential difficulties residents may have during an evacuation.

A risk register was maintained which included various individual residents' risk assessments and management plans, such as individual behaviours of concern and the use of equipments. The risk register included a risk rating and a brief description of control measures, which were fully described in the associated risk assessments. While environmental risks such as lone working had been identified and risk assessed, they were not included in the risk register. This was rectified and submitted immediately following the inspection.

Accidents and incidents were recorded and reported, reviewed by the person in charge and human resources if appropriate, and monitored by senior management. Any incidents were discussed at team meetings.

The centre was visibly clean and cleaning checklists were maintained. There was a housekeeping staff member once a fortnight, and a quarterly deep clean took place.

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:

There were structures and processes in place in relation to safeguarding residents, and any restrictive practices were managed appropriately.

Where restrictive practices such as anxiolytics or lap belts were in place, the appropriate members of the multi-disciplinary team had been involved, for example the occupational therapist and GP. Detailed assessments were in place including evidence that the interventions were the least restrictive available to manage the risk, and a restrictive practices register was maintained.

Where residents required behaviour support there were risk assessments and strategies in place which provided detailed guidance to staff. Staff were knowledgeable in relation to these strategies including appropriate communication strategies.

Staff had received training in the protection of vulnerable adults, were knowledgeable about their role in this area. There was a detailed policy on the protection of vulnerable adults.

Each resident had an intimate care plan in place which included protocols and routines. Staff were aware of the content of these plans and could describe their implementation of them.

There were robust systems in place in relation to the management of residents' finances. Each transaction was signed by two staff members, and receipts were kept for all purchases. A financial decision making assessment had been conducted for each resident who each received the level of support they required.

<p>Judgment: Compliant</p>

<p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: All required notifications to HIQA had been submitted in a timely manner</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was evidence of residents' healthcare needs being met, and of a nutritional diet being available.</p> <p>Residents had access to various members of the multi-disciplinary team including speech and language, physiotherapy and occupational therapy, as required. Each resident had their own GP, and there was an out-of-hours service available.</p> <p>There was evidence that changing healthcare needs were responded to promptly and appropriately. Detailed care plans were in place for any acute conditions, and implementation of interventions was recorded.</p> <p>Staff demonstrated an in-depth knowledge of all the healthcare and nutritional needs of</p>

residents, and could describe any required interventions, including any specific diets and preferences.

There was evidence of a healthy and diverse diet being offered, and records of nutritional intake were maintained. Choice was facilitated by menu planning at the weekly residents' meetings, and by individual choices at meal and snack times.

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:

There were structures and processes in place in relation to the safe management of medications.

Medication was supplied by the local pharmacist on receipt of an up to date prescription from each resident's GP. Medications were stored securely and documentation relating to the management of medications for residents was in place. Prescriptions contained all the information required by the regulations. There were protocols in place providing guidance on the administration of P.R.N. (as required) medications, however not all those reviewed by the inspector contained sufficient information as to guide decision making by staff. This was rectified by the second day of the inspection, and detailed protocols were presented.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were managed by the accident and incident reporting process, and there was a system whereby any errors would be discussed and an action plan put in place to address any issues identified.

A self administration assessment had been conducted for each resident, and some residents were managing their own medication with support from staff.

Where medications were being crushed to facilitate administration this was in conjunction with the recommendations of the speech and language therapist, and had been prescribed appropriately.

Whilst incoming stock of medications was checked on receipt, there was no record of a running total as a check that all stock had been administered or maintained as required.

Staff demonstrated knowledge of appropriate practices, and of individual residents' medications.

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):

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

Findings:

There was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge at the time of the inspection.

Monthly staff meetings were held, an agenda was set in advance and minutes were kept of these meetings. The first item on each occasion was a review of the actions agreed at the previous meeting, and those actions reviewed by the inspector had been implemented. There were also both area and regional meetings between persons in charge and the area director and regular health and safety meetings.

Communication was managed via the staff meetings, and also by the use of an appointments diary and a daily communications book.

Audits had been conducted, for example in the management of medication, finance and personal plans. An individual audit of documentation, activities, referrals and medication management was undertaken regularly for each resident.

There had been six monthly unannounced visits on behalf of the provider as required by the regulations. A record of these visits included any required actions, their due date, the person responsible, and the resolution of the issue. A detailed annual review had been prepared.

The person in charge was suitably qualified, skilled and experienced. She was knowledgeable regarding the requirements of the regulations and had a detailed knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and outlined various communication strategies. She provided evidence of continuing professional development.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were appropriate arrangements in place in the event of the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There appeared to be adequate resources to meet the assessed needs of the residents in the centre. The home was well decorated and maintained, there were adequate numbers of staff, and there was a vehicle for the sole use of the residents. There was a maintenance team with responsibility for the outside areas, and a quarterly deep clean of the home was undertaken.

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):

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

Findings:

The inspector found that the numbers and skills mix of staff was appropriate for the assessed needs of the residents. .

There was a planned and actual roster available, and the number of staff on duty during the day and at night were adequate to meet the needs of residents. Staff rosters were

flexible to ensure that the needs of residents were met, and there was an additional staff member available to facilitate activities as required.

Staff had received mandatory training, for example in fire safety, safe administration of medication and protection of vulnerable adults. Training was provided in relation to food safety and first aid. Some staff had received training in Lamh communication, and had undertaken to teach the other members of staff the signs relevant to residents communication needs.

Consistency of staff was maintained by the use of a core team of staff, and the use of a relief panel and familiar agency staff if required. The person in charge gave assurances that unfamiliar staff would never be on their own with residents.

Staff files were not examined on this inspection, but the staff team had not changed since the previous inspection when all files had contained the information required by the regulations. The provider gave assurances that the files had been maintained.

Individual performance management meetings were held with staff, and notes were kept of on-going supervision.

All staff engaged by the inspector were knowledgeable, and interactions between staff and residents were respectful and caring.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

All records to be kept in the designated centre in respect of each resident were in place, and the records required under Schedule 4 were available. There was a residents' guide available, and a directory of residents was maintained. A record of nutritional intake was

maintained. All the policies required under Schedule 5 were in place.

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:

Julie Pryce
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-0002723
Date of Inspection:	14 & 15 December 2017
Date of response:	29 January 2018

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 systems did not check that totals were correct against the amounts administered.

1. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable

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

practices relating to the ordering, receipt, prescribing, storing, disposal and 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:

Stock check occurs every Friday upon receipt of weekly medication. Person in Charge will conduct a stock control audit once a month to ensure the running totals are correct against amounts administered. Person in Charge will hold this document with their audits.

Proposed Timescale: 15/12/2017