

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Offaly Respite/Family Support Service (Adult) - Area N
Centre ID:	OSV-0002743
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiriosa Foundation
Lead inspector:	Andrew Mooney
Support inspector(s):	Julie Pryce
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	3

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 November 2017 10:00 To: 08 November 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out in a centre operated by the Muiriosa Foundation to monitor compliance with the regulations and standards and to inform an application to vary the conditions of registration.

How we gathered our evidence:

As part of the inspection the inspectors met with a staff member. The Person in Charge was also spoken with at length during the course of this inspection. The inspectors reviewed documentation such as personal plans, medical records, positive behaviour support plans and risk documentation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation. This document described the service provided and the proposed changes in line with the application to vary registration. The inspectors found that the service was being provided as it was described in that document. The centre was

a wheelchair accessible detached bungalow that offered a respite service to adults and proposed to offer respite to children on alternative weeks.

Provisional feedback was given during the inspection to the Person in Charge and Provider Nominee.

Overall findings:

Overall the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the rights of residents and the safety of residents. The inspectors were satisfied that the Provider and Person in Charge had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents. Of the 12 outcomes assessed nine were found as compliant and two as substantially compliant. Safeguarding and Safety was found as moderately non-compliant.

Good practice was identified in the following areas:

- Residents rights were upheld and promoted (Outcome 1)
- Safe and suitable services (Outcome 6)
- Health and Safety and Risk Management (Outcome 7)
- Healthcare Needs (Outcome 11)
- Governance and Management (Outcome 14)

Inspectors found that improvements were required in the following areas:

- Social Care Needs (Outcome 5)
- Safeguarding and Safety (Outcome 8)
- Medication management (Outcome 12)

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:

Inspectors found there were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

A log of complaints and compliments was maintained. Complaints were recorded and this record included any actions agreed, the outcome of the actions and the satisfaction of the complainant.

The inspectors found that residents were consulted with in relation to their care and the day to day running of the centre. For example, residents could choose which bedroom they would like to sleep in at the start of their respite break and residents participated in a weekly respite meeting.

The inspectors found that residents rights were protected and promoted in the centre. An external advocate was available to residents, and the contact information was readily available. A charter of rights was also available and no rights restrictions had been identified.

A record of residents' possessions was maintained on each visit to the respite centre.

The mix of residents availing of respite breaks was carefully managed. Consideration was given to the compatibility of residents and their preferences, for example their preference for a quiet environment, as well as their support needs. Two sets of friends who preferred to share a room were facilitated together for their respite breaks.

The Person In Charge outlined how a similar process would be followed for the proposed children's respite.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was an admissions policy in place with sufficient detail as to guide practice and a local protocol with further guidance in the management of the respite service. This included the rationale for the admission of emergency respite and how this was to be managed if other scheduled respite needed to be cancelled.

Admissions for respite breaks were managed by the Person in Charge and frequency of breaks offered was agreed with families. Families were facilitated to request particular dates and these were accommodated where possible.

New referrals to the service were managed by the regional director and included a home visit to inform the decision making process. The Person in Charge outlined how new referrals to the Children's respite service would be transitioned to the service in a phased manner.

Each resident had a written agreement of care and support which outlined the service and supports which would be offered to each resident and any charges which may be incurred.

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:

Each residents wellbeing and welfare is maintained by a high standard of care and support. However, some documentation was inconsistent with practices described by the Person in Charge and this required attention. There was evidence of appropriate steps having been taken to provide a meaningful day for residents and all residents had a personal plan in place.

Each personal plan began with a 'things you need to know' section, which included a brief description of the most important aspects of the resident's life and support needs. There was then more detailed information on these areas and those personal plans reviewed by the inspector included specific information and guidance. However, the inspectors did view one epilepsy care plan that had not been updated after the care practices in the plan had been altered.

Goals were set with residents which were appropriate to the short term nature of the service offered and the usual routines and activities of residents were maintained. Examples of goals being carried through from day services was evident through a communication log.

The Person In Charge outlined how the proposed children's respite service would collect/drop children to and from their schools to facilitate respite. The Person in Charge also outlined how transition plans for children moving from children's service's to adult services would be devised.

Various activities were offered during leisure time. Home based activities included the use of a tablet and internet, sensory items, use of a games consoles and cooking or baking. Inspectors sought assurances from the provider that internet access would be appropriately supervised for children. The Provider gave these assurances post inspection and indicated that a procedure would be put in place to supervise internet access.

Judgment:

Substantially 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 designated centre was a detached bungalow in a residential setting close to the nearby town and it offered respite breaks to adults with intellectual disabilities. It proposed to offer respites services to children with intellectual disabilities on alternative weeks.

There were various communal and private living areas for residents to use. There was a large private functional garden to the back and ample parking to the front. The Person In Charge outlined plans to introduce a child friendly soft play area in the back garden. The Provider assured inspectors this would commence in the summer of 2018.

Each resident had their own bedroom, unless they expressed a preference to share and rooms were of an adequate size with sufficient storage for residents' belongings. The Person in Charge outlined how child friendly equipment, toys and bedding would be available during children's respite visits.

Communal areas included a living room and a kitchen/dining area. The centre was maintained and decorated appropriately. Some residents used wheelchairs, and there was sufficient equipment and assistive facilities to meet their needs. Inspectors viewed a ensuite bathroom which was in the process of being renovated. The Person in Charge outlined how this renovation would further enhance the facilities on offer for residents in the Centre.

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):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure fire safety and to manage risk.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. This included equipment to assist any evacuation of residents with mobility needs. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks including daily checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident and residents had all attended fire training. Fire drills were undertaken every fortnight to ensure that all residents had an opportunity to partake in a drill. Clear records of fire drills undertaken and response times were maintained. Where difficulties were identified, appropriate actions had been taken to ensure evacuation could be achieved.

Individual risk assessments for residents were in place which detailed control measures, for example the use of specific equipment to reduce the risks associated with a health condition.

The centre was visibly clean and hand hygiene facilities were available. The service had a cleaning checklist which was completed by staff and reviewed by the Person in Charge.

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):

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

Findings:

The Provider had ensured that there were measures in place to protect and safeguard residents, and behaviours of concern were positively supported. However, improvements were required in relation to the rationale for the use of certain restrictive interventions.

There was a policy in place in relation to restrictive interventions and where restrictions were required they were risk assessed. The Provider had introduced a document that

outlined what alternative measures had been tried prior to implementing restrictions. However, it was not always clear that they were the least restrictive option available to manage the risk. For example, documents indicated that alternative measures were not always considered as the selected restriction was considered the most effective.

The Provider had also begun to implement a consent document for the use of restrictive practices. There was one completed form available to the inspectors to review. This form was completed by a residents family member but it did not indicate if the resident or family member consented to the restrictive practices, as it had not been fully completed. The Provider had introduced a recording mechanism to record the use of restrictions and this satisfactorily addressed the previous action required.

Where residents required behavioural support, referrals had been made to the behaviour support team and there was guidance in place for staff to support residents. Support plans were regularly reviewed until such time as the resident was discharged from the team. Good supporting documentation was evident to support this process.

There was a policy in place on the protection of vulnerable adults and all staff had received training in the protection of vulnerable adults. There were robust systems in place for the management of any allegations of abuse and in implementing and monitoring any agreed actions. Staff engaged by the inspector were knowledgeable and could describe their role in the safeguarding of residents.

In preparation for the introduction of Children's respite to the Centre, the Provider had made available a child protection policy. Staff had also received appropriate training in its application. The Person in Charge had completed Designated Officer training in line with national policy and was suitably aware of her responsibilities under the national guidance.

Judgment:

Non Compliant - Moderate

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:

Each resident was being supported to achieve and enjoy the best possible health. Residents healthcare needs were being met and a nutritional and balanced diet was offered in accordance with the preferences of residents.

Any healthcare interventions required by residents were continued while they availed of respite breaks in the centre. Where residents were supported by members of the multidisciplinary team their recommendations informed the care plan. Inspectors viewed evidence of multidisciplinary appointments and a record of the outcome of these appointments was kept.

There was a healthcare plan in place for each resident and these plans were regularly reviewed. Plans examined by inspector's were in sufficient detail as to guide staff. Staff spoken with were also able to describe healthcare interventions that were in keeping with good practice.

Snacks and drinks were readily available and choices were facilitated in accordance with residents' assessed communication methods. A detailed record was maintained of meals, snacks and drinks.

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:

There were structures and processes in place in relation to the safe management of medications. However, improvements were required in some aspects of recording practices.

Medication was managed for the most part by the primary care givers. Medication and documentation including prescription sheets, were brought into the centre by the residents on each occasion of a respite break. Stock of medications was checked on the arrival of residents to the centre and again on their departure.

Medications were stored securely and documentation relating to the management of medications for residents was in place. However, improvements in some documentation was required. For example, as some residents were prescribed controlled drugs there was a separate controlled drugs register in place but there were some gaps in its maintenance. When residents were discharged, the medication totals were not signed out correctly in the register.

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.

There was a policy in place in relation to medication management and medication audits are completed regularly by the Person in Charge.

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 which described the service being offered and the proposed changes included in the application to vary registration.

Some minor changes were required and these were discussed throughout the inspection. These changes were made by the Provider and submitted to HIQA after the inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

This inspection found that there was a clear management structure in place which identified the lines of authority and accountability in the centre. There was a full-time Person in Charge in place who was a suitably skilled, qualified and experienced manager.

Regular staff meetings were held every two months and minutes were kept of these meetings. A sample of agreed actions from the meetings reviewed by the inspectors had been implemented. There were also regular meetings between the person in charge and the area director.

A supervision process was in place to support staff.

Audits had been conducted in the management of medication, infection control, health and safety and monthly fire register. There had been six monthly unannounced visits on behalf of the Provider as required by the regulations and an annual review. Any identified actions reviewed by the inspector had been implemented. The annual review outlined very high levels of satisfaction from residents and their families.

The Person in Charge was suitably qualified, skilled and experienced. She was knowledgeable regarding the requirements of the regulations and had detailed knowledge of the health and support needs of the residents. The Person in Charge was clear about her roles and responsibilities and provided evidence of continuing professional development.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

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. There was a regular core staff team and a relief staff panel to ensure continuity of care. The Person in Charge informed the inspectors that new staff always worked along side experienced staff to maintain continuity. This practice was evidenced from the actual rosters reviewed by Inspectors. There was always a nurse on duty in the centre.

Staff had received mandatory training fire safety, safe administration of medication, protection of vulnerable adults and Children's First. An annual training needs analysis was undertaken with staff. Additional training undertaken by staff included support with feeding and communication, the management of complaints and paediatric first aid.

Supervision meetings were held with staff bi-annually or more frequently if required.

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):

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

Findings:

All appropriate 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.

An up to date Directory of Residence was in place and it contained all the necessary information required under Schedule 3.

All the policies required under Schedule 5 were in place and the action required from the previous inspection was satisfactorily completed.

All records viewed during the inspection were kept secure but easily retrievable.

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:

Andrew Mooney
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-0002743
Date of Inspection:	08 November 2017
Date of response:	5 December 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

An epilepsy care plan that had not been updated after the care practices in the plan had been changed

1. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is

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

amended in accordance with any changes recommended following a review.

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

- The Person in Charge will review all epilepsy care plans
- The Person in Charge will ensure that where required the epilepsy care plans will be updated to reflect changes in care practices that support each service user who requires an epilepsy care plan.

Proposed Timescale: 31/01/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A consent document for the use of restrictive practices had been implemented. There was one completed form available to inspectors to review. This form was completed by a residents family member but it did not indicate if the resident or family member consented to the restrictive practices, as it had not been fully completed

2. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The Registered Provider and the Person in Charge will review all consent forms for individuals where restrictive practices are in use and will indicate whether it is the family member or the individual who has consented to the use of the restrictive practice.

Proposed Timescale: 31/01/2018

Theme: Safe Services

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

It was not always clear that the least restrictive option available to manage risk was used. For example, one document indicated that alternative measures were not considered

3. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The Person in Charge will review all restrictive practices (with families and relevant members of the Multidisciplinary Team) to ensure that all alternative measures are considered and the least restrictive procedure for each individual is used.

Proposed Timescale: 31/03/2018

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:

There was a controlled drugs register in place but there were some gaps in its maintenance. When residents were discharged the medication totals were not signed out in the register.

4. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The Person in Charge will review and amend the current controlled drugs register to include the recording of the total number of medications signed out on each individuals discharged date.

Proposed Timescale: 31/01/2018