



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

Name of designated centre:	Delvin Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	08 August 2018
Centre ID:	OSV-0003955
Fieldwork ID:	MON-0021847

About the designated centre

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

This designated centre comprises of 3 bungalow houses. All three are located outside a small town in Co. Westmeath. The centre accommodates 11 males and females with intellectual disabilities and/or on the autistic spectrum. The first house contains 5 bedrooms with a kitchen cum dining area, utility room, bathroom, shower room and toilet. There is a garden to the front and an outdoor seating area to the back. The second house contains six bedrooms one which has an ensuite, a kitchen cum dining area, sitting room, a bathroom and a shower room. There is a garden to the rear and front of house. The third house contains 4 bedrooms with a kitchen cum dining room, a sitting room, a bathroom, shower room and a lawn to the front and rear of the house. All three houses have transport available for the residents. There is a full-time person in charge in place for the designated centre, nine social care workers, and three support workers.

The following information outlines some additional data on this centre.

Current registration end date:	17/02/2019
Number of residents on the date of inspection:	11

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 August 2018	10:00hrs to 18:15hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with four of the eleven residents on the day of the inspection and observed elements of their daily lives. On the day of inspection three residents were away on holiday, two residents were staying with family and two residents were on a planned visit to the east of the country.

The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from HIQA questionnaires, the designated centre's annual review and various other records that endeavoured to voice the residents' opinions.

Residents appeared happy, content and comfortable in their soundings and seemed happy for the inspector to join them in their sitting room and look through their family photographs with them.

Most of the residents commented through feedback that they were very happy with their bedrooms. One of the residents showed the inspector around their bedroom and appeared content and proud showing off the room.

Many of the residents commented in the HIQA questionnaires that they enjoyed the garden space provided, choice of meals and the choice of activities, in particular many residents mentioned the horse therapy activity.

There were positive comments from residents in the questionnaires regarding the staff and the care they provided; residents commented that they trusted their staff and that staff treat them with respect and dignity.

The inspector observed that there was an atmosphere of friendliness in the centre and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken in to account. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of

their responsibilities and who they were accountable to. Improvements that were required from the previous inspection had been implemented.

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place.

The person in charge was familiar with the residents' needs and ensured that they were met in practice. There was evidence to demonstrate that the person in charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with the regional director on a three monthly basis and the local manager and other persons in charge from the same organisations on a monthly basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

The person in charge had carried out one to one supervision and support meetings with all staff to support them perform their duties to the best of their ability. Staff advised the inspector that they found these meetings to be beneficial to their practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

The inspector found that staff had the necessary competencies and skills to support the specific residents that lived in the centre and had developed therapeutic relationships with residents. The inspector saw that staff mandatory training was up to date which enabled staff provide care that reflected best practice.

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector observed kind, caring and respectful interactions between staff and residents throughout the day. The inspector saw that staffing arrangements were flexible in order to meet the needs of residents in relation to healthcare appointments and individual activity choices.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Regulation 14: Persons in charge

The inspector found that centre was managed by a suitably skilled person in charge who was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Following the inspection, the provider followed up with required outstanding qualifications and work experience documentation for the current person in charge.

Judgment: Compliant

Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflects up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a directory of residents in place and it was maintained in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

An annual review had been completed in the centre and an unannounced six-monthly visit had been carried out in two of the houses however, the unannounced visit was incomplete as it had not taken place in the third house as required by the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The service being delivered was in line with the designated centre's current statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints procedures, protocols were evident and appropriately displayed and available to residents and families.

Judgment: Compliant

Quality and safety

Overall, the inspector found the centre was well run and provided a warm and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

The residents' personal plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector looked at a sample of personal plans and found them to be up-to-date and reviewed on a regular basis. However, the inspector found that in relation to the review process, improvements were required.

The inspector found that the residents' personal plans demonstrated that the

residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. Residents were supported to be involved in their local community through attendance of day activation services but also through other community activities such as therapeutic equine activities, shopping, overnight holidays, attending the local hairdressers and beauticians, the local gym and swimming pool, and dining out in restaurants and cafés in the local town.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of each person by respecting their uniqueness. A number of residents who enjoyed being around horses were supported to build skills in horse riding and/or animal welfare. One resident was responsible for the care of the house cat, the house goldfish and feeding and looking after a number of hens residing in the back garden of the house.

Residents were encouraged and supported around active decision making and social inclusion. One resident had been involved in organising an afternoon tea party to raise monies for a local charity of their choice. The event was so successful the resident plans on running another event this year.

Where appropriate, residents were involved in the running of the centre through meaningful household roles and tasks which in turn promoted their independence. Many of the residents enjoyed helping with the laundry, preparing of meals and shopping for the household food and items. One resident organised and prepared dinner for the rest of their peers one night per week.

The inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. Residents were supported to development their knowledge, self-awareness, understanding and skills required for self care and protection through accessible information and weekly residents' meetings that promoted safeguarding information.

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. Overall, the physical environment of the house was clean and in good decorative and structural repair however, improvements were required to two bathrooms in one house.

The inspector found that there were good systems in place for the prevention and detection of fire. The audit and inspection requirements set out in the safety statement included monthly and weekly checks ensuring precautions implemented reflected current best practice. The inspector found that all staff had received suitable training in fire prevention and emergency procedures and arrangements were in place for ensuring residents were aware of the procedure to follow.

Each of the resident's medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. Medicines used in the designated centre were found to be used for

their therapeutic benefits and to support and improve resident's health and well-being. Medication was reviewed at regular specified intervals as documented in resident's personal plans.

Regulation 17: Premises

Overall, the designated centre was clean and was in good structural repair however, two bathrooms in one house require re-flooring and upgrading of utilities. This has been acknowledged on the designated centre's annual report and a plan was in place to complete this upgrade.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, there was an effective system in place for the management of risk in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured precautions implemented reflected current best practice.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe medical management practices were in place and were appropriately reviewed. The inspector found that where errors had occurred, there was appropriate follow up and reflection and learning outcomes discussed in an open and transparent manner with the staff team.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had up to date care plans which were continuously developed and overall, reviewed as appropriate. The inspector found that a resident's OT assessment had been reviewed by the staff team on an annual basis however, a review of same by the OT had not taken place in over eighteen months.

Each resident had a person centred plan that was kept under review and reflected practice however, the inspector found that in a number of plans the review process did not ensure the overall effectiveness of the personal plan.

Judgment: Substantially compliant

Regulation 8: Protection

The residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary. Post inspection the person in charge assured the inspector that a specific safeguarding process for an on-site therapeutic class had commenced.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Delvin Centre 1 OSV-0003955

Inspection ID: MON-0021847

Date of inspection: 08/08/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • An unannounced audit has been carried out in the third house within the Designated Centre. • All locations within designated centres will form part of the six monthly unannounced inspection. Completion Date: 23/08/2018	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The Person in Charge has meet with the Area Director and General Operations Manager following completion of an unannounced audit, where up-grading of both bathrooms had been identified. • Both bathrooms have been identified as a priority and will be up-graded. Completion Date: 31/07/2019	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"> • In one location within the Designated Centre, staff were not completing Person Centred Support Plan goal reviews as required. The Person in Charge has addressed this at a team meeting with house staff. 	

- One to one support will be provided to staff by the person in charge regarding these reviews as required.
- The Person in Charge has reviewed risk assessments and ensured that other relevant professionals are included as required. This requirement will also be discussed at the next staff meeting.

Completion Date: 30/09/2018

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least	Substantially Compliant	Yellow	23/08/2018

	once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Substantially Compliant	Yellow	23/08/2018
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health,	Substantially Compliant	Yellow	30/09/2018

	personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	30/09/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2018