



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

Name of designated centre:	Delvin Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	13 – 14 February 2018
Centre ID:	OSV-0003956
Fieldwork ID:	MON-0020825

About the designated centre

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

The designated centre currently accommodates eight adults, four male and four female, with an intellectual disability. The centre comprises of two dormer bungalows which are next door to each other and are located on the outskirts of a small town in Westmeath. Each house accommodates four individuals. Both houses are very similar in layout. There are five bedrooms in each house. One bedroom in each house contains an en-suite bathroom. Both houses provide a shower room, a main bathroom, a toilet room (wc) and a utility room. Both houses have a sitting room, open plan kitchen and dining area. To the rear of the houses there are large fenced gardens and to the front of the houses there are two lawns. A wheelchair accessible vehicle is provided to the designated centre to assist residents attend social activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
13 February 2018	10:00hrs to 17:30hrs	Jacqueline Joynt	Lead
14 February 2018	10:30hrs to 13:15hrs	Jacqueline Joynt	Lead
13 February 2018	10:00hrs to 17:30hrs	Maureen Burns Rees	Lead
14 February 2018	10:15hrs to 13:30hrs	Maureen Burns Rees	Lead

Views of people who use the service

The inspectors met six of the eight residents in the centre and throughout different times of the two days observed elements of their daily lives. One of the residents spoke with the inspectors over a cup of coffee however, most of the residents in the centre used non-verbal communication and as such their views were relayed through staff advocating on their behalf. The inspectors spoke in detail with the person in charge, the area director of nursing and two staff members. Residents' views were also taken from the centres' annual report, residents' weekly meeting minutes, Health Information and Quality Authority questionnaire for residents, observations of the inspectors and various other records that endeavoured to voice the resident's view.

The residents were enabled and assisted to communicate their needs, wishes and choices which supported active decision making in their lives including their care. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits.

Staff recognised the intrinsic value of the person by respecting resident's uniqueness. Residents were supported to choose goals that were meaningful to them with some residents involved in seasonal work experience and community initiatives. Achievements were celebrated with photographs taken and displayed in residents bedrooms and in their personal plans.

Residents felt safe and protected and were proactively protecting themselves through accessible safeguarding leaflets and weekly residents' meetings. Resident's health and well-being was being promoted in a variety of ways with active programmes such as local walks, garden maintenance and farm work.

Residents were involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. Through the continuity of the workforce, relationships between residents and staff were being maintained and attachments were not disrupted. Staff were kind and respectful towards residents. One resident advised the inspectors that she was happy living in this centre. Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service.

Capacity and capability

The inspectors found that the registered provider and the person in charge were effective in assuring that a good quality and safe 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 into 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.

Records required for the effective and efficient running of the centre were, for the most part, up to date, of high quality and accurate. Records sampled reflected the practices that were in place and the provision of safe and effective care. Audit and review systems in place ensured that the service provided was safe, appropriate to residents' needs, consistent, and effectively monitored.

It was evident that the centre strived for excellence through shared learning and reflective practices. The inspectors were advised that, on a monthly basis, the area director arranged a group meeting with four of the areas' persons in charge. These meetings identified improvements required, which were relayed back to each designated centre, thereby ensuring better outcomes for residents.

The inspectors found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspectors saw that staff mandatory training was up to date and that complementary to this other training was provided to staff to enable them provide care that reflected evidence-based practice. The inspectors spoke with a number of staff who demonstrated appropriate understanding and knowledge of policies and procedures that ensure safe and effective care of residents.

The person in charge was committed to continuous professional development. The inspectors were informed by the person in charge that she was actively researching further training on capacity legislation.

There were systems in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have. Since the last inspection the centre had implemented an effective communication tool to further support engagement between the staff and residents.

Registration Regulation 5: Application for registration or renewal of registration

Full application received on time with necessary documents attached.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements had been put in place since the last inspection with recommended training that supported the needs of the residents, implemented.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector found that the information required in the directory of residents was available in the centre's records and files which were reviewed appropriately and available on request. However, the directory itself did not include all of the information relating to Schedule three's section (3) paragraphs (a) to (e).

Judgment: Substantially compliant

Regulation 21: Records

All records were available for inspection, and were accurate, up to date and available to residents if requested.

Judgment: Compliant

Regulation 22: Insurance

The centre is insured against accidents or injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Further to unannounced six monthly reviews the provider carried out monthly unannounced quality and safety "spot checks" to ensure positive outcomes for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available and recognised the intrinsic value of the residents using the service.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the continued assessed needs of residents and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The review of the plan was multidisciplinary and conducted in a manner that ensured the maximum participation of each resident, allied health professionals and where appropriate, family representatives.

Residents were supported to engage in meaningful activities with a number of residents attending a local day service. Other residents were engaged in an individualised service within their home which had been assessed and personalised to better meet their needs. Residents were supported to participate in activities that promoted community inclusion such as, attending a local gym, farm work, a community social club and working part-time in a local garden centre.

Each of the houses were found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. Adaptations to each of the houses and grounds had been undertaken to ensure that all areas were accessible for each of the residents. This promoted the resident's independence, dignity and respect. Residents' individual bedrooms and communal areas had been personalised to residents' tastes and choices. Improvement of premises had been made since the last inspection however, on the day of inspection a small number of areas were identified to be in need of maintenance and repair.

Residents were provided with a nutritious, appetizing and a varied diet. All appropriate supports were provided to assist residents to prepare and cook their own meals, if they so wished. Food was appetising and served in an appropriate way to ensure that residents enjoyed their food. The timing of meals and snacks throughout the day were planned to fit around the needs of the residents. There were processes in place to robustly monitor and evaluate the resident's nutritional care. Adequate guidance was provided to staff to ensure the food and nutritional needs of each resident was met.

Suitable fire precautions were in place to keep residents safe in the event of fire. The fire fighting equipment and fire alarm system were appropriately serviced and

checked. Staff who spoke with the inspectors were familiar with the fire evacuation procedures and had received appropriate training. A fire containment issue identified at the time of the last inspection had been addressed.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. Residents' medical self-assessments had been carried out resulting in no resident self-medicating however, residents were empowered to be knowledgeable in what their medication was for through accessible information provided to them.

Each 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.

There were measures in place to keep residents safe and to protect them from abuse. There was an atmosphere of friendliness, and resident's dignity, modesty and privacy was observed to be respected. Residents were protected by practices that promoted their safety. There was a procedure manual on intimate and personal care to guide staff in best practice in this area.

Regulation 17: Premises

There was a small amount of chipped paint on woodwork in both houses, the wall tile grouting in some of the bathrooms appeared stained and the surface of the kitchen units and presses in one of the houses was broken and required replacement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious, appetising and a varied diet. All appropriate supports were provided to assist residents to prepare and cook meals were appropriate and for residents who required such support to be assisted with eating or drinking in an appropriate manner.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions were in place against the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure the safe management and administration of medications.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to keep residents safe and to protect them from abuse. There was an atmosphere of friendliness, and resident's dignity, modesty and privacy was respected.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Annual reviews of some plans did not always assess the effectiveness of the plans. It was proposed that short term goals set would be reviewed on a monthly basis but this was not always undertaken. On occasions, short term goals were set but there was no evidence of progress made towards achieving said goal or follow up.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Delvin Centre 2 OSV-0003956

Inspection ID: MON-0020825

Date of inspection: 13/02/2018 and 14/02/2018

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of Residents has been amended to ensure it includes all information outlined in Schedule three section (3) paragraphs (a) to (e). </p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A walkaround of the designated centre was undertaken by the person in charge to ensure that any obvious maintenance work required was identified appropriately. Works identified were reported via the internal procedure to the head of maintenance/operations manager as appropriate. </p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A template has been developed to assess the effectiveness of the personal plan annually. The PIC will review the progress of short term goals and action any follow up required on a monthly basis with the key worker and staff team. </p>	

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	30/11/2018
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/02/2018
Regulation 5		Substantially Compliant	Yellow	30/05/2018