

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moy Service
Centre ID:	OSV-0005637
Centre county:	Mayo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	John Fitzmaurice
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

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: 12 December 2017 08:30 To: 12 December 2017 13:00

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

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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was a designated centre which was recently registered by the Health Information and Quality Authority (HIQA). The registered provider submitted an application to vary the conditions of registration to HIQA, by increasing the number of houses in this centre from one to two and the number of bed spaces from three to five. This inspection was carried out to monitor compliance with the regulations and to inform a registration decision regarding this application to vary the conditions of registration for this centre.

How we gathered our evidence:

As part of the inspection, the inspector met with two residents who were identified to transition from a congregated setting to the community. The inspector met with the residents as a group. Residents appeared relaxed in their proposed home and spoke to the inspector at length of how they were involved in the decision making process. The inspector also met with the person in charge, the nurse manager, the transition coordinator and a staff member who currently works with the residents and is also part of the proposed staff team. The inspector visited the proposed new home in the

designated centre designated centre and reviewed documentation such as assessments of need, transition plans, health and safety documentation, resident's personal plans, resident questionnaires, relative questionnaires and staff files.

Description of the service:

The provider had produced a document called the statement of purpose that explains the service they provide. The provider proposed to increase the service they provide from three to five spaces and to provide a residential service in two separate houses. The proposed new home in the designated centre was a large sized, detached two-storey house which was located in a housing estate. The estate was within walking distance of a large town, where public transport such as trains, buses and taxis were available. The proposed additional house had two reception rooms, a large sized kitchen and dining room, four large en-suite bedrooms and one main bathroom.

Overall judgment of our findings:

The inspector found that overall the proposed new home in the designated centre would meet the assessed needs of the proposed residents identified for admission. Areas of compliance with the regulations were observed in all outcomes assessed such as admissions, social care needs, premises, health and safety, safeguarding, healthcare, medications, statement of purpose, welfare and development, governance and management and workforce.

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 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:

On the day of inspection, the inspector found that the centre had an admissions policy and procedures in place.

The provider had written agreements in place which stated the services to be provided, the fees to be charged and any additional charges the resident may incur. Residents, their representatives and a person representing the organisation had also signed this agreement.

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:

The inspector found that social care needs of residents would be promoted in the proposed new home in the designated centre.

The provider had completed an assessment of need for each resident which examined their health, social and personal needs. This assessment had been completed by appropriate healthcare professionals and outlined the supports that each resident would require to live in the community. This document also included a strategy to address any identified needs which were identified as part of this assessment.

A transition plan had also been implemented with the involvement of each resident, their family and staff from the proposed designated centre. Each plan examined areas such as the resident's past history, family and friends, social roles, meaningful day and their preferred living arrangements. The inspector spoke to each resident who stated their involvement in choosing their new home, colour schemes and the furniture for each of their bedrooms. Residents also spoke to the inspector in regards to pursuing personal interests such as sports and project work following their admission to the service. A transition plan coordinator also explained that an additional external work space was scheduled to be installed in the days subsequent to the inspection to support a resident with this project work.

The person in charge was in the process of completing personal plans which were available for review. These plans were nearing completion and the person in charge stated that they would be completed within 28 days of each resident's admission to the centre. The person in charge also stated that plans would be made available to residents in an accessible format where required.

Residents would also be supported to identify and achieve their chosen goals through an individual planning process which would commence following their admission to the centre.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the premises would meet the assessed needs of the proposed residents.

The proposed new home in the designated centre had two large bedrooms, one of which was ensuite and each resident was supported to choose their own room. The centre was recently decorated and soft furnishing gave a homely feel to the centre. The centre had a medium sized enclosed garden and a final schedule of landscaping was in place to be completed in the days subsequent to the inspection.

The centre was warm, had adequate ventilation, lighting and space for residents to have visitors. The centre also had a suitable amount of bathrooms and a medium sized kitchen and dining room. The centre did not have furniture or some electrical equipment in place; however, the provider provided evidence that these goods would be delivered in the days after the inspection and also prior to any admissions to 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:

On the day of inspection, the inspector found that the proposed new home in the designated centre promoted the health and safety of residents, visitors and staff.

The centre had a fire alarm, smoke detectors, heat detectors, emergency lighting and fire doors in place. The person in charge stated that a personal emergency evacuation plan (PEEP) would be developed for each resident, following their admission to the centre. The person in charge also proposed to display general evacuation procedures to advise staff on what to do in the event of an evacuation.

The centre had procedures in place to monitor fire precautions within the centre. The person in charge stated that staff would conduct regular checks of the fire panel, exits, emergency lighting, extinguishers and smoke detectors. Fire drills were planned to occur at regular intervals following the admission of residents to the centre.

The centre had a risk management policy in place. The person in charge maintained a risk register and had completed risk assessments for the proposed residents. Each risk

assessment was risk rated and included a comprehensive list of control measures to mitigate the identified risk. The centre also had systems in place for the monitoring and response to adverse events.

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:

On the day of inspection, the inspector found that the proposed new home in the designated centre had systems in place to protect residents from potential abuse. These included policies on safeguarding, the provision of behavioural support and the use of restrictive practices.

The provider had a reporting procedure and designated officer in place to manage any allegations of abuse. The provider also had information available on identifying and reporting of abuse, including details of the person designated to manage allegations of abuse.

The person in charge stated that one resident had a safeguarding plan in place in their current home; however, these plans would not be required following their admission to the centre.

The person in charge also stated that there would be no restrictive practices in the proposed centre.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training

and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that proposed residents for the new home in the designated centre would be assessed to determine their wishes to pursue further education, training and personal development. The person in charge indicated that these assessments would be completed following their admission to the centre. One resident was attending a day service 2 days per week and the person in charge indicated that they would be facilitated to do so for as long as they wished to attend.

Judgment:

Compliant

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):

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

Findings:

On the day of inspection, the inspector found that the best possible health of residents would be promoted in the proposed new home in the designated centre. The action from the previous inspection was addressed with revised guidance in place for supporting residents with diabetes.

Each resident was supported to identify their general practitioner of choice, which they would attend to at least annually. Each resident's personal plan contained a detailed medical history and an associated healthcare plan for each identified need.

The person in charge indicated that residents' weight would be monitored where required and home cooked meals would be prepared in the designated centre. Residents would also be supported, if required, to attend allied health professionals such as physiotherapy, occupational health therapy, speech and language therapy and dieticians.

<p>Judgment: Compliant</p>

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:
On the day of inspection, the proposed new home in the designated centre had policies and procedures in place for the safe administration of medications.

Residents were facilitated to use their pharmacy of choice and the person in charge stated that they would be assessed to self-medicate following their admission to the centre.

The person in charge stated that proposed prescription sheets would contain appropriate information for the safe administration of medications and a medication administration recording system was in place.

The centre did not have any medications in place on the day of inspection; however, the person in charge stated that appropriate storage facilities for medications would be in place in each resident's bedroom, prior to their admission to the centre. The centre also had suitable locked storage facilities available should residents not wish to store their own medications.

Judgment:
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):

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

Findings:

On the day of inspection, the provider had produced a statement of purpose for the designated centre. The inspector found that this document contained all the relevant information as detailed in Schedule 1 of the regulations.

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:

On the day of inspection, the provider had effective governance and management systems within the designated centre.

The inspector found that the person in charge had a management qualification and was suitably experienced to manage the designated centre. The person in charge also demonstrated a good knowledge and understanding of the regulations and required notifications, which were to be submitted to the Health Information and Quality Authority (HIQA).

The person in charge was in a full-time role and would be present in the centre five days per week. The person in charge was also supported by one additional person participating in management, who would be present in the centre one day per week.

The person in charge stated that the centre would have management systems in place to provide appropriate care and support to the residents. The person in charge stated that they would be carrying out regular audits of medications, residents' finances, complaints, fire precautions and health and safety within the service.

The person in charge stated that the organisation would conduct six monthly audits of the care and support offered in the centre and that an annual review of the service

provided, would be completed as required, following a consultation process with the residents and their representatives.

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:

On the day of inspection, the inspector found that the proposed staffing arrangements would meet the assessed needs of residents.

The provider had a proposed rota in place, which demonstrated that a number of staff who currently support the residents in another designated centre would be transferring to the residents' new home. The inspector also reviewed a sample of staff files and found they contained all the requirements of Schedule 2 of the regulations.

The staff training matrix indicated that staff were up-to-date with training needs and had received training in fire safety, manual handling, supporting residents with behaviour that challenges, the safe administration of medications and safeguarding.

The person in charge proposed that staff would receive regular support and supervision and a schedule of staff meetings would be in place. There were no volunteers identified for this service on the day of inspection.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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