

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Community Living Area T
<b>Centre ID:</b>	OSV-0005680
<b>Centre county:</b>	Offaly
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Mairead Sheedy
<b>Lead inspector:</b>	Jacqueline Joynt
<b>Support inspector(s):</b>	Julie Pryce
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	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 to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 09 November 2017 10:50 To: 09 November 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 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

**Summary of findings from this inspection**

Background to inspection:

This was the first inspection of the centre by HIQA as it was a new application to register a designated centre for an individual with a disability. The inspection was carried out to monitor compliance with the regulations and standards to inform a registration decision.

How we gathered our evidence:

As part of the inspection, inspectors met with the area manager and the proposed person in charge and a person participating in management. There were no residents availing of the service at the time. In addition, the inspectors completed a walk around of the premises internally and externally, reviewed documentation such as transition plans, health and safety templates, fire records and a suite of templates which had been presented for use in the centre. The provider representative and other members of the management team attended a feedback meeting at the close of the inspection.

## Description of service:

According to the provider's statement of purpose, dated November 2017, the proposed centre will provide residential care for up to three adult residents with an intellectual disability. Two residents currently residing in another of the providers' centres had been identified to transfer to this centre with another potential person undergoing a compatibility process to assess if the service meets their needs. The proposed centre comprised of a single storey bungalow located on a cul de sac in a village in the midlands. It had adequate living space with three bedrooms, a sitting room, a kitchen, dining area and two bathrooms. There was a sufficient size garden to the rear of the house.

## Overall judgment of our findings:

Overall, the inspectors found that the management team had completed substantial work on templates and systems to ensure effective monitoring of service delivery and positive experiences for residents once admitted. There were arrangements in place to promote residents' rights and safety and to provide a good quality of life for residents while meeting their needs.

Of the 11 outcomes examined, the inspectors found arrangements for good practice and compliance in all 11 outcomes. There were no actions required from this inspection.

## Good practice was identified in areas such as:

- It was evident that the current admissions policy took in to account compatibility and the impact transition had on each of the identified and potential residents. (Outcome 4)
- There were well thought out transition plans in place for identified residents and it was evident that the process of transition was very person-centred. (Outcome 1)
- The inspectors found that there are arrangements in place to ensure continuity of support and the maintenance of relationships are promoted with identified staff transferring from current service the potential residents avail of. (Outcome 5).

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors found evidence that in advance of residents moving into the centre they had been consulted about how the centre was to be planned and run. It was evident that the process of transition for the two identified residents had been very person-centred. For example the identified residents had chosen the colour of the paint for their rooms and had been included in the decision-making around house furnishings.

There were arrangements in place for residents to have access to advocacy services, information about their rights and how to make a complaint. There was a user friendly information brochure in all bedrooms which included visuals detailing rights and privacy information, local advocacy service, complaints procedure, who the complaints officer was and a copy of the Health Information Quality Authority's (HIQA) easy to read version of National Standards for Residential services for adults and children with disabilities.

There was an organisational policy on personal property, personal finance and possessions as identified in the centre's statement of purpose with all accompanying local templates in place. It was proposed that residents will have opportunities to participate in activities that provide meaning and purpose to them and which will suit their needs, interests and capacities. A list of community based social activities in the nearest town had been identified in line with interests and pursuits of the two identified residents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were policies and procedures in place for admitting residents, including transfers, discharge and temporary absence of residents in place. Residents' proposed admissions were in line with the centre's statement of purpose and the centre's admissions process considered the wishes, needs and safety of the two individuals identified to move into the centre.

Transition documents were in place and had commenced for two of the identified residents and one other potential resident. It was evident from speaking with staff that there was a very caring and well thought-out transition process in place. The inspector found that the current admissions policy takes into account compatibility and the impact transition has on residents. Identified residents had been supported to visit the centre for short periods of time on a regular basis and this is to support and assess compatibility.

The inspectors found that there were templates of written agreements of the terms of which the resident shall reside in the centre drawn up for the two identified residents. Agreements included details of the services to be provided and the fees to be charged.

**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:**

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

This was the centre's first inspection by the Authority.

**Findings:**

Arrangements were in place to assess, review and support proposed residents' social care needs.

There were arrangements in place to assess residents' individual needs and choices and to put in place personal plans to meet the needs identified. There were various assessment templates including an assessment on how residents communicate discomfort.

There were templates of personal plans in place however, personal plans for the two identified residents had already commenced with some of the information from current service transferred into the new plan. The inspectors found that the plans were detailed, informative and person centred. A brief assessment of needs was in place for the two identified residents which had been compiled through a personal profile "about me" questionnaire asking the residents about what energised and motivated them, their likes and dislikes and nice comments others had made about them. The inspectors also found supplementary assessment templates in place containing themes such as the resident's health, finance, medication and wellbeing.

There were arrangements in place to support the two identified residents to move between services and it was evident that they had been consulted about the move. The transition plan in place for the two identified residents had a structured index and included compatibility, health plan, behaviour support plan, education and training plan, social relationships, living skills, finance, personal care and communication. Meetings and visits to the house by the identified residents have been clearly recorded.

The service proposed to support the identified residents in activity sampling however, activities which the residents enjoyed in their current service will be maintained. An information gathering exercise from the identified residents' current staff was being undertaken in an effort to support the residents' smooth transition between services. The service had put arrangements in place to help determine what a meaningful day for the residents will be and plan to undertake a detailed assessment to support this process.

The house was based in a village which included social amenities that had the potential to support proposed residents' autonomy and increase their independence. A range of activities has been identified in the nearest town ten minutes drive away such as, a cinema, swimming pool, bowling alley, hotels and shopping 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The design and layout of the centre was fit for purpose and reflected the layout as described in the centre's statement of purpose.

The centre was a single storey accommodation and as per the statement of purpose was suitable for individuals with impaired mobility. The centre was located on a cul de sac in a small midlands village within walking distance of the village and ten minutes from the nearest town.

The centre had adequate living space, with three bedrooms and a sitting room. There was a good sized kitchen in place which had sufficient cooking facilities, kitchen equipment and tableware. The dining area in the kitchen was an adequate size for the number of residents proposed to live in the centre. The inspector observed that the dining area let in plenty of light which resulted in a bright and airy living space. There was a utility room next to the kitchen with facilities in place for residents to launder their own clothes if they so wished. There was an ample size garden out the back of the house with an empty building whose use had yet to be decided. One of the bedrooms had en-suite facilities.

The centre was observed to be homely and suitably decorated. There was suitable lighting and ventilation in place. The Inspector observed that most of the living areas had sufficient furniture, fixtures and fittings in place. There was evidence of good collaboration with identified residents in place. All of the bedrooms had yet to be completed as the identified residents were in the process of designing the layout of their own rooms, the colour scheme and making decisions around what furniture they wanted placed in their rooms. There were arrangements in place for the sitting room to be decorated as per the identified residents wishes and choices. A catalogue had been acquired and it was proposed that room design and decoration would be discussed at the next resident's meeting which would take place during one of the transition visits.

Arrangements were in place to ensure that residents had access to appropriate equipment which would promote their independence and comfort. It was proposed that any required assistive equipment would either be purchased or brought over from residents current service.



**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were arrangements in place to promote and protect the health and safety of residents and staff. All health and safety, risk management policies and procedures and accompanying required templates were in place.

There was a safety statement in place dated September 2017. The audit and inspection requirements set out in the safety statement included all the necessary templates for the monthly and weekly checks ensuring precautions implemented reflected current best practice. A site specific risk assessment had been undertaken and appropriately recorded dated November 2017. There was a risk management policy in place which met the requirement of the appropriate regulation. Templates for individual risk assessments on admission and thereafter were in place.

The inspector reviewed templates for evacuation and emergency plans and found that there were plans in place for each individual and an overarching emergency plan for the service. There were precautions in place to guard against the risk of fires. There was documentary evidence to show that fire-fighting equipment, fire alarms and emergency lights were appropriately installed and serviced by an external company. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits, emergency and other safety precautions. All required certificates and equipment check templates were in place.

The inspectors saw evidence that there was adequate means of escape including emergency lighting. There were no obstructions at any of the fire exits. There were fire doors and self-closing doors throughout the building.

It was evident that the mobility and cognitive understanding of residents had been adequately accounted for in the evacuation procedure with the specific needs of one of the identified residents taken into account and addressed. Fire drill templates were in place. It was proposed that the two identified residents will take part in a fire drill in advance of admission and that this will be carried out during one of their transition visits. It was proposed that a visual user friendly fire drill chart will be put into the residents' information brochure which was in place in each of their bedrooms.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving residents. This meant that there would be opportunities for learning to improve services and prevent incidents. There were policies and procedures in place for the prevention and control of infection. The inspector saw templates for weekly, monthly and quarterly cleaning schedules.

A road-worthy vehicle to transport residents to social outings had been secured. It was proposed that the vehicle that was being used for the two identified residents in their current service will be transferred over to this new centre. There was a quarterly audit tool with templates in place to ensure the proposed vehicle's on-going road-worthiness and to ensure that it would be, at all times, suitably equipped.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors found that there were comprehensive policies and supporting procedures in place for the prevention, detection and response to abuse including measures to keep residents safe and protect them from harm.

It was proposed that all staff will receive training on the policy on safeguarding vulnerable persons at risk of abuse and procedures in advance of the residents moving in.

There were arrangements in place to provide residents with emotional and behaviour support that would promote a positive approach to managing behaviours that challenge. There was an organisational policy in place for behaviours that challenge entitled 'Listening and responding to individuals who demonstrate behaviours that challenge' which had been reviewed in April 2017.

There were current behaviour support plans in place for the two identified residents which were available to inform assessment. It was proposed that these will be updated if necessary after the transition period is complete.

There was a policy on restrictive procedure, physical, chemical and environmental restraints and template logs for recording restrictive practise including a template for chemical restraint protocols. The inspector found that transition plans in place for the identified residents supported efforts being made to identify and alleviate the underlying causes of behaviour that is challenging for each individual.

**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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

Arrangements were in place to support residents on an individual basis to achieve and enjoy the best possible health. The inspectors found that appropriate healthcare would be made available for each resident, having regard to their personal plan.

Hospital passports for the two identified residents were currently in place. Health need assessments were underway for the two identified residents and health information from their current service was available including details of access to allied health care services which reflected their different care needs.

It was proposed that staff will meet with the two identified residents and their families to discuss the possibility of moving to a new general practitioner (GP) that is closer than their previous GP. The services of a psychiatrist from the identified residents' current service had been maintained and they were aware of and supported the transition plans in place. Residents will have access to all community services, HSE services alongside their current multidisciplinary team which included an occupational therapist, physiotherapist and dietician, all of which are provided by the registered provider.

The inspector saw that there were comprehensive healthcare plan templates in place which included residents' history, investigations, treatments, monitoring and supports. The epilepsy management plan included a detailed care plan, emergency plan and record of seizures.

The centre had a fully equipped kitchen cum dining area with adequate seating to allow meal times to be a social occasion. The inspector reviewed templates prepared for recording diet and nutritional intake which included a detailed form listing various foods

and drinks. There was an assessment process in place to identify food choice and preferences however, the dietary needs have already been established for the two identified residents. The person in charge proposed that residents would be supported to get involved in the cooking of their meals and that a healthy diet and lifestyle would be promoted in the centre.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspectors found that there were written policies and procedures relating to the ordering, prescribing, storing and administration of medicines in place. There was a locked medicine cabinet within a locked cupboard in the staff office. It was proposed that the key for this will be kept in coded locked box which will ensure the medication is secure and safe from unauthorised access.

The planned medication processes for the handling of medicines were safe and in accordance with current guidelines and legislation. Organisational management systems as per other centres operated by the provider were in place. There were arrangements set up to review and monitor safe medication management practices with templates available for all systems.

Audit templates had been developed and were available with clear guidelines for medication errors to be recorded and reviewed. There were local protocols in place including PRN protocols for the two identified residents which had been made available from their current service.

To ensure appropriate medication management practices were in place it was proposed that staff who will be administering medication will have completed SAMS (Safe Administration of Medication) training in advance of the two identified residents moving in. It was proposed that the service will maintain the current pharmacist that was in place for the two identified residents and that arrangements will be put in place for the pharmacist to undertake audits of the medication system in place.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The statement of purpose adequately described the service offered including the aims, objectives, ethos and facilities and services which are to be provided for the residents of the designated centre.

All the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were contained in the document however, some minor changes were addressed at the time of inspection.

It was proposed that the accessible version of the statement of purpose will be added to the resident's information brochure which was available in each of their bedrooms.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were effective management systems in place to oversee the designated centre. A clearly defined management structure identified the roles and responsibilities of relevant managers and clear lines of authority and accountability were in place regarding the management of the centre.

It was not demonstrated at the time of inspection whether the proposed person in charge fulfilled the criteria of the regulations. The provider decided to review this and following inspection the provider made an application for a different person in charge who they had decided had the required experience and qualifications.

The inspectors found that monthly management meetings with the organisation's area director had commenced. It was proposed that the person in charge will meet with the regional director every two months. There was a suite of organisational audits developed and currently in use which ensured that the service provided was safe, appropriate to resident's needs, consistent and effectively monitored. It was proposed that the provider nominee would undertake the annual review of the quality and safety of the service and would complete the six monthly unannounced visits in the centre as per regulatory requirements.

The inspectors found that transition meetings for the identified residents were being regularly held and recorded appropriately. It was proposed that monthly staff meetings will be held. The inspector looked at templates for these meetings and saw that they included clear procedures for noting actions identified, person responsible for the actions and actions completed.

**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):**

This was the centre's first inspection by the Authority.

### **Findings:**

The inspectors found that proposed staffing levels took into account the statement of purpose, size and layout of the building. There were templates for actual and planned staff rotas and the first month's rota had been completed with identified staff. It was proposed that the staff ratios will enable flexibility to respond to the residents' changing

needs and the way they wish to live their lives.

The inspectors found that there were arrangements in place for continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Three staff are proposed to transfer from the identified resident's current service and to date were actively involved in their transition plans.

A staff training needs analysis had been completed for identified staff and it was proposed that all staff will have completed mandatory training before residents move in however, food safety training will not be completed in time so it was proposed that training in this area will be provided during staff induction.

There were arrangements in place for staff to receive regular supervision including supervision performance conversations every six months, individual and group supervision meetings every three months and staff team meeting with local manager every month.

**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:***

Jacqueline Joynt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

