

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Longford Centre 2
Centre ID:	OSV-0005709
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Lead inspector:	Anne Marie Byrne
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 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:	To:
22 January 2018 10:50	22 January 2018 14:00
26 January 2018 12:30	26 January 2018 13:15

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

This was a new designated centre which had not previously been registered or inspected by the Health Information and Quality Authority (HIQA). This inspection was carried out to monitor compliance with the regulations and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector met with the person in charge and the area manager. The inspector visited the proposed centre where documentation such as transition plans, fire safety documentation; risk assessments, policies and procedures and staff files were reviewed. The inspector did not meet any residents who were identified to transition to the centre.

Description of the Service

This service was run by the Muiriosa Foundation and comprised of a bungalow dwelling located on the outskirts of a village in Co. Longford. This service proposed to provide a residential service for two residents with an intellectual disability and autism. The centre had a sitting room, a kitchen and dining area, two bedrooms, a

staff room, an en-suite, one bathroom and a utility room.

At the time of this inspection, the provider had identified one resident to transition to the centre and this resident was consulted in the decoration and furnishing works that the provider had completed to date. The provider had secured a tenancy agreement for the centre with a private landlord until April, 2022.

Overall Judgment of our Findings

The inspector found that overall the proposed centre would meet the needs of residents. Areas of compliance with the regulations were observed in outcomes such as residents' rights, dignity and consultation, social care, health safety and risk management, safeguarding, healthcare, medication management, statement of purpose, governance and management and workforce. Of the nine outcomes inspected as part of this inspection, all nine were found to be compliant.

The reasons for these findings are explained under each outcome in the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The provider had systems in place to ensure complaints were appropriately responded to and managed within the centre. The inspector also observed that measures were in place to ensure residents' rights were respected and that residents were consulted with on all aspects of the service.

On the day of inspection, the person in charge informed the inspector of the centre's consultation to date with the resident who was identified to transfer to the centre. This resident was consulted about the location they wished to transfer to, about recent decoration works that had taken place and about the type of service they wished to receive once admitted to the centre. The person in charge also told the inspector that plans were in place to conduct regular meetings with residents and that a key-worker would be appointed to facilitate on-going consultation with residents. Arrangements were also in place to facilitate residents to access advocacy service should they wish to do so.

Measures were also in place to ensure residents had access to lockable storage if they wished, with planned capacity assessments to be conducted upon admission to assess for the most suitable secure arrangements for residents' possessions. The person in charge also showed the inspector the system that will be in place to record all transactions and lodgements of residents' money, with a daily balance check to be completed by two staff members.

There was a complaints policy in place to guide on the response and management of complaints received and an easy-to-read version of this policy was available to residents.

However, the complaints procedure was not prominently displayed in the centre and the easy-to-read version of the policy did detail all aspects of the complaints procedure. This was brought to the attention of the person in charge who put immediate measures in place to rectify this.

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):

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

Findings:

Overall, the inspector found arrangements were in place to meet the assessed social care needs of residents.

The provider had a system in place for the assessment of residents' social care needs. In addition, this assessment process conducted by staff was also supported by a separate assessment completed by a psychologist to identify specific social care supports that residents may also require. Following this assessment process, arrangements were in place to develop a plan to guide staff on how they were required to support residents to engage in activities of interest to them. Arrangements were also in place for an activity schedule to be developed based on residents' preferences. The person in charge told the inspector of community based activities near the centre, in which the resident identified for transition had expressed interest in. A plan was in place to sample some of these activities to identify which ones the resident wished to regularly participate in.

A full time vehicle was available to the centre for residents' use and this had up-to-date insurance and tax in place. The person in charge told the inspector that adequate staffing levels were available to the centre for rostering to ensure the level of staff support required by residents to engage in social activities of their choice would at all times be available to them.

A system was in place to develop residents' personal plans and personal goals, with a full review meeting planned to occur annually and more frequently as required. The

person in charge had a sample of personal goal records that were intended to be used in the centre, which captured the nature of the goal, the actions required to achieve it, the person responsible to support the resident and the timeframe for achievement. Plans were also in place to facilitate regular reviews of the progression made towards achievement, with a report on this progression to be sent to the area manager for the service to review.

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:

On the day of inspection, the inspector found that the premises was suitable to meet the needs of residents.

Overall, the centre was found to be clean, comfortable and provided a homely environment to live in. Some decoration work had begun inside the centre, with personal photographs and furnishings displayed throughout the house.

The centre had two residents' bedrooms, one staff room, one en-suite, a kitchen and dining area, a hallway, a sitting room and utility area. Ramped access was available from the front and back door exits and access was available to residents to use the garden area.

Some wood debris was evident to the rear garden which would have posed a risk of injury to residents. This was brought to the attention of the person in charge and area manager, who put measures in place to have this removed.

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:

Overall, the inspector found that the provider had adequate fire safety and risk management systems in place.

There was a zoned fire alarm system in place to detect fire in the centre and all doors were fitted with self-closing devices. Fire drills were planned to occur on a monthly basis and regular fire checks were in place to be completed by staff. There were four fire exits within the centre and these were maintained clear at all times. Personal evacuation plans were in place to guide on how to support residents in the event of an evacuation.

Although there was a fire procedure in place, it was not prominently displayed. This was brought to the attention of the person in charge and area manager who put measures in place to rectify this.

On the day of inspection, the inspector observed that inadequate emergency lighting was in place to safely guide from the fire exits to the fire assembly point. The provider put measures in place to have this completed in the days subsequent to the inspection and submitted satisfactory confirmation of the works completed to the inspector.

There was a risk assessment process in place to identify residents' specific risks and the person in charge showed the inspector a sample of management plans that would be put in place to mitigate risks to residents. The provider had arrangements in place for organisational risks to be assessed and managed using a centre specific risk register. The inspector observed this register considered a variety of risks associated with finances, the premises, staffing levels and performance.

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:

On the day of inspection, the inspector found that the provider had systems in place to protect residents from potential abuse.

The centre had policies on safeguarding, the provision of behavioural support and the use of restrictive practices. All staff had received up-to-date training in safeguarding. The provider had a reporting procedure and designated officer in place to manage any allegations of abuse.

There was a policy and procedure on the use of restrictive practices. Where such practices were required, the inspector observed that systems were in place to ensure an assessment would be conducted and that protocols would be put in place to guide staff on its appropriate use.

The person in charge told the inspector that the proposed resident had a behaviour support plan in place and that they would continue to be supported by staff in line with this plan. A behaviour support specialist was also available to the centre in the review of behaviour related incidents and reviews.

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:

On the day of inspection, the inspector found that the best possible health of residents would be promoted in the centre.

Residents had access to a general practitioner of their choice and access was available to a range of allied health professionals including physiotherapists, occupational therapists and behavioural support specialists. Where residents required additional services, a referral system was in place to provide the service to residents. A comprehensive care planning process was also in place to guide staff on how to support

residents with specific healthcare needs.

The provider proposed that residents would be supported to prepare home cooked meals in the centre, with a fully equipped kitchen available to them if they wished.

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:

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

Plans were in place to conduct a risk assessment of residents' capacity to self-administer their own medications upon admission. This assessment would be conducted with a community nurse and a member of staff working in the centre. The person in charge told the inspector that a choice of pharmacist was available to resident and that a blister pack system would be provided to administer medications.

All staff had received training in the safe administration of medications. A sample prescription sheet and administration record was available to the inspector to review. Prescription sheets allowed for the recording of prescribed medication, the time, date, frequency, dose and route of administration. These records also recorded residents' identification details and detailed any allergies. The person in charge had a system in place for the reporting of medication related incidents, with medication audits also scheduled to occur on a regular basis.

The centre had appropriate storage for medications in place; however, no medications were being stored in the centre at the time of this inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Overall, the inspector found that the provider had proposed to implement effective governance and management systems within the centre.

There was a full-time person in charge appointed to the centre, who was familiar with the organisational systems that were in place. She was found to be suitably qualified for the role, had a good understanding of the regulations, had in excess of three years management experience and had completed a management course. She was supported by three persons participating in management in the management of the centre. She reported directly to the area manager, with whom she met with on a very regular basis.

Various meeting structures were planned for the centre including regular staff meetings, monthly management meetings, regular senior management meetings and quarterly regional area meetings. The person in charge told the inspector that she would not be based full-time in the centre, but would have the capacity to visit the centre to meet with staff and residents at least twice a week.

The person in charge stated that the serviced received by residents would also be monitored through an audit programme, which included regular audits of medications, residents' finances, infection control, care plans, complaints and fire safety within the centre.

The area manager told the inspector that the organisation would conduct six monthly unannounced audits of the care and support offered to residents and that an annual review of the service provided would be 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:

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 roster in place and staff were recruited to support residents identified for admission. The inspector reviewed a sample of these staff files and found they contained all requirements as set out in Schedule 2 of the regulations.

Staff training records indicated that staff had received up-to-date training in fire safety, manual handling, management of behaviours that challenge, safeguarding and safe administration of medications.

The person in charge told the inspector that plans were in place to ensure staff would receive regular support and supervision.

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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