



Office of the Chief Inspector

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

Name of designated centre:	Moonvoy
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	16 January 2019
Centre ID:	OSV-0003284
Fieldwork ID:	MON-0023355

About the designated centre

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

Moonvoy is a designated centre that provides care and support for four adults with an intellectual disability, who have low support care needs- including some support with activities of daily living and intimate care. Residents are supported to attend work and recreational activities and to engage actively in their community. The facility is a two storey, five-bedroom, community-based house situated near a seaside town. Moonvoy was built in 2004 to include a sitting room, reception room and kitchen/dining area leading to the fully enclosed private garden. Each resident is provided with a single, en-suite bedroom in order to provide adequate privacy. Transport is provided by WIDA to assist residents in accessing work, education and recreational opportunities. The facility is a well lit, heated and ventilated space, which is appropriately maintained, serviced and cleaned by support staff. The aim for the residential service offered by WIDA is to provide a comfortable, homely and welcoming environment which meets individual service users needs, supporting and encouraging development. WIDA is committed to supporting service users to establish and maintain links within their community. Moonvoy is open all year round.

The following information outlines some additional data on this centre.

Current registration end date:	23/11/2020
Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
16 January 2019	09:30hrs to 17:00hrs	Sinead Whitely	Lead

Views of people who use the service

The inspector had the opportunity to meet with four residents on the day of inspection. Some spoke to the inspector and one resident chose not to speak with the inspector. Some residents communicated their thoughts verbally and others used some non verbal methods to communicate. Overall, residents appeared very happy living in the designated centre.

The inspector observed warm and meaningful interactions between staff and residents. Residents appeared comfortable in their home and appeared to have choice and control in their daily lives. The inspector observed staff supporting residents to take part in their chosen daily activities. These included attending different day services. One resident chose to remain at home for the day and staff supported them to take part in their own preferred activities in their home. The inspector then observed residents returning in the evening and chatting to each other and staff about their day. This appeared to be a relaxed and friendly environment.

One resident spoken with, expressed their high level of satisfaction with their home and the staff stating "everything is very good". Another resident communicated that they really liked the centre and had no complaints about living there. The centre had a pet dog that staff and residents appeared to be very fond of.

Capacity and capability

Overall the registered provider, person in charge and persons participating in management were endeavouring to provide a safe, high quality service. There was a robust management structure in place with clear lines of accountability. Actions from the last inspection had been adequately addressed

The registered provider was ensuring that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. The staffing team consisted of nurses, social care workers and care assistants. There was a planned and actual staff rota in place that accurately reflected staff on duty. Staffing levels in place provided adequate support for the assessed needs of the residents living in the designated centre. Extra staffing support was provided at times to cater for residents different daily activities and appointments. Extra staffing was also provided at times when residents and staff needed more support secondary to escalation of challenging behaviours. There was a member of management on call at all times to provide support and guidance to staff if needed. A lone working system was in place at times that had been risk assessed. Staff were

supporting residents in line with their individual care plans.

The inspector reviewed a number of training records and found that while the registered provider had ensured all staff members had received mandatory training, not all staff had received up-to-date refresher training. This included refresher training in fire safety and manual handling. Further training was provided to staff in areas including the safe administration of medication (SAMS), safeguarding, food safety, epilepsy management and management of behaviours that challenge. Training needs analysis was carried out on a regular basis and identified any gaps in staff training. Training records were maintained by a human resources (HR) department to a high standard. Staff spoken with appeared to have good knowledge from the training they had received and this appeared to guide the provision of a high standard of support and care.

A detailed and accessible complaints procedure was in place and the provider ensured that residents and their representatives were made aware of their right to make a complaint and the process to follow. Complaints were addressed in a serious and timely manner and investigations carried out were comprehensive with clear learning and implementation of change as a result. Complaints were escalated appropriately in stages in line with the service policy in place. There was a designated complaints officer in place, nominated to investigate complaints by or on behalf of residents. Residents had access to advocacy services if required. The complaints procedure was prominently displayed in the designated centre.

The inspector reviewed a sample of the centres accident and incident records. A number of residents progress reports were also reviewed and it was found that all relevant incidents had been notified to the Office of the Chief Inspector. These had been submitted within the required time lines and had been actioned appropriately by the person in charge and people participating in management.

The registered provider had prepared in writing a Statement of Purpose. The inspector observed that this did not accurately reflect the designated centre on the day of inspection. Some criteria set out in Schedule 1 was not included in the copy provided to the inspector. This included criteria such as the gender and age range of the residents, the narrative description of the designated centre, the criteria for admission to the designated centre and therapeutic interventions provided to residents. Furthermore, the Statement of Purpose had not been subject to an annual review.

Regulation 15: Staffing

The registered provider was ensuring that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. There was an planned and actual staff rota in place that accurately reflected the staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a number of training records and found that while the registered provider had ensured all staff members had received mandatory training, not all staff had received refresher training. Furthermore, service policy was not guiding refresher training adequately.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose. This was available to residents and their representatives. However, this did not identify all criteria set out in Schedule 1. Furthermore, this was not subject to an annual review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of the centres accident and incident records and found that all relevant incidents had been notified to the Office of the Chief Inspector. These had been submitted within the required time lines and had been actioned appropriately by the person in charge and people participating in management.

Judgment: Compliant

Regulation 34: Complaints procedure

A detailed and accessible complaints procedure was in place and the provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions in weekly house meetings. Investigations into complaints were timely and comprehensive with clear learning and implementation of change as a result of complaint inquiry outcomes

Judgment: Compliant

Quality and safety

Overall the registered provider, people participating in management and person in charge were ensuring the designated centre was resourced sufficiently for the effective delivery of care and support to the residents availing of respite. Any actions from the previous inspection had been addressed appropriately.

The registered provider had ensured residents had freedom of choice and control in their daily lives and had ensured the designated centre was operated in a manner that respected the age, gender and disability of each resident. Residents had access to age-appropriate activation, training and employment. Residents appeared to have a high level of input into the running of the designated centre and decisions regarding their care and support. Annual PCP meetings provided residents with an opportunity to discuss the effectiveness of care and support being provided. Residents were supported to maintain relationships with family, friends and the wider community.

Overall, the registered provider had ensured that the premises were designed and laid out to meet the number and needs of the residents. The premises was of sound construction and was in a good state of repair externally and internally. The premises consisted of a two-storey house with a single occupancy adjoining apartment. Bedrooms were all single occupancy and all had private ensuite bathrooms. Bedrooms were decorated in an individualised manner. There was a back garden and paved front driveway that was well maintained and accessible to the residents. Cooking facilities and laundry facilities were in place. Adequate storage space was provided and communal living areas were a suitable size to meet the needs of the residents. The person in charge was identifying any outstanding premises repair and decorative issues and was then reporting these to the service maintenance department.

The registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident. The person in charge had ensured there were comprehensive personal plans were in place for all residents that these reflected residents health, personal and social care needs. Staff supporting residents were assessing the effectiveness of plans in place and ensuring plans were accurately reflecting the residents most current needs. Residents had a wide range of individual social goals in place which were also revised and updated as required. These included attending shows, holidays, music sessions and developing literacy skills. Annual personal care planning meetings (PCP's) were held with each resident and their preferred attendees. This was an opportunity for residents to discuss their personal goals and aspirations for the year ahead. These meetings guided personal plans in place and the care and support being provided by staff. However, the inspector observed assessments of need had been completed on admission to the designated centre but had not been completed again or reviewed since admission.

This meant residents assessments of need did not always accurately reflect the residents most current needs and these were not guiding the personal plans.

The registered provider and person in charge had ensured the residents healthcare needs were being met to a high standard. Residents were supported during times of illness and nursing care was provided when appropriate. Staff spoken with appeared to have good knowledge of the residents healthcare needs. All residents had access to a general practitioner (GP). A daily report was completed by staff and sent to the person in charge. If healthcare issues were identified on this report, relevant referrals were then made to GP's. Residents were accessing a wide variety of community based allied healthcare services including occupational therapy, physiotherapy, psychology, speech and language therapy and dietetics. Where medical treatment was recommended, such treatment was facilitated by staff. Residents were supported to attend appointments when needed.

There was a risk management policy in place that appeared to guide staff practice. There were systems in place for hazard identification and for the assessment, management and ongoing review of risk. There was a comprehensive risk register in place that identified all risks in the designated centre. Risk control measures were proportional to risks identified. Risk assessments in place were individualised, where required, and were subject to review. Evidence of learning from adverse incidents was observed. There was a service vehicle that was suitably road-worthy and insured. Staff were suitably licensed to drive this and it was available for residents to use as transport to and from daily activities.

In general, practice relating to the ordering and administration of medicines was appropriate and safe. Administration of medication was carried out by suitably trained and qualified staff. Residents availed of pharmaceutical services from a local pharmacy who delivered their medications on a regular basis. Checks were carried out by staff to ensure this medication was delivered as prescribed by the residents' general practitioner. However, the inspector identified some areas in need of improvement for the management of medicines. Medication prescriptions had not been reviewed for a considerable period of time. Furthermore prescriptions were not guiding safe administration of some medication to be administered as required (PRN). No maximum doses was stated for some of these and medication ingredients that interacted were not identified on the prescription. Furthermore, there were no arrangements in place for the separate storage of out-of-date medicines in the designated centre prior to returning them to the pharmacy and two medications in the storage facility were identified as being out-of-date on the day of inspection.

Regulation 13: General welfare and development

The registered provider had ensured residents had freedom of choice and control in their daily lives and had ensured the designated centre was operated in a manner

that respected the age, gender and disability of each resident. Residents had access to age-appropriate activation, training and employment.

Judgment: Compliant

Regulation 17: Premises

Overall, the registered provider had ensured that the premises were designed and laid out to meet the number and needs of the residents. The premises was of sound construction and was in a good state of repair externally and internally. Cooking facilities and laundry facilities were in place. Adequate storage space was provided and communal living areas were a suitable size to meet the needs of the residents

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place that appeared to guide staff practice. There were systems in place for the assessment, management and ongoing review of risk. There was a comprehensive risk register in place that identified all risks in the designated centre. Risk control measures were proportional to risks identified.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector identified some areas in need of improvement for the management of medicines. Medication prescriptions had not been reviewed for a considerable period of time. Furthermore prescriptions were not guiding safe administration of some medication to be administered as required (PRN). There was no separate storage facility for out-of-date medications and two medications was identified as being out-of-date on the day of inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Overall, the registered provider was ensuring that the designated centre was

suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured there were comprehensive personal plans were in place for all residents that reflected residents health, personal and social care needs. However, assessments of need were not reflecting residents most current needs.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the registered provider and person in charge had ensured the residents healthcare needs were being met to a high standard. Residents were supported during times of illness and nursing care was provided when appropriate. Residents had access to allied healthcare services and staff were making referrals when appropriate.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Moonvoy OSV-0003284

Inspection ID: MON-0023355

Date of inspection: 16/01/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Training and Development procedure will be reviewed to specify when refresher training is required for all training delivered. The procedure will also include what training is mandatory for staff working in each service.</p> <p>Completion date: 15th April 2019</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose for Moonvoy will be reviewed and reissued annually and will identify all criteria as set out in Schedule 1.</p> <p>Completion date: 15th April 2019</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All prescription kardexes will be reviewed six monthly and PRN medications will have a maximum dose both on the kardex and on the care plan/risk assessment associated with them. A facility for storing out of date medications will be provided in the service.</p> <p>Completion date: 15th April 2019</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All Assessment of Need Forms will be completed annually and will guide the creation of care plans and risk assessments.</p> <p>Completion date 15th April 2019</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	15/04/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom	Substantially Compliant	Yellow	15/04/2019

	it is prescribed and to no other resident.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Not Compliant	Orange	15/04/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/04/2019
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried	Substantially Compliant	Yellow	15/04/2019

	out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
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