

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Multiple Sclerosis Society of Ireland - MS Care Centre
Centre ID:	OSV-0001940
Centre county:	Dublin 6
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Multiple Sclerosis Society of Ireland
Provider Nominee:	Ava Battles
Lead inspector:	Helen Thompson
Support inspector(s):	Thomas Hogan
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 September 2017 09:40 To: 13 September 2017 18:30

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 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 the inspection

This was an announced inspection to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application to renew the registration of this centre.

This was HIQA's fourth inspection of the centre and was conducted by two inspectors over one day. The required actions from the previous inspection in March 2017 were also followed up as part of this inspection process.

How we gathered our evidence

The inspectors met with a number of the staff team which included nursing staff, care staff, the person in charge and the service manager. Additionally, in assessing the quality of care and support provided in the centre, the inspectors met with all residents that were present for respite on the day, and in total interviewed five residents. Feedback on their experience of the service was also garnered from written feedback received from residents and their family members. Inspectors also spent time observing staff engagement and interactions with residents.

Overall, residents expressed their strong satisfaction with the respite service that

they received in the centre. They praised the staff team, the care and support received, the quality and variety of food available, the social activities, and in particular highlighted the gardens and the associated therapeutic benefits. Residents also especially noted the social aspect of their stay and highlighted the opportunity afforded to them to do whatever they choose whilst they were there. The residents' only complaint was that the service was not available all year round and the lack of other such specialist service options across the country.

As part of the inspection process the inspectors also spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, the centre's data sets, self-monitoring documentation, residents' files and a number of the centre's policy documents. The inspectors also completed a walk through the centre's premises which included the gardens that were actively utilised by residents.

Description of the service

The service provider had produced a statement of purpose (SOP) which outlined the service provided within this centre. The SOP stated that the centre provided a dedicated respite service for people with Multiple Sclerosis in Ireland, and is a place for residents to learn more about their MS and find ways to self-manage their condition. It offers short-term respite care, therapeutic services, neurological assessments and many social activities. The service is accessed by between 450-500 admissions annually with people coming for a variety of time periods in line with their individual needs and choice. A small number of residents attended from other residential settings.

The centre was located in a pleasant suburban area with a broad range of amenities available locally. The building was comprised of 11 single and one twin en-suite bedroom. There were two sitting rooms, a quiet room, library, art room, dining room, coffee dock and other bathroom facilities available to residents. Accessibility was also considered throughout the building. The residents also had access to a large, well maintained garden for recreation and leisure.

There was capacity for 12 residents and on the day of inspection the centre was providing respite to nine adult residents. This included six gentlemen and three ladies.

Overall judgment of our findings

Nine outcomes were inspected against and overall the inspectors found a good level of compliance in the safety and quality of the care provided in the centre with eight of the nine outcomes found to be in a level of compliance. These encompassed residents' healthcare, social care, safeguarding and medication needs.

However, a number of improvements were identified with the centre's health and safety and risk management system.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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):

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

Findings:

Overall the inspectors found that systems were in place to manage the admission and discharge of residents in a timely and satisfactory manner. The centre provided respite breaks of short term duration (between five and 12 nights) to persons with multiple sclerosis and neurological conditions.

There were agreed written contracts in place for residents which outlined the mission statement of the designated centre; the philosophy of care; the care, support and welfare arrangements; availability of therapeutic services; safety arrangements; feedback and complaints procedures; general information; termination of contract information; and fees to be charged to residents. While the contract clearly outlines the fees charged, it did not provide any details on possible additional charges which residents may incur throughout their respite stay at the designated centre. This was discussed with the person in charge at the time of inspection.

The Admissions Policy was comprised of four documents:

- The management of admissions, transfers, overnight leave and discharge (dated 23 August 2017)
- Resident introduction, assessment and care initiation (dated 29 July 2017)
- Resident care plan development and implementation (dated 13 August 2017)
- Resident reassessment and continual review (dated 12 July 2017)

The person in charge outlined the admission process and it was found to consider the wishes, needs and safety of the individual.

Pre-admission reservation forms were completed by residents and their family, and this was followed up by a phone call from the person in charge prior to the resident's respite break. Residents spoken with by inspectors outlined that details such as menu choices and activities requests were also available as part of this process.

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:

Overall, the inspectors found that the wellbeing and welfare of residents was supported with their needs outlined in their personal plans. The resident and their family were clearly involved in their care planning process. Multidisciplinary team (MDT) members also contributed to the assessment, planning, development and review process. Residents were afforded the opportunity to participate in meaningful activities of their choice whilst on respite.

The centre had a care planning system which encompassed the critical area of updating a resident's information and plans on each new respite admission. This encompassed information garnered from the resident's reservation form, which included an assessment of their needs and particular goals for their respite stay. The resident's general practitioner and family participated in this process. Alerts with regard to key areas of care were highlighted on this form. A pre-screen phone call was conducted directly prior to the resident's admission to capture any recent status changes. Staff also met with the resident's family/carer on the day of admission which offered an opportunity for further communication. Subsequently, the resident was assessed and reviewed by the centre's general practitioner and by a staff member. This encompassed healthcare, safety, mobility, safeguarding, social needs and a communication assessment. Plans were then developed post the assessment process which informed staff practices and supports to the resident whilst on their respite stay. At the time of inspection the care planning system in situ was being piloted and a review of this new system was planned.

The inspectors observed that a feedback letter was, post discharge, forwarded to the resident's general practitioner, or if appropriate their usual place of residential care. Communication of key information is also, as required shared with the resident's

community nursing, physiotherapy or occupational therapy service.

During their respite stay there were a number and variety of activities available to the residents in line with their individual choice and preference at that time. During the inspection process, a number of residents reported that their schedule/timetable whilst on respite was fundamentally informed by their goals and choice for respite stay. Sometimes residents utilised their respite stay to avail of cultural activities whilst in Dublin, for example, a trip to the theatre. On other occasions they noted that their stay might be used in a restorative way, with lots of rest and relaxation. Residents particularly highlighted the opportunity for socialisation afforded by their time in the centre.

If they so choose, activities on offer included music sessions, quizzes, flower arranging, art therapy, yoga, extend therapy and bingo. A library/computer room was also available with internet access, standard and audio books for the resident's usage. In addition, residents were supported to participate in community based activities, for example, shopping or a visit to a local tourist/historical spot.

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):

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

Findings:

Overall, inspectors found that while the health and safety of residents, visitors and staff members was promoted, there remained some areas for improvement for the designated centre.

There were policies and procedures in place for health and safety and risk management and these was comprised of eight stand alone documents:

- Risk management and emergency planning (dated 21 June 2017)
- Fire safety management (dated 25 August 2017)
- Management of Internal Emergencies and Fire Evacuation (dated 26 August 2017)
- Organisational risk assessments (dated 16 August 2017)
- Smoking policy (dated 25 August 2017)
- Fire evacuation plan (dated 01 June 2017)
- Prevention and management of falls (01 September 2017)
- Risk register (dated 2017)

An up-to-date health and safety statement was available in the centre (dated 01 June

2017) and this was accompanied by a health and safety plan (dated 01 June 2017) which highlighted areas such as commitment from the provider, roles and responsibilities, induction training, and health and safety management systems. In addition an emergency response plan (dated 01 June 2017) was available and this outlined the response to be taken in the event of a fire, a resident going missing, a gas leak, a flood, a power failure, an outbreak of infection, or extreme weather conditions.

Inspectors found that there were satisfactory procedures in place for the prevention and control of infection. An identifiable staff member was delegated responsibilities for infection control in the designated centre and met with inspectors at the time of inspection.

A review of incidents and accidents since the time of the last inspection in the designated centre was carried out by inspectors. This review highlighted that slips, trips and falls of residents were the most common category of incidents or accidents to occur in the centre. There was clear evidence of learning from incidents or accidents, and quarterly analysis of all reports were being completed. Some follow up actions taken in response to incidents or accidents included training (for staff members and residents), maintenance works being completed, and ensuring appropriate call bell availability for residents.

A review of the designated centre's risk register by inspectors found that while many risks were considered in the document in six cases there was no risk rating listed, and there was an overall absence of additional control measures taken to further reduce identified risks. In one case, the risk of injury to residents from slips, trips and falls was deemed to be a 'medium risk', however, there were no additional control measures listed which reduced the risk to a level acceptable to the person in charge. All risks identified in the register were rated as being 'low risks' with the exception of six. Both the person in charge and the services manager agreed that there was a possibility that this was not reflective of actual risk levels within the designated centre.

All staff had completed up-to-date training in fire safety and the moving and handling of residents. In addition it was found that both staff and residents spoken with were knowledgeable about what to do in the event of a fire. The fire alarm and emergency lighting was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Records from services were maintained in the centre and viewed by inspectors.

Records of completed fire drills were reviewed by inspectors and it was found that further details were required regarding the time taken to evacuate residents, and the number of residents and staff taking part in fire drills. Records available indicated that fire drills were taking place at least once every six months in the designated centre.

The inspectors found that there was adequate means of escape in the designated centre, however, in the case of one emergency exit the egress route was obstructed with stored equipment. This was brought to the attention of the person in charge at the time and at the feedback meeting.

While the inspectors found that measures had been taken in the centre regarding the

containment of fire, some areas of improvement identified included a fire door being wedged open and seals on fire doors not being in place in all cases. These concerns were brought to the attention of the person in charge.

Judgment:

Non Compliant - Moderate

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:

Overall, the inspectors found that there were measures in operation in the centre to protect residents from being harmed or suffering abuse. A restraint free environment was supported with correlating due process mechanisms, however, further clarification was required in the identifying of all possible restrictive practice usage.

The centre had an established system for the ensuring of residents' safeguarding and safety needs with same cited on the centre's risk register. The inspectors noted signage/information posted in communal areas of the centre highlighting a zero tolerance for all possible abuse.

Staff were trained as required and were found to have good knowledge in relation to safeguarding and the centre's mechanisms for responding to abuse. Staff were observed to engage with residents in an individualised, respectful manner. Intimate care plans were also available to inform staff practices and supports to residents.

Residents reported that they felt safe whilst staying in the centre, and there were no safeguarding incidents or allegations reported.

With regard to restrictive practices, the inspectors observed that the usage of mechanical restraints were clearly recognised, discussed and appropriately responded to in line with due process mechanisms. This included a system for obtaining consent from residents.

However, the usage of an environmental restriction (an audio monitoring system) had not been identified/considered as a restrictive practice and as a possible intrusion on the resident's liberties. This was noted and discussed during the inspection feedback session

The policies as required by the regulations were present to inform and guide staff practices.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Overall, the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health during their respite stay.

From observations, interviews with staff and residents, and a review of residents' plans the inspectors found that residents' healthcare needs were assessed and supported. From their assessment and care planning process, plans were developed to inform staff practices and support of the resident's individual healthcare needs. The inspectors noted that the resident's end of life care needs were also considered and supported in an individual and sensitive manner.

During each respite stay residents were reviewed by the Multiple Sclerosis (MS) support nurse. This encompassed a review of the critical needs area as associated with their condition and was biopsychosocial in nature. If required from this process, the MS nurse would then refer the residents for further specialised support on their discharge. For example, referral to the community occupational service regarding assistive technology. Residents were also, during their stay facilitated with a review and support from the centre's physiotherapist.

During their stay residents' healthcare needs were supported by the centre's general practitioner, who also assessed them on admission. Out of hours support was also facilitated by a local community service.

Residents' food and nutrition needs were individually considered, assessed and supported, where required. Specific assessments and recommendations from the speech and language therapist and dietician were incorporated at the time of admission. These specialised needs were then subsequently supported whilst on respite.

The inspectors found that resident's individual choices and specialised diets were facilitated. This was particularly endorsed by the residents who noted that they were very happy with the food provided. Mealtimes were observed to be a relaxed social event, but if they choose residents were facilitated to have their meal in their room. In

addition, residents were supported to share a meal with their guest whilst they were on respite.

A variety of drinks and snacks were freely available outside of resident's mealtimes with a coffee dock facility available over the 24 hour period.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were policies and procedures relating to medication management in place in the designated centre which protected residents. There were seven documents relating to medication management policies and protection which were:

- Prescribing, ordering, storage and disposal of medication (dated 13 June 2017)
- Administration of medication (dated 30 July 2017)
- Crushing of medication (13 June 2017)
- Controlled drugs (30 June 2017)
- Self-administration of over the counter medication (13 June 2017)
- Medication management for respite, leave, transfer and discharge (13 June 2017)
- Review and audit of medication (13 June 2017)

Inspectors met with staff members who administered medications and found that they were knowledgeable, and adhered to appropriate medication management processes. Medication was found to have been stored securely, and while a staff member outlined that there was rarely a requirement for disposing of out of date or returned medication, there were appropriate storage arrangements and returns procedures in place if required.

Weekly audits were completed of all resident medications by a pharmacist. In addition, quarterly audits were completed by a nurse manager which focused on areas such as: individual medications, controlled drugs, over the counter medication, refrigerated items, record keeping, incident reports relating to medication errors, storage of gases and hazardous substances, staff training, and hygiene.

Some minor areas of improvement were identified relating to medication management

which included the resident's address being included on the prescription book, the name and contact details of the resident's general practitioner being included on the prescription book, the signature sheet of staff administering medications to be included in the prescription book, a space to records comments on withholding or refusing medications to be included in the prescription book, and the crushing of medications to be clearly prescribed. These findings were brought to the attention of the person in charge and senior management team and discussed at the feedback meeting.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the designated centre's statement of purpose document (dated 16 June 2017) and found that it accurately described the service provided in the centre. There were some minor areas for improvement identified which included:

- inclusion of the information set out in the certificate of registration
- an update and clarification of the total staffing complement, in full-time equivalents, for the designated centre
- a review the organisational structure of the centre to include the addition of roles above the grade of person in charge
- a review of the details provided regarding any specific therapeutic techniques used in the designated centre and arrangements made for their supervision

Inspectors observed that the statement of purpose was made available to residents, visitors and staff throughout the designated centre.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Overall, the inspectors found that the quality of care and experience of the residents was monitored and responded to. There were management systems in place that supported and promoted the delivery of safe, quality care services. There was a clearly defined management structure with clear lines of authority and accountability. The centre was managed by a person with the appropriate qualifications, and experience who was involved in the operational management of the centre. However, improvement was still required with the centre's annual review.

The inspectors observed the management structures in situ which had clear lines of communication and meeting systems to underpin the centre's governance and management. The person in charge (PIC) was supported in her role by the provider nominee, services manager, and service quality manager. A clinical nurse manager (CNM)¹ and the specialist support nurse deputised in the absence of the PIC. A member of the management team was assigned/available for support over the 24 hour period. There was evidence of PIC meetings, and clinical governance and operational management meetings for the centre.

Also, the inspectors a number of reports generated for the centre and an overarching strategic plan for the Multiple Sclerosis society which encompassed objectives regarding resident care, people development, systems and processes and services.

The provider had a number of self-monitoring processes in operation which included auditing and a number of systems for garnering feedback from the residents. The six monthly provider visits had been completed as required with an action plan developed to address any identified issues. The inspectors observed the implementation of previously cited actions, for example, repairing of the garden paths. However, as stipulated by regulation, there was no single overarching annual review of the quality and safety of care and support provided in the centre.

The PIC was clearly involved in the governance, operational management and administration of the centre. She was also aware of the legislation and of her statutory responsibilities. On a daily basis she was present in the centre and had strong knowledge of the residents and their needs. The PIC was clearly familiar to the residents and the staff team. Her commitment and support was highlighted during the inspection process.

Judgment:

Substantially 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:

Overall, the inspectors found that there were appropriate staff numbers and skill mix in place in the designated centre at the time of inspection to meet the assessed needs of residents and ensure the safe delivery of services. Inspectors viewed planned and actual rosters in place in the designated centre and found that they took into account the statement of purpose and size and layout of the building. A minor area for improvement relating to clarity of the starting and finishing times of staff on the staff duty roster was brought to the attention of the person in charge during the inspection.

A review of staff training records demonstrated that all staff members and volunteers working in the designated centre had completed up-to-date mandatory training in the areas of manual handling, safeguarding, fire, infection control, behaviours which challenge, and hand hygiene. Additional training was completed in the areas of medication management and cardiopulmonary resuscitation with staff nurses.

Inspectors viewed three policies relating to workforce during the inspection:

- Staff recruitment, selection, and appointment (dated 01 August 2017)
- Employment and management of agency staff (dated 01 August 2017)
- Management of independent practitioners, students, volunteers, and trainers (dated 29 July 2017)

Supervision arrangements for staff members was discussed with the person in charge. It was found that while annual performance management systems were in place, along with ongoing informal supervision arrangements, there were no formal individualised supervision forums in place. Inspectors acknowledged that plans were in place for the introduction of formal supervision in the short term and that a draft policy and procedures was available in the designated centre on the day of inspection which reflected this.

A review of a selection of staff files highlighted that requirements as per Schedule 2 of

the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were on file. A review of a selection of volunteer files, however, found that not all documentation required was available. Three files reviewed did not contain evidence of support and supervision, while two files did not contain the role and responsibilities set out in writing.

On call arrangements were in place for nurse manager support for evenings, night time and weekend support.

Judgment:

Substantially 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:

Helen Thompson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by The Multiple Sclerosis Society of Ireland
Centre ID:	OSV-0001940
Date of Inspection:	13 September 2017
Date of response:	20 November 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

1. Six risks identified in the designated centre's risk register were not rated.
2. Additional control measures were not listed to reduce likelihood and/or impact of risks.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

3. It was not clear if the overall level of risk within the designated centre was reflective of the risk register ratings.

1. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The Registered Provider has engaged a risk management specialist to work with the Support Services Manager and Person in Charge

in undertaking a comprehensive review of the current risk register. This will include:

A review of the risk matrix in use and how potential risks are rated.

A review of all current control measures in place which determine the risk ratings listed, where additional controls are required these will be included and the risk rating adjusted accordingly.

This review commenced on 02/11/17 and will be completed by 30/11/17.

All staff have received updated risk management training on 02/11/17.

Proposed Timescale: 02/11/17 – 30/11/17

Proposed Timescale: 30/11/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

1. A fire door was wedged open in the designated centre which compromised the containment of fire in that area of the building.

2. The seals on four fire doors were found not to be fully in place.

2. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

The Registered Provider will ensure that all fire doors will remain closed at all times. All staff have received annual refresher fire warden training on 02/11/17.

Frequent use doors have been placed on the Capital Refurbishment Plan 2018 to have magnetic connection to the fire alarm system so that they can be held open safely to provide easy access for service users.

All fire door seals have been checked and defects corrected by 30/09/17.

Proposed Timescale: 30/09/17 – 22/01/18

Proposed Timescale: 22/01/2018

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

One emergency exit in the designated centre was obstructed with stored equipment.

3. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:

The Registered Provider shall ensure that there are adequate means of escape as required under Regulation 28 (2) (c) to include: all emergency exits shall be clear of obstruction at all times.

The Person in Charge consulted with the MS Care Centre fire officer. The emergency fire exit sign in the store room has been decommissioned as advised by the MS Care Centre fire officer on 02/11/17. The Person in Charge shall ensure that the Store Room remains locked and clearly labelled 'Store Room – Staff Access Only'.

Proposed Timescale: 02/11/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire drill records did not contain information relating to the number of staff and residents who partook in the drill, and the time taken to complete the evacuation.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

The Registered Provider shall ensure completed fire drills shall include the details of the time taken to complete the evacuation together with the number of people who partook in the fire drill.

The Person in Charge has revised the procedure for recording the total numbers of residents, relatives, staff and members of the public who partook in the fire drill. Fire wardens will now list the names of all residents, relatives, staff and members of the public who partook in the fire drill on page 2 of the fire drill report using the current 24hr Sign-in Registers to confirm who is present in the building at the time of the drill. The Person in Charge has revised the Fire Drill Report Form to include an additional box which states time taken to complete the evacuation. This will be calculated from the existing start time and finish time currently stated on the Fire Drill Report Form.

Proposed Timescale: 03/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As outlined in the body of the report, the usage of an environmental restriction with a resident had not been put through a due process mechanism.

5. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

The Registered Provider shall ensure that when an environmental restriction (2-way audio monitoring system) is required to enable residents who cannot use a regular nurse-call device communicate with staff the resident's individual consent is obtained and procedures shall be put in place to ensure there is no intrusion on the resident's liberties. This consent will be included in the resident's Personal Care Plan Ref: PCP1d Rev1 November 2017.

Proposed Timescale: 30/11/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

As outlined in the body of the report some minor improvements were required with regard to the overall process for the safe administration of medication to each resident.

6. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

The Person in Charge shall put in place appropriate and suitable practices to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident as required under Regulation 29 (4) (b) to include:

Resident's address on the prescription book

The name and contact details of the resident's general practitioner
A designated area in the prescription book for recording comments on withholding or refusal of medications
Ensuring that the crushing of medications is clearly prescribed.

Proposed Timescale: 30/11/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required in the statement of purpose in the following areas as set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013:

1. The inclusion of the information set out in the certificate of registration.
2. An update and clarification of the total staffing complement, in full-time equivalents, for the designated centre.
3. A review the organisational structure of the centre to include the addition of roles above the grade of person in charge.
4. A review of the details provided regarding any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

7. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The registered provider shall prepare in writing a statement of purpose to include:

1. The information set out in the certificate of registration
2. An update and clarification of the total staffing complement, in full time equivalents
3. A revised organisational structure including the addition of roles above the grade of the person in charge
4. Arrangements in place for the supervision of specific therapeutic techniques

Proposed Timescale: 30/11/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider had not completed one overarching annual review of the quality and safety of care and support in the designated centre.

8. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:

The Registered Provider shall ensure there is one overarching annual review of the quality and safety of care in the designated centre.

Proposed Timescale: 22/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Formal arrangements for the supervision of staff were not in place in the designated centre at the time of inspection.

9. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure that all staff are appropriately supervised as required under Regulation 16 (1) (b)

The Person in Charge will ensure that a programme of regular formal supervision is implemented for all staff, a written record is kept of each supervision session and is available for inspection.

Proposed Timescale: 10/01/2018

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The files of three volunteers did not contain evidence of the provision of supervision and support.

10. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

Please state the actions you have taken or are planning to take:

The Person in Charge will ensure that all volunteers participating in the designated centre are provided with supervision and support as required under Regulation 30 (b).

The Person in Charge will ensure that a programme of regular supervision and support is implemented for all volunteers participating in the designated centre.

Policy and Procedure HR-008 Supervision and Appraisal Policy will be amended to include supervision and support of volunteers Ref: 13.0.

Proposed Timescale: 01/12/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The files of two volunteers did not contain their roles and responsibilities set out in writing.

11. Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

Please state the actions you have taken or are planning to take:

The Person in Charge shall ensure that all required documentation is included in the files of each volunteer and shall set out in writing, the roles and responsibilities of each volunteer working in the designated centre.

Proposed Timescale: 01/12/2017