

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0004087
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Heather Hogan
Lead inspector:	Julie Pryce
Support inspector(s):	Karina O'Sullivan
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 October 2015 10:30 To: 01 October 2015 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This follow up inspection of a designated centre operated by Muiriosa Foundation was conducted by the Health Information and Quality Authority (the Authority) in order to proceed with the application to register the centre.

As part of this inspection, inspectors met with managers, staff and residents. Inspector observed practice and reviewed documentation such as personal plans, healthcare plans, accident and incident records, risk assessments, medication records, meeting minutes, policies, procedures and protocols, governance and management documentation and staff records.

The designated centre comprised two houses which accommodated five residents. The homes were well decorated and furnished, and equipped according to the needs of the residents. Residents appeared to be comfortable and content in their homes.

Inspectors found evidence of a good quality service in the main, and improvements had been made since the last inspection, for example, in the personal plans which were now structured and included all aspects of assessments of need. However, some further improvements were required, for example in the area of healthcare

planning and risk management, which are discussed in the main body and included in 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 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):

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

Findings:

Inspectors found that there were structures in place to promote the rights of residents, for example, residents who chose to vote were supported and facilitated to do so. There was a positive approach to upholding residents' rights in relation to restrictive practices, and residents had access to an independent advocate if required. A list of each resident's property and possessions was maintained in their personal plans.

Residents were involved in the organisation of the designated centre, residents' meetings were held weekly and notes of these meetings were kept. Issues relating to the daily life in the centre were discussed at these meetings. Residents had been informed of the role of the Authority and the inspection process. They were involved in the development of their personal plans where they chose to be.

There was a complaints procedure in place in sufficient detail as to guide staff, residents and their families, it was available in an accessible version and was clearly displayed in the centre. There was a structure for the maintenance of a complaints log. An advocacy service was available for residents if they required it, and the details were readily available.

Improvements had been made in the management of residents' finances since the last inspection, and all residents were now supported to maintain their own individual bank accounts.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

Improvements had been made since the last inspection, and written contracts of care were now in place for all residents. These written agreements included the services provided to residents and all fees incurred.

A policy was in place in relation to admissions to the centre, but no admissions were currently planned.

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):

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

Findings:

There had been significant improvements in personal planning since the last inspection. A personal plan was now in place for each resident. The plans had been reorganised and structured in accordance to the standard operating procedure of the designated centre

and information about each resident was now readily accessible.

Each personal plan began with a section on the resident's vision of a good life for themselves, which included goals towards this vision. There was a section which included a synopsis of important information relating to the residents, including healthcare issues, likes and dislikes and preferred activities.

Assessments were in place, including support needs, social needs and various healthcare assessments. However, not all of these assessments had led to plans of care. For example, there were no plans in place for residents with a history of recurrent infections, or for gastro intestinal issues for others. Where plans were in place they did not all contain sufficient detail, for example in relation to diabetes. These healthcare issues are further discussed under Outcome 11. In addition, several documents in the plans were either undated or unsigned, for example the behaviour support plan for one resident.

Where plans were in place, for example, for example in relation to transient ischaemic attacks for one resident, the implementation was recorded and the plan had been reviewed.

Whilst the person in charge reported that staff received support in the personal planning process, not all had yet received training in personal planning as agreed following the previous inspection, and as further discussed under outcome 17.

There was evidence of a meaningful day for residents, based on their assessed needs, and leisure activities had been identified for each resident. Regular meetings were held in relation to the activities of residents which resulted in actions for maintenance or improvement of activation for residents.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found that systems were in place for the prevention and detection of fire and the management of emergencies. There was regular fire safety training for the staff and regular fire drills were conducted. Records of fire drill were maintained including any learning from the events. The inspector found that staff were very aware of the fire

evacuation procedures and were able to describe the procedures involved. There was a personal emergency evacuation plan in place for all residents and all fire safety equipment had been tested regularly. An emergency plan was in place and alternative accommodation had been identified in the event that evacuation of the centre was necessary.

There were structures and processes in place in relation to the assessment and management of risk. A risk policy was in place and a risk register was maintained. There was a system for the escalation of any risks which could not be managed locally. Various individual risk assessments for residents were in place, and a recent incident had resulted in the immediate development of a risk assessment and management plan, with the involvement of the resident's family. However, not all risks had been assessed or managed appropriately.

There were systems in place for the management of accidents and incidents. Accident and incidents forms and behaviour incident forms were completed and a copy sent to the regional manager. These forms identified details of the incident, follow up actions required and the person responsible for these actions. There was evidence of these required actions then being discussed at various other relevant meetings, for example, house meetings and behaviour management meetings. Minutes of meetings were kept and the completion of the actions was monitored at these meetings. Accidents and incidents were uploaded to the organisations software system which then trended by type, location and resident for review by the Health and Safety Committee.

There had been improvements in infection control since the last inspection. The flooring in the bathrooms had been replaced, and bathrooms were clean and fresh. Mops and cleaning equipment were stored appropriately. However, inspectors were concerned about practices in relation to sharps management, which were not in accordance with evidence based practice, and which had led to preventable injuries to staff.

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:

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. Inspectors found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. A policy was in place in relation to the protection of vulnerable adults, and safeguarding teams were in place. Inspectors were satisfied with the structures and processes in place in the event of allegations of abuse, and that residents were safeguarded.

There was a financial management plan in place for each resident in relation to the management of their spending money. Any purchases were recorded with a receipt and a signature, a ledger was kept for each person and balances maintained were checked twice a day.

There was a behaviour support plan in place which provided detailed guidance to staff. However, as this document was not dated it was not clear as to when it had been reviewed, as discussed under outcome 5.

There was a policy in place in relation to intimate care provision, and all residents had an intimate care plan in place.

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):

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

Findings:

There were several processes in place to ensure that residents' healthcare needs were being met. For example, residents had access to a General Practitioner (GP) of their choice, and an out of hours GP service. An occupational therapist had been involved with a resident with particular healthcare needs in relation to mobility, and the recommendations of the occupational therapist were implemented and in place.

Healthcare plans were in place for some of the assessed needs of residents in sufficient detail as to guide staff and there was evidence of the recording of the implementation of these plans and the monitoring of the effectiveness. However, assessments and plans

were still missing for several healthcare issues for residents, including recurring conditions which required preventative measures to be in place, as found at the previous inspection. In addition, some healthcare plans lacked sufficient detail as to guide staff. For example, there was no guidance in the healthcare plan in relation to diabetes management.

Implementation of healthcare provision was not always undertaken, for example, there was no evidence of monthly weights being monitored for residents on a weight reducing healthcare plan as directed by the plan of care.

The houses were well stocked in relation to food, and residents' choice of food was incorporated into menu planning and grocery shopping. These issues were discussed at the weekly residents' meeting. Records were now kept of the food provided as required under schedule 4 of the regulations and in accordance with the agreed action plan from the previous inspection.

Judgment:

Non Compliant - Moderate

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:

Improvements had been made since the last inspection in accordance with the agreed action plan. Monthly staff team meetings were now being held, and a standard format for the recording of meetings was used which included agreed actions, responsible persons and due date. The implementation of actions was monitored by the person in charge. In addition meetings were held with the persons in charge and the area manager, and regular behaviour support meetings were held.

The person in charge was full-time, was appropriately qualified and skilled and demonstrated the necessary experience to manage the designated centre. She demonstrated a knowledge of the standards and regulations, and had ensured that all staff were also aware of them.

The provider had conducted six monthly unannounced visits as required by the regulations, and had also made available an annual review of the safety and quality of care and support of residents. The unannounced visits resulted in a report and action plan, and these actions were monitored until complete.

A finance audit was conducted every two months, and included the monitoring of actions, as did the monthly health and safety audit. However, there was still no audit of personal plans, so that the failings discussed under Outcome 5 had not been identified by the centre.

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):

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

Findings:

Inspectors found that there were appropriate levels of staff on the day of inspection to meet the assessed needs of residents taking into account the size and layout of the building. Each resident had an identified key worker. Staff training had taken place for example in fire safety and the safeguarding and protection of vulnerable adults. However, no training had yet been offered or had taken place in relation to personal planning as committed to by the centre following the last inspection.

A sample of staff files were reviewed and again not all files contained all the required information to meet the requirements of the regulations, for example, there was not a full employment history for some staff, and personal identification for others was out of date.

There was no formal system of performance management and review in place. The person in charge described a system of informal discussions with staff relating to performance, but there were no records of these.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

Improvements had been made in the records to be kept in the designated centre since the last inspection, and there was now a local protocol relating to medication management together with an organisational policy.

All of the policies required under schedule 5 were also in place, and all records required under schedule 4 in relation to each resident were in place.

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:

Julie Pryce
Inspector of Social Services

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 Muiríosa Foundation
Centre ID:	OSV-0004087
Date of Inspection:	01 October 2015
Date of response:	22 December 2015

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 05: Social Care Needs

Theme: Effective Services

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

There was insufficient evidence of timely review where documents were undated.

1. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

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

Care plans have been introduced for each of the service users and each is due for review 6 monthly.

Proposed Timescale: 01/04/2016

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:

Not all risks had been appropriately assessed and adequately mitigated.

2. 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:

All risks have been appropriately assessed and adequately mitigated

Proposed Timescale: 21/12/2015

Theme: Effective Services

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

Sharps management procedures were not all in accordance with best practice.

3. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Sharps management procedure in accordance with best practice has now been developed.

Proposed Timescale: 16/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no evidence of healthcare being provided in relation some recurrent conditions, or some long standing conditions

4. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Health care assessment and plans have been put in place to address recurrent conditions and long standing conditions.

Proposed Timescale: 17/12/2015

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:

Not all necessary audits were in place.

5. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

6 monthly and annual audits now complete. Plan will be put in place January 2016.

Proposed Timescale: 31/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all documentation required under schedule 2 was in place.

6. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

All documentation with regard to schedule 2 is now in place for each staff member/PA/volunteer.

Proposed Timescale: 22/12/2015

Theme: Responsive Workforce

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

Some training identified as being appropriate to staff had not been provided.

7. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Care planning dates have been set.

Proposed Timescale: 22/12/2015

Theme: Responsive Workforce

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

There was no system of staff supervision and appraisal.

8. 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:

Performance conversations have been conducted with each staff member.

Proposed Timescale: 22/12/2015

