

**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-0005245
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Conor Brady
Support inspector(s):	Helen Thompson
Type of inspection	Announced
Number of residents on the date of inspection:	3
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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 April 2016 09:30 To: 26 April 2016 17:30

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

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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an inspection of a designated centre operated by Muiríosa Foundation (the provider) offset in a rural location. The centre was established to provide dementia specific residential services for four people with intellectual disabilities. There were three residents living in this centre and there was one vacancy. Residents were found to be very well supported and provided with a quality service and good standards of care based on the findings of this inspection.

As part of the inspection process, inspectors met with residents, the new person in charge, a clinical nurse manager, social care staff and members of the provider's senior management.

Overall inspectors found that there was evidence of good practices, assessment and plans in place to ensure residents were well cared for in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The premises inspected was designed, decorated and maintained to an exceptionally high standard.

There were detailed plans and processes in place that demonstrated a safe and high quality of care delivered to residents. The inspector observed good assessment led practice and found capable and competent staff who knew residents very well and were caring and professionally respectful.

The inspector found two minor issues pertaining to the clarity of staff rosters and records and documentation. Aside from this, all areas inspected were found to be in compliance with the regulations and standards.

All areas will be discussed further in the main body of the report.

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

Outcome 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:

The inspector found a very high standard of individualised assessment and personal planning was implemented in this centre. Residents were promoted to enjoy a good quality of life and the provider had strong operational systems in place to support staff to provide a very good service.

Individual assessment and personal planning was found to be comprehensive, multi-disciplinary and very accessible to residents. Residents' complex support needs were detailed in professionally reviewed care plans, person-centred support plans and detailed assessment and guidance documentation. The inspector found that staff were professionally knowledgeable regarding residents needs, wishes and preferences.

Residents with dementia had detailed support plans, life story books, reminiscence boxes and electronic and pictorial/visual aids to assist and support them with their needs. Residents presented as very well cared for and well supported over the course of this inspection.

Detailed person-centred support plans regarding residents' social care needs were found to be comprehensive and reviewed. Residents were supported and facilitated to go on holidays, visit families, go dancing, explore local services/community groups and participate in gardening. The environment in the house was found to be very conducive to residents needs and was a calm and tranquil setting.

Residents had meaningful activities and schedules available to them and choice was facilitated whereby residents requested to participate in alternative activities.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found clinical and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed in relation to resident falls, medication practices, fire safety, use of support equipment and use of the centres vehicle.

The inspector observed control measures in place to alleviate all identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspector found that there were policies and procedures regarding Health and Safety and Risk Management. A Safety Statement was also available. A Fire Register was present in the centre as was information regarding emergency evacuation and planning procedures were in place.

The inspector was satisfied that there were good systems for the assessment and management of risks within the designated centre. A resident at risk of falls was found to have been assessed on multiple occasions (pre and post fall) with continual monitoring of mobility support needs and control measures implemented. Staff were very aware of risks within the centre and of residents' changing support needs. The person in charge highlighted this as being imperative given the residents profile and support needs.

The inspector reviewed the accidents and incidents and found a clear system of recording, review and detailed actions put in place to address any risks as a result of an incident.

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained.

There was evidence of a number of fire evacuation drills carried out at different times and staff knew the procedure in the event of an evacuation.

The inspector found there was regular auditing and review in relation to health and safety. For example, health and safety checks, fire safety checklists, food hygiene, infection control/hygiene and cleaning schedules.

The inspector found that health, safety and risk management practices were well governed, managed and implemented in this centre.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre. Residents were found to be safe and protected by the systems that were in place. In addition, residents requiring emotional, behavioural and therapeutic support were found to receive positive supports within a restraint free environment.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. Staff highlighted both how and who they would report all allegations, suspicions and disclosures of abuse to and stated the safety of the resident was always the paramount consideration.

The inspector was satisfied that staff were familiar with the different types of abuse and the mechanisms in place within the centre to report and support residents when required. There were robust systems in place to protect residents' finances and checking systems in place to ensure residents' monies were safeguarded and protected. The inspector reviewed these for a number of residents and found all reviews were double checked by two staff and all balances matched with statements, receipts and recordings.

A number of residents in this centre had dementia and were particularly vulnerable as a result of their intensive support needs. Staff were observed to be professionally intuitive and very caring and respectful in their interactions and support of all residents.

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):

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.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their healthcare needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as the general practitioner G.P., optician, dentist, speech and language therapy, psychology, psychiatry, physiotherapy, occupational therapy and chiropody. Residents had access to specialist services and hospital appointments when and where required. For example, neurological review and on-going multi-disciplinary input regarding clinical support needs for residents with dementia.

Residents' healthcare documentation was maintained to a high standard and was clear and accessible. For example, assessments and appointment schedules and calendars were in place and up-to-date. There were nutrition and hydration care plans that were guided by assessment and implemented in practice. Resident's personal and intimate care needs were clearly prescribed in care plans as were residents communication and dementia specific needs. Nursing assessments were in place and monthly/weekly weight recordings and fluid/food intake were in place. It was clear that residents were supported and facilitated to have their healthcare needs met to a high standard.

Residents were provided with healthy home cooked meals. The inspector observed meals and food preparation with residents who had choice regarding what they ate and when they ate. Residents were having soup and sandwiches at lunchtime and sweet and sour chicken for dinner. The inspector observed menu choices, healthy eating information and residents having the freedom to choose and access food and drinks as they wished.

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident was protected by the designated centre's policies and procedures for medicines management. Staff demonstrated good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices.

For example, the inspector found:

- there was a clear policy for medicines management.
- there were clear and effective procedures for prescribing and administration of medicines.
- the documentation reviewed by the inspector was clear and accurate in terms of the prescription and administration of medicines within the designated centre.
- the procedures regarding medication safekeeping ensured medicines were safe and secure.
- there were clear arrangements with the pharmacy regarding a procedure for medication return and or disposal.
- medicines were administered only for those whom were prescribed for same.
- administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- there were PRN (as required) guidelines for medications requiring same.
- there was clear information regarding all medicines so as staff and residents (insofar as possible) were clear in terms of what the medication was and the possible side effects.
- there were regular reviews and audits of medicines and a system for managing medication errors was in place. For example checks and medication counts.

Medicines reviewed were clearly labelled, in date and individual storage was facilitated in each resident's room.

Overall the inspector found staff professionally knowledgeable and competent regarding the safe medication management practices operating within the designated centre. Safe administration of medication training was provided to all staff administering medication.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that the quality of care and experience of the residents was well monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that supported and promoted the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation.

The inspector found a new person in charge had been recruited to manage this centre since the previous inspection. This person possessed qualifications in nursing in intellectual disabilities and had 15 years relevant experience within multiple service settings. The person in charge outlined specific experience in the area of dementia care and highlighted her intention to ensure continued high-quality management within this centre. The person in charge was supported by her own line manager who was also a part of this inspection. This person was highly experienced in the governance and management of multiple designated centres.

The person in charge was found to meet the requirements of the regulations.

The levels of auditing implemented in the designated centre in areas such as care planning and personal plans, health and safety, medication and residents finances were found to be of a good standard. There were on-going checking systems regarding areas of risk, care planning, medication and health and safety.

The inspector found that the new person in charge, while only in situ for a short duration, had schedules and plans to audit and review practice in line with organisational policy and regulatory requirements. The person in charge also highlighted areas that she stated she would like to develop further in terms of resident care planning, staff training and development and preparing residents and families for end-

of-life care.

The provider informed the inspector that unannounced visits, audits and action plans devised by the provider's management team were scheduled for this designated centre.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Residents received continuity of care by a competent staff team. Staff were found to have up-to-date mandatory training and access to appropriate education and training to meet the needs of residents.

The inspector found that:

- staff were continually provided with training and refresher training in mandatory areas such as, fire safety, safe manual handling practices, safeguarding vulnerable adults and safe administration of medication.
- additional centre specific training was provided as required. For example, dementia training and epilepsy training (emergency medication).
- staff meetings were held regularly to ensure consistent care and shared learning.
- staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the regulations and standards. Staff knew residents well and the staff team contained a good skill mix and balance. Staff presented as very interested in their work and role within the centre.

The inspector found one issue regarding the actual and planned roster that did not reflect all staff. Agency staff were not identifiable from the roster. This does not meet the requirements of the regulations.

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):
No actions were required from the previous inspection.

Findings:

The inspectors found that, in the majority, records and documentation were maintained to a good standard in this designated centre.

There were clear and accurate records and operational policies evident and available to residents, staff and families.

The inspector found some improvements were required to certain records and documents. For example, some induction records were not signed-off, dated or fully completed. In addition, the inspector found that one resident's seizure activity recordings were not up-to-date (there had been no seizures in this case and this was a documentation issue).

Aside from these issues recording and documentation was very well maintained in this centre.

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:

Conor Brady
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 Muiríosa Foundation
Centre ID:	OSV-0005245
Date of Inspection:	26 April 2016
Date of response:	18 May 2016

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 17: Workforce

Theme: Responsive Workforce

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

The roster reviewed did not reflect all staff who worked in this designated centre.

1. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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:

We will endeavour to ensure that all Agency Staff names are included on the rosters at all times.

Proposed Timescale: 29/04/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

All records regarding staff induction and development were not recorded appropriately.

2. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

We will ensure that all staff induction records are complete and signed off.

Proposed Timescale: 29/04/2016

Theme: Use of Information

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

All Schedule 3 documents/records regarding residents were not fully maintained.

3. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

We will ensure that all resident's charts will be fully completed and up to date at all times.

Proposed Timescale: 29/04/2016