

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Delvin Centre 1
Centre ID:	OSV-0003955
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
29 June 2017 15:00	29 June 2017 19:00
30 June 2017 10:00	30 June 2017 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection the inspector spent time with four residents who appeared to be comfortable and content in their home. The inspector met with staff members, the person in charge, and the area director. The inspector observed practices and reviewed documentation such as personal plans, risk assessments, audits and medication documentation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised three detached bungalows, each within close proximity of the local town, which accommodated only eleven residents.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met.

Good practice was identified in areas such as:

- residents were supported to communicate (Outcome 1)
- the provision of a meaningful day (Outcome 5)
- fire safety (outcome 7)

Improvements were required in:

- ensuring accessibility to all areas of the home (outcome 1)
- the development of risk assessments (outcome 7)

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was evidence of consultation and choice being offered and of a clear complaints procedure, however improvements were required in ensuring residents had access to all facilities in their homes.

There was a detailed complaints procedure which was available in an accessible version and was clearly displayed in the centre. There was a named complaints officer for residents to refer any complaints to. A complaints log was available in which to record any complaints and the outcomes, and compliments were also recorded here. A monthly analysis of any complaints and complements was undertaken.

There was a named advocate available should residents require this type of support and the information relating to advocacy services was available in an accessible version. Other pieces of information were also available in an accessible version, for example, money management, keeping safe and fire safety information.

There was evidence that residents were supported to communicate in various ways. There was detailed information on the personal plans in relation to communication, and staff had detailed knowledge of the individual ways in which residents communicate.

Regular residents meetings were offered to residents who chose whether or not they wished to attend. Where meetings were held a record of the meetings was kept. Issues discussed at meetings included activities, menu planning and fire safety.

Whilst residents' homes were homely and well furnished, one of the residents could not

access the fridge or laundry facilities in their home because their mobility issues meant that they could not manage the steps into that area of the kitchen.

Judgment:

Substantially 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):

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

Findings:

There was evidence that a meaningful day was facilitated for residents and there was a personal plan in place for each resident based on assessments of needs, although some improvement was required in the detail in these plans.

Various assessments of both social and healthcare needs were in place, for example relating to falls, weight and ways of expressing discomfort. There were plans of care in place relating to various aspects of care, however some of the healthcare plans lacked sufficient detail to guide staff, or to evaluate the effectiveness of care.

Person centred plans were in place which included goals towards maximising the potential of residents. These goals were regularly reviewed, and a record was kept of progress towards achievement.

Families were involved in the personal planning process, and a record was kept of contact and communications.

Residents were involved in various activities in accordance with their needs and preferences. Some attended a day service, and others had staff support with individual activities. Leisure activities included outings such as meals out and trips to the cinema. Residents were supported on days out, and overnight trips.

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):

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

Findings:

There were appropriate measures in place in regard to fire safety, and some structures and processes in place in relation to the management of risk, although some improvements were required in the development of risk assessments.

All staff had received fire safety training, fire drills had been conducted monthly, including a night time drill and the records of these drills were maintained including a description of the process and the length of time taken to evacuate the house.

Staff were knowledgeable in relation to fire safety, and the actions to take in the event of an emergency. There was a personal evacuation plan in place for each resident which had been recently reviewed. Fire exits were all clear, and appropriate daily and weekly checks were recorded. All fire safety equipment, including emergency lighting had been tested quarterly.

A risk register was maintained which included various risk assessments and management plans, such as the management of epilepsy and lone working. The risk register listed all identified risks, including the risk rating.

However, not all risks assessments were in place or in sufficient detail. For example the risk assessment relating to the safe receiving of visitors did not include all the required control measures. Risk assessments relating to restrictive practices did not include all the required information relating to safety or consideration of alternatives. The use of monitor alarms had not been risk assessed.

The centre was visibly clean, cleaning checklists were maintained and cleaning equipment was appropriately maintained and stored. Hand hygiene facilities were available.

Judgment:

Substantially 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:

There were structures and processes in place in relation to safeguarding residents, and any behaviours of concern were managed appropriately.

Staff had received training in the protection of vulnerable adults and were knowledgeable about their role in this area. There was a detailed policy on the protection of vulnerable adults.

There were detailed behaviour support plans in place which had been developed by the behaviour therapist in conjunction with staff. They were regularly evaluated, and there were monthly review meetings.

Where 'as required' (p.r.n.) medications were in use in relation to behaviour support, there were detailed protocols in place including guidance for staff as to when to administer the medication. However, the response to the medication was not always recorded,, and where it was recorded did not include sufficient information on which to base an assessment of the effectiveness of these interventions.

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):

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

Findings:

There was evidence of residents' healthcare needs being met, and of a nutritional diet

being available.

Residents had access to various members of the multi-disciplinary team if the need arose. For example the occupational therapist had been involved in the assessments for the need for any restrictive interventions. Each resident had a general practitioner, and there was an out-of-hours service available.

However, not all required referrals had been made. For example staff were modifying the diet of one of the residents, but a referral to the speech and language therapist had not been made.

Other healthcare needs had been assessed, and plans of care had been developed, although as discussed in outcome 5 more detail was required in some of the plans. There was evidence of good healthcare being delivered in the management of epilepsy, and in the management of enteral feeding where residents required this type of intervention.

There was evidence of a healthy and diverse diet being offered, and of healthy options being available. Detailed records of nutritional intake were maintained. Staff were knowledgeable about the nutritional needs of residents, and about their ways of communicating choice.

Judgment:

Substantially 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:

There were structures and processes in place in relation to the safe management of medications, although improvements were required in the administration of medication..

Medication was managed for the most part by the use of blister packs supplied by the local pharmacist. Where medications were not supplied in blister packs, there was stock control system in place, and stock checked by the inspector was correct.

Medications were stored securely and documentation relating to the management of medications was in place. Prescriptions contained all the information required by the regulations.

All staff had received training in the safe administration of medications, which included competency assessments. Staff had received additional instruction from a resident's GP in relation to a particular medication.

However improvements were required in the administration practice observed by the inspector. Staff signed the drug administration sheet prior to administering the medication, and not after it had been taken in accordance with best practice.

There was a policy in place in relation to medication management, and audits of medications were regularly undertaken. There was an appropriate system in place for the management of any potential drug errors.

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:

There was an appropriate management structure in place which supported the delivery of safe care and services, although improvements were needed in the identification and monitoring of required actions for improvement.

Audits had been conducted, for example in the management of medication, the management of finances and health and safety. There had been six monthly unannounced visits on behalf of the provider as required by the regulations, and an annual review had been prepared. Any identified actions reviewed by the inspector had been implemented.

Regular staff meetings were held and minutes were kept of these meetings. However, the documentation of some required actions was vague, and there was no evidence of monitoring that actions were completed. A required action reviewed by the inspector had taken a significant length of time to complete, with no rationale for the delay.

Annual staff performance management meetings were held by the person in charge for each staff member.

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:

The inspector found that the numbers and skills mix of staff was appropriate for the assessed needs of residents, although some improvements were required in the provision of training for staff.

There was a planned and actual roster available, and the number of staff on duty during the day and at night were adequate to meet the needs of residents. There was nursing support for those residents who required it.

Staff had received mandatory training, for example in fire safety, safe administration of medication and protection of vulnerable adults. Training was provided in relation to the management of challenging behaviour and food safety. However, it had been identified on the previous inspection that staff had not received training in risk assessment, and this had still not been provided, and again on this inspection improvements were required in risk management. In addition many staff members had not received training in first aid.

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:

Julie Pryce
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-0003955
Date of Inspection:	29 and 30 June 2017
Date of response:	07 September 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Not all residents had access to all the facilities in their house.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Action Planned:

- The occupational therapist and physio therapist will carry out an assessment on the utility room to determine accessibility for the individual concerned.
- Following the assessment any recommendations provided by the occupational and physio therapist will be reviewed with a view to implementation.
- A consultation meeting will be held with the individual concerned and family regarding findings of the assessment.

Proposed Timescale: 31/10/2017

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:

Not all assessed needs were reflected in the personal plans.

2. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Action Planned:

- Care plans will be reviewed to ensure that they identify the supports that each individual requires, their personal preferences and any specialised equipment required.
- These care plans will be evaluated for effectiveness of care.
- Information sessions for staff on the revised care plans, will be facilitated by the Person in Charge.

Proposed Timescale: 28/09/2017

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:

Improvements were required in the assessment and management of some risks.

3. 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:

Actions Taken:

- The person in charge reviewed the local risk register.
- Following this review additional individual risk assessments were completed.
- Additional control measures and alternative measures considered were documented.

Actions Planned:

- The person in charge will facilitate information sessions for staff in relation to risk management.
- Individual staff information sessions will be undertaken as required.

Proposed Timescale: 29/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The effectiveness of medication relating to behaviour support was not monitored effectively.

4. 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:

Action Planned:

- The person in charge will discuss the Medication Policy and PRN protocol for Behaviours of Concern at staff meetings.
- The importance of accurate documentation and record keeping will be discussed with all staff; in particular the necessity to ensure that the response and effectiveness of PRN medication is recorded will be addressed.
- PRN documentation to be reviewed by person in charge on a weekly basis.
- Supervision will be undertaken with staff members as required.

Proposed Timescale: 29/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Not all required referrals to allied health professionals had been made.

5. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Action Taken:

- A review has been undertaken to ensure that all required supports are in place.
- The Person in Charge and the staff team will ensure that only those interventions based on an assessed need or a recommendation by an allied professional are implemented.
- The person in charge reviewed all Speech and Language Therapy assessments in place in the centre and referrals were made for individuals who require same.

Action Plan:

- Care plans will be reviewed to ensure that they identify the supports that each individual requires, their personal preferences and any specialised equipment required.

Proposed Timescale: 31/10/2017

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:

Improvements were required in administration of medications.

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:

Action Taken:

- The medication policy was followed and the error observed was managed by the person in charge as a medication error.
- Appendix 10 and learning outcomes completed.
- The person in charge held a supervision meeting with the staff member concerned.
- The person in charge reviewed and discussed the medication policy at the subsequent team meeting.
- The role of the staff in adhering to the policy in terms of proper ordering, receipt, storage and administration of medication was reiterated.

Proposed Timescale: 26/07/2017

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:

Not all required actions for improvements were clearly identified or monitored.

7. 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:

Actions Taken:

- The person in charge has reviewed the template for team meetings.
- This reviewed template includes actions identified, person responsible and timeline for completion.
- The Person in Charge will monitor the completion of actions required.

Proposed Timescale: 21/07/2017

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 required training had been provided to staff.

8. 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:

Action Taken:

- The person in charge reviewed the training records of the staff in the centre.
- The staff requiring training in first aid were identified and this requirement was forwarded to the training department.

Actions Planned:

- The person in charge will facilitate information sessions for staff in relation to risk management; the information sessions will form the basis for staff guidance on the identification and management of risk.
- Individual and staff team information sessions will be undertaken as required on an ongoing basis.

•The person in charge will evaluate and review the effectiveness of the training in relation to risk on an ongoing basis.

Proposed Timescale: 23/02/2018