

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area E
Centre ID:	OSV-0004087
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Kevin Power
Lead inspector:	Julie Pryce
Support inspector(s):	None
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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 April 2017 14:00 To: 24 April 2017 19:00

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 was a follow up inspection of a designated centre operated by Muiriosa Foundation to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:

As part of the inspection, the inspector spent time with five residents. Residents appeared to be comfortable and content in their homes. Interactions between residents and staff were observed by the inspector to be appropriate and caring, and based on the identified communication needs of residents.

The inspector also met staff, 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.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document. 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.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements in place to safeguard residents and to ensure a meaningful day. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive experiences.

Good practice was identified in areas such as:

- residents were supported to have a meaningful day (Outcome 5)
- fire safety was promoted (Outcome 7)
- appropriate governance and management systems were in place (Outcome 14)

Some improvements were required in:

- ensuring information in personal plans was up to date (Outcome 12)
- safe management of stock of medication (Outcome 12)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are 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):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were structures in place to promote the rights of residents and that there was a clear complaints procedure.

Residents had access to an independent advocate if required, and one resident had their own advocate. A list of each resident's property and possessions was maintained in their personal plan, however identifying photographs of large items had not been updated as items were replaced.

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.

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.

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):

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

Findings:

There was a personal plan in place for each resident, and evidence of a meaningful day for each resident, although some sections of plans required updating.

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. Goals which had been identified for each resident were based on the needs and preferences of each resident, and were realistic and meaningful.

Assessments were in place for various areas, including support needs, social needs and various healthcare needs, and plans of care were in place for each of the identified needs. However not all of these plans had been reviewed to reflect changing needs, for example one of the plans did not mention a recently diagnosed healthcare issue. In addition the personal plans had not been made available in a version which made the information accessible to residents.

There was evidence of a meaningful day for residents, based on their assessed needs. Various activities were facilitated, both in the home and in the community. For example some residents attended a day service and some went to local classes and musical events. However, there had been occasions when events could not be facilitated because staff were not available to accompany residents, as outlined in outcome 17.

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):

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

Findings:

Systems were in place for the prevention and detection of fire and the management of emergencies, and there was robust risk management system in place.

There was regular fire safety training for the staff and regular fire drills were conducted. Records of fire drills were maintained including any learning from the events. There was a personal emergency evacuation plan in place for each resident 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 management 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, for example risks associated with epilepsy, the risk of falling and risks associated with behaviours of concern.

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. Accidents and incidents were uploaded to the organisation's software system which then trended by type, location and resident for review by the Health and Safety Committee.

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 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 for any resident who required this type of support and these plans provided detailed guidance to staff. It was clear that these plans were kept under review, and strategies were updated.

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):

The action(s) required from the previous inspection were 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. Various other members of the multi-disciplinary team were involved in the care and support of residents, including behaviour support, psychology and a dietician.

Healthcare plans were in place for 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, some updated information had not been included in the healthcare plans, although staff reported that their practice had changed in accordance with the changed needs.

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 kept of the food provided as required under schedule 4 of the regulations

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):

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

Findings:

There were some systems and processes in place in relation to the safe administration of medications although improvements were required in stock control.

Documentation contained all the information required by the regulations both for regular prescriptions and for 'as required' (P.R.N.) prescriptions. There were also detailed protocols in place in relation to the administration of P.R.N. medications. The administration of these medications was documented on a P.R.N. review sheet, including a record of the response to the medication.

The majority of the medications were supplied in a blister pack system, but some medications were not appropriate for this method and therefore a stock of these medications was maintained. There was no system of recording stock control for these medications. In addition where rescue medications for the management of epilepsy were taken out of the centre, no record was kept of this.

Staff had received training in the safe administration of medication. Residents had a self administration assessment completed, although all residents currently required support.

Medication errors were managed appropriately. There was a system of reporting and recording, and a risk assessment was in place.

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):

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

Findings:

There was a clear management structure in place, of which all staff were aware, and processes in relation to communication and monitoring within this structure.

There was a system of meetings in place including staff meetings, person in charge meetings and management meetings. Minutes of these meetings were maintained, and actions agreed following meetings were monitored.

An annual system of performance development was in place for staff together with a monthly structured supervision.

A suite of audits were conducted on a regular basis, and monitored by the person in charge. This included financial audits, medication audits and health and safety audits. The provider had conducted unannounced visits to the centre, these visits resulted in an action plan, and those actions reviewed by the inspector had been completed, or were within their agreed timeframe. In addition provider had prepared an annual review of the safety and quality of care and support to be made available to the chief inspector.

The person in charge was not available on the occasion of this unannounced inspection, but had engaged in all other regulatory processes appropriately.

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 was an appropriate level of staff and skills mix to meet the assessed needs of residents for the most part, although improvements were required to ensure residents were supported to attend all activities.

Staffing levels were appropriate to meet the needs of residents in both houses in the designated centre, with the exception of occasional events that residents would like to attend where there was not a staff member available to accompany them.

A system of formal staff supervision was in place and supervision meetings took place every eight weeks. Continuity of staff was managed by a core of permanent staff, and a panel of relief staff who were all known by residents.

Staff training was up to date, and included the provision of training in care planning as agreed following the previous inspection.

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-0004087
Date of Inspection:	24 April 2017
Date of response:	07 June 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 05: Social Care Needs

Theme: Effective Services

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

Personal plans had not been made available in an accessible format

1. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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:

The PIC is supporting Staff and Residents with regard to the further development of accessible plans.

Proposed Timescale: 01/08/2017

Theme: Effective Services

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

Not all sections of personal plans had been amended following changes.

2. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The PIC will ensure that all areas of each individual's care plan is appropriately updated as changes are required.

Proposed Timescale: 03/07/2017

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 stock control of medications

3. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The PIC is developing a local protocol regarding the recording of medication stock. A protocol will also be developed regarding the recording of rescue medication.

Proposed Timescale: 03/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Activities were occasionally not available to residents because staff were not available.

4. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The Service Provider will support the PIC to ensure that resources are allocated to support activities as highlighted through Person Centred Plans.

Proposed Timescale: 03/07/2017