

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area F
Centre ID:	OSV-0004088
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:	3
Number of vacancies on the date of inspection:	2

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: 02 February 2017 09:30 To: 02 February 2017 21:00

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 in order to monitor compliance with the regulations.

How we gathered our evidence:

As part of this inspection, the inspector spent time with two residents. Residents appeared to be comfortable in their homes, and had their own individually decorated rooms and where two residents shared a house there were two living rooms. The inspector also met with staff, observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulations, which described the service provided. The designated centre comprised two community homes, one which accommodated two residents and one which was an individual home, in close proximity to the nearest town.

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 promote the rights and safety of residents.

Good practice was identified in areas such as:

- residents were supported to engage in meaningful activities (Outcome 5)
- personal plans had been developed for each resident (Outcome 5).
- staff were available to support residents (outcome 17)

Improvements were required in the following areas:

- the provision of fire doors and fire safety checks (outcome 7)
- infection control (outcome 7)
- the safe administration of medications (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 of this 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):

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

Findings:

There were structures in place relating to the management of complaints, consultation with residents and respecting their dignity.

Since the previous inspection improvements had been made in the management of residents' confidential information, all of which was now disposed of by shredding.

Each resident had their own room which was furnished and decorated in accordance with their preferences, and with their own belongings. A record was maintained of each resident's belongings, including a photograph album of large items. There was sufficient storage, and adequate communal and private living areas in both homes in the designated centre.

Residents were consulted regarding various aspects of their daily lives. Monthly residents' meetings were held, at which choice was facilitated and information shared. Staff were knowledgeable about the ways in which residents communicated and facilitated this at the meetings.

While there were no complaints currently in process, there was a clear policy in place and an accessible version of this was available. The procedure for making a complaint was displayed in accordance with the regulations. Compliments were also recorded, and discussed for learning at staff meetings.

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 evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place.

Assessments had been conducted for each resident, and personal plans were in place. Each aspect of care reviewed by the inspector had a detailed plan of care in place, including social and health care needs. Personal plans were well organised, and the information was easily and quickly retrievable and the information in them was regularly reviewed and updated.

Aspects of social care included in the personal plans were coping skills, autonomy and emotional health. Various sections of personal plans had been made available to residents in an accessible version, including pictorial representations when this was indicated by residents' communication needs. There was evidence of the involvement of residents' families being involved in the personal planning process in accordance with their needs and preferences.

There was clear evidence of on-going monitoring of each residents activities to ensure a meaningful day. A resident who had indicated the preference to change their daily activity was being facilitated.

The inspector was satisfied that residents were facilitated to engage in a variety of activities in accordance with the preference of the residents, and in accordance with their personal planning goals. Some resident were learning new skills, and these had been broken down into manageable steps to aid learning. One of the residents was proud of their achievement so far and told the inspector all about it.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There were appropriate measures in place in relation to the management of risk, however some improvements were required in the management of and fire safety and in infection control.

All staff had received fire safety training and demonstrated knowledge of the actions to be taken in the event of an emergency. There was a personal evacuation plan in place for each resident with information in relation to the supports they would required if an evacuation was required. Fire drills had been conducted monthly, and were recorded as to whether they were daytime and night time drills. However the drill recorded as having taken place during the night did not include a time, and had included two staff members. As there was usually only one staff member available overnight, this was not an appropriate fire drill to ensure that all residents could be safely evacuated in the event of a night time emergency.

All fire safety equipment, including emergency lighting had been tested quarterly. Daily checks were maintained of fire exits. A monthly health and safety checklist was conducted including fire safety checks. However, the last month's checklist had been answered 'yes' to various aspects which were not applicable to the designated centre, for example that magnetic doors opened on the alarm, or that smoke seals were undamaged. This equipment was not present in the designated centre, so there was therefore no evidence that the checks had been conducted. In addition there were no fire doors throughout the centre.

A risk register was in place which included all identified risks in the designated centre, and was indexed with referral to full risk assessments. Environmental risk assessments were in place for example in relation to lone working and safe food preparation. Individual risk assessments included the independent use of the kettle, residents staying home alone for short periods and the management of dysphagia.

Whilst the centre was visibly clean for the most part, some improvements were required. There was a shower seat in one of the bathrooms on which all the metal parts were rusty. In addition there was an unclean wet mop head stored upside down in a bucket in a cupboard in the hallway from which was emanating a strong damp smell, creating an infection control issue.

Judgment:

Non Compliant - Major

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 was behaviour support in place for those residents who required it, and an ethos of no restrictive interventions.

Behaviour support plans were in place in sufficient detail as to guide staff. They had been developed in conjunction with the behaviour therapist and psychologist and were reviewed regularly. Behaviour support meetings were held quarterly for each resident. Plans included both proactive and reactive strategies, and skills teaching plans. Staff were familiar with them and with the interventions required to support residents.

While training in the behaviour support had been offered to staff, not all staff had been in receipt of up to date training.

Any incidents reviewed by the inspector had been notified to HIQA as required, and appropriate follow up actions had been taken and clearly documented.

Staff had all received training in the protection of vulnerable adults, and were aware of the steps to be taken in the event of any allegations of abuse. There were robust systems in place in the event of any allegations of abuse to ensure the safeguarding of residents.

There were robust systems in place in relation to the management of residents' finances. Transactions were signed and receipts kept. A money management audit had been conducted for each resident, and detailed monthly audits were conducted. Balances checked by the inspector were correct.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There was evidence of a nutritional diet being provided for residents, and of healthcare needs being addressed.

Snacks and drinks were readily available and choices were facilitated by residents' involvement in menu planning and in choices further being facilitated at the times of the meals. Residents were supported to make choices with the use of communication aids such as pictorial representation of meals and snacks, and staff were aware of the ways in which residents communicated their choices.

Residents had access to members of the multi-disciplinary team in accordance with their assessed needs, for example speech and language therapy, psychology and behaviour support. Recommendations of these professionals were maintained and there was evidence of their implementation. Each resident had a community general practitioner (GP), and there was an out-of-hours service available.

There were healthcare plans in place for all issues reviewed by the inspector, including long term conditions. Healthcare issues were followed up as they arose, including referrals to the appropriate healthcare professionals.

All staff engaged by the inspector demonstrated a detailed knowledge of healthcare needs and any required interventions.

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, safe storage and safe administration of medications.

Documentation contained all the information required by the regulations for regular prescriptions. However there was no protocol or recording sheet available to guide or record the administration of two of the 'as required' (p.r.n.) medications examined by the inspector. The administration was, however, documented on a p.r.n. review sheet, and the information included 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, or were 'as required' (p.r.n.) medications and therefore there was a stock of these medications maintained. There was no robust system of stock control for these medications. No documentation from the pharmacy as to what stock had been delivered was available, and there was no record kept of medications returned to the pharmacy. There was therefore no way to determine the amount of stock that should be present. In addition tubes of topical creams were kept loose in the domestic fridge, and there were no labels to indicate when they had been opened.

Staff had all received training in the safe administration of medication. Administration of medications was observed by the inspector, and while the medication was given to residents appropriately and recorded appropriately, the administration took place without reference to a prescription.

Medication errors were managed appropriately. The last error had occurred almost a year prior to the inspection, and appropriate recording, reporting and follow up actions had taken place.

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):

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, although as outlined under Outcome 7, there was no evidence that the health and safety audit had been conducted appropriately the previous month. 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):

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

Findings:

There was an appropriate level of staff and skills mix to meet the assessed needs of residents, and staff demonstrated an in-depth knowledge of the needs and preferences of residents.

Staffing levels were appropriate to meet the needs of residents in both houses in the designated centre. Additional staff hours had been made available since the previous inspection to ensure that the social needs of residents were met.

Staff engaged by the inspector demonstrated a thorough knowledge of the care needs of residents and were knowledgeable in relation to fire safety and the protection of vulnerable adults.

A system of formal staff supervision had commenced, this took place every eight weeks and performance conversations were conducted twice a year.

Staff files had been reviewed by the inspector in the organisation's head office prior to the inspection, and all the required information was in place and all staff training was up to date.

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
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-0004088
Date of Inspection:	02 February 2017
Date of response:	04 April 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Hygiene of mops and shower chairs were not adequate.

1. 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

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

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:

The mop has been removed from the internal cupboard and flat mop system already in place has been appropriately implemented.

An OT referral has been made with regard to replacement of the shower seat. This seat will be removed and replaced in line with recommendations.

Proposed Timescale: 26/05/2017

Theme: Effective Services

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

No fire drill had been conducted under the circumstances that would be in place at night in the designated centre.

2. Action Required:

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

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

A night fire drill has taken place at the centre. The service provider will monitor ongoing compliance with fire regulations and policies.

Proposed Timescale: 07/04/2017

Theme: Effective Services

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

Fire audit checklists were inaccurate.

3. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The practice regarding completion and review of fire management audits has been discussed at team meeting and will be monitored by the PIC.

Proposed Timescale: 14/04/2017

Theme: Effective Services

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

There were no fire doors in the designated centre.

4. Action Required:

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

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

Replacing the two kitchen doors with fire doors will be prioritised and a risk assessment will be put in place to support safe practice until all doors are replaced with fire doors.

The kitchen doors will be replaced within three months and the remaining doors will be replaced gradually with all doors being replaced within eight months. Appropriate risk assessment and management will be established.

Proposed Timescale: 30/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff were in receipt of up to date training in positive behaviour support.

5. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

MAPA training has been scheduled by the PIC for staff that were out of date at time of inspection.

Proposed Timescale: 26/05/2017

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:

Storage of medications and stock control were not adequate.

6. 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 current system with regard to stock control is under review and new system will be implemented by the PIC.

Proposed Timescale: 26/05/2017

Theme: Health and Development

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

Appropriate practices in relation to administration of medications were not all in place.

7. 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:

Safe administration practices have been discussed with the staff team at the designated centre and practice will be monitored by the PIC.

Proposed Timescale: 26/05/2017