

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Community Living Area D
<b>Centre ID:</b>	OSV-0004086
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Kevin Power
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	Maureen Burns Rees
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	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 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: 17 June 2016 09:00 To: 17 June 2016 17:00

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

**Summary of findings from this inspection**

This follow-up inspection was carried out in order to monitor compliance with the regulations and standards and to inform a registration decision. The previous inspection was on 27 November 2015 and as part of the current inspection, inspectors reviewed the actions the provider had undertaken since then.

**How we gathered our evidence:**

As part of this inspection, inspectors met with six residents. Residents told the inspector that they were happy and safe in their homes. Inspectors also met with staff and the person in charge, observed practices and reviewed documentation such as care 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 regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre comprised two community bungalows in close proximity to a small town.

**Overall findings:**

Overall, inspectors 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)
- residents were safeguarded (Outcome 8)
- residents' healthcare needs were met (Outcome 11).

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 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 were personal plans in place for each resident in sufficient detail to guide practice, and residents were supported to have a meaningful day.

Each personal plan began with a 'navigational guide' which included a brief assessment of the resident, and referred to individual sections of the plan for further detail if required. The personal plan included sections on all of the aspects of care examined by the inspector.

Accessible versions had been developed of various aspects of personal plans since the last inspection, for example with the use of photographs. Residents kept these plans in their rooms if they chose to do so.

Goals were for residents in their personal plans under the heading of 'My vision', and were appropriate to the age and preferences of the residents. Residents reported the steps they had taken towards these goals. The personal plans were reviewed regularly, and their implementation was recorded.

Residents were involved in various activities both during the day and in the evenings. They enjoyed meals out, community bingo, as well as various activities in the home. A record was kept of all activities.

Day services provided a variety of activities including computer literacy and drama classes. Evening activities were both based in the home and in the community, including community classes and visits to pubs and restaurants. A monthly activities chart was

maintained for each resident.

**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:**

The inspectors found that there were systems in place in relation to managing risk, infection control, and the prevention and detection of fire.

There was regular fire safety training provided for staff and fire drills had been conducted approximately every two months. Each resident had participated in a fire drill within the previous three months. There was a personal evacuation plan in place for each resident. Staff were aware of the fire evacuation plans and were able to describe the procedures involved. All fire safety equipment had been tested regularly, and there were records of maintenance and safety certificates available.

Risk assessments were available, both environmental and individual. Risk assessments reviewed by the inspectors included lone working, moving and handling, falls and residents staying in the home without staff support. A risk register was in place which included all identified risks, all of which were risk rated.

There was a system in place for recording and reporting accidents and incidents. The recording form included a description of the event, a risk assessment and any control measures required to prevent recurrence. Copies of these forms were reviewed by the regional and area managers, and were referred to the designated person if required.

The centre was visibly clean, and the storage of cleaning equipment was appropriate. A cleaning schedule was maintained and hand hygiene facilities were readily available.

**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):**

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

**Findings:**

The provider had put systems in place to promote the safeguarding of residents and to protect them from the risk of abuse.

The inspector found that staff were knowledgeable in relation to the types of abuse, recognising signs of abuse and their role in the safeguarding of residents. All staff had received training in the protection of vulnerable adults, and updates were scheduled.

Improvements had been made in the management of residents' personal finances since the last inspection. A risk assessment had been conducted which identified additional control measures, all of which had been implemented. For example, there was a financial decision-making assessment in place for each resident. Residents were all supported by staff to manage their own money. All expenditure was checked either by two signatures or by a receipt and a signature, and residents were supported to be as independent as they chose in managing their money. One of the residents told the inspectors that they felt the system in place to maintain their independence was safe.

There were no residents who required behaviour support.

**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:**

There were processes in place to ensure that residents' healthcare needs were being met. For example, appropriate healthcare assessments had been conducted and health checks were conducted at regular visits to the general practitioner (GP). Residents had access to other healthcare professionals including a dietician, speech and language therapy and the local pharmacist. There was also an out-of-hours GP service available.

Healthcare plans were in place for all the aspects of care examined by the inspector. These plans were unambiguous and included sufficient detail to guide staff when delivering care. Changing healthcare needs were managed, and documentation was in place. For example, a change in incidents relating to a medical condition had been reviewed, a review of medication had been undertaken by the GP, and an appointment had been made with the appropriate consultant.

The inspector was satisfied that an adequate and nutritional diet was available, where required, in consultation with the dietician and the speech and language therapist. A sufficient record was kept to indicate a well-balanced diet. Residents were involved in the choice of all their meals and snacks and a written protocol was in place to ensure choice. The kitchens were well stocked and residents had access to snacks and drinks.

**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:**

Structures were in place in relation to the safe management of medicines.

Regular prescriptions contained all the information required by the regulations, and prescriptions for some p.r.n. medicines (a medicine only taken as the need arises) included clear instructions relating to the conditions under which they should be administered.

An individual medicines management plan was in place for each resident, and these included risk assessments relating to self medication for some residents. These risk assessments outlined the supports and checks required to support residents to be independent. For example, the medication for one resident was checked by staff each day. The practice of self medication was supported by a section in the medication



management policy.

Systems were in place to ensure the safe ordering, receipt and storage of medicines. Medicines were supplied in blister packs, and all administration records examined by the inspectors were correct. Medication errors were managed by the accident and incident reporting process.

Staff had all received training in the safe administration of medicines, and in the administration of rescue medicines for epilepsy. All staff spoken with by the inspector could outline each resident's administration requirements, and displayed knowledge of all the medicines prescribed in the centre.

Medication audits were conducted every three months, and the pharmacist visited the house every three months to review medication systems.

**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:**

The inspectors were satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge.

Within the management structure various team meetings were held, including regular staff team meetings. Improvements had been made in the records of meetings since the last inspection. Required actions were identified, the person responsible for them named and a timeframe for completing actions was identified.

Audits had been conducted, for example, medication audits, finance audits and health and safety audits. Six monthly unannounced visits on behalf of the provider had been conducted as required by the regulations, and a report of these visits was available. The reports included an action plan with responsible people being identified. Not all of the

actions reviewed by the inspector had been implemented within the agreed timeframe. For example, internet access was to have been made available in the house by October 2015, but this was still not in place.

An annual review had been prepared by the provider which included aims and objectives for the coming year, a review of care and support, the result of family questionnaires and resident questionnaires, and the results of audits.

The person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the regulations and had a detailed knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and provided evidence of continuing professional development.

**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):**

No actions were required from the previous inspection.

### **Findings:**

The inspector found that there were appropriate staffing numbers and skill mix available to meet residents' needs within the layout of the designated centre.

Staff were in receipt of up-to-date training in mandatory areas, and in areas of specific resident needs, for example the management of epilepsy.

A system of staff supervision had been introduced; however, this had not yet been completed with all staff.

All staff spoken to by inspectors were familiar with the needs of residents, for example, their communication needs and their healthcare needs, and all practices observed were in accordance with best practice and in accordance with the personal plans of residents.

**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 report<sup>1</sup>

<b>Centre name:</b>	Community Living Area D
<b>Centre ID:</b>	OSV-0004086
<b>Date of Inspection:</b>	17 June 2016
<b>Date of response:</b>	19 August 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 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 agreed actions following the provider's unannounced visits were effectively monitored.

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

**1. 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:**

The Service provider will ensure that the designated centre has internet access and that all actions from audits are appropriately monitored.

**Proposed Timescale:** 01/09/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Supervision had not been completed for all staff.

**2. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Staff supervision has commenced and the PIC will ensure that all staff receives formal supervision in line with protocol.

**Proposed Timescale:** 14/10/2016