

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Laois Respite/Family Support Service (Adults & Children) - Area K
Centre ID:	OSV-0002725
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):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

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 unannounced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 November 2016 10:00 To: 24 November 2016 16:30

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was a 10 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

The previous inspection was on 10 February 2015 and as part of the current inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

This inspection was unannounced, and took place on a day on which the respite service was closed. Therefore inspectors did not meet any residents on this occasion, and some personal documentation was not available.

However, inspectors met with the person in charge and reviewed documentation such as accident and incident logs, policies and procedures, minutes of meetings and personal plans.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the

service was being provided as it was described in that document.

The designated centre was large and spacious detached house, with several distinct living areas, including a play room and sitting areas, and a large outside area incorporating a sensory garden.

The service was a respite service offering short term breaks alternately to both adults and children with disabilities.

Overall findings:

Overall, the inspectors found that residents received a good quality service during their breaks in the centre and the provider had arrangements to promote the rights of residents and the safety of residents. The inspectors were satisfied that the provider had put system in place to ensure that the regulations were being met. The person in charge had made significant improvements since the previous inspection in relation to the processes around admissions to the respite service.

Good practice was identified in areas such as:

- communication with families (Outcome 1)
- reduction of restrictive practices (Outcome 8)
- healthcare support (Outcome 11)

The inspectors found that improvements were required in:

- the accessibility of fire exits and the identification of risks (Outcome 7)

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):

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

Findings:

There was evidence of consultation with residents and their families, and of communication being facilitated, however some improvements were required to ensure a homely environment in some areas of the centre.

There was a complaints procedure in place which was detailed enough to guide staff, it was available in an accessible version so as to guide residents if required, and this accessible version was clearly displayed in the centre. There was a named complaint officer for residents to refer their complaint to. This person's picture was also displayed to assist residents in identifying the complaints officer. A complaints log was kept which included evidence of actions being taken by the service in response to a complaint, and which outlined whether or not resolution was achieved.

Regular residents' meetings were held for adult residents, and records were kept of these meetings in which the residents' views and inputs into the running of the service were documented. The structure of these meetings had recently being changed to take the format of a facilitation session and the person in charge told inspectors that this type of meeting was well received by residents and that they enjoyed participating in them.

Families of children who availed of respite services were involved and consulted by quarterly meetings for some residents, and by the use of communications books.

Each resident had a communication passport which outlined their preferred methods of communicating, and any assistance that was required. Various communication aids were

available for use in the centre, for example a custom made wooden pictorial representation of the length of a respite stay.

Residents' personal possessions were managed by the use of a 'transfer book' in which a list of belongings, money and medication was recorded and transferred between the homes of the residents and the centre.

While the centre was decorated and maintained in a homely manner for the most part, one of the bedrooms had no window, rather there was a door to the back garden which had a piece of frosted glass in it, so that residents had no view out of their room. In addition the television in one of the sitting areas was housed in a large wooden and Perspex wall mounted box. There was no rational available for the use of this device.

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:

Each resident had a personal plan, and there was evidence of a range of activities being made available to residents.

Each personal plan began with a brief profile of the pertinent pieces of information for each resident. There were assessments in place in accordance with the health and social care needs of residents, for example in relation to pressure area care, the management of falls and working or playing. Written plans of care were in place in relation to all aspects of care examined by the inspectors, including healthcare needs and social needs.

There was a list of preferred activities for each resident which had been developed in conjunction with the residents and their families. Various outings and home based activities were available to resident, for example trips to the cinema, petting farm and meals out. There were toys available for children, and a both a children's playground

and an adult sensory garden in the grounds of the centre.

As this was a respite service, the usual routines of residents, either relating to day activities or to school attendance, were maintained by the centre.

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 some systems were in place in relation to the management of risk and for the prevention and detection of fire, although some improvements were required in the accessibility of fire exits, and in the identification of all risks in the centre.

The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. Information regarding each evacuation drill including evacuation time was recorded. There was a detailed personal 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.

However, the fire exit doors had key operated locking mechanisms installed but there were no keys maintained at the doors for example in break glass boxes. Residents therefore could not leave independently via these exits in the event of an emergency, but were reliant on a member of staff to bring a key to open each exit door. In addition two of the emergency exits which were indicated by emergency lighting signs were obstructed at night, one with a blind and one with a heavy curtain, and inspectors were concerned that this would impeded the egress of residents and staff in the event of an emergency.

A system of daily fire checks was in place, however these had not being recorded as having taken place for on the two days prior to the inspection, during which time the centre was occupied by residents.

Inspectors reviewed the accident and incident records for the centre. There was evidence of oversight and where necessary input from management in relation to recorded incidents.

The centre's risk policy included all the requirements of the regulations. For the most part risks had been identified and assessed, for example, environmental risks had been assessed, and individual risk assessments were in place for residents. Those risks identified by inspectors on the previous inspection had been assessed and mitigated. However inspectors identified a further two risks which had not been assessed or mitigated appropriately.

A supply of emergency oxygen was maintained in the centre. There was an organisational policy on the use of oxygen and a local procedure in sufficient detail as to guide its use for medical emergencies. However the policy did not provide guidance on the safe storage and operation of the type oxygen cylinders in use. While there was evidence that staff carried out regular safety checks on the oxygen and replacement cylinders were ordered as required, the cylinders were stored inappropriately, in that they were hanging from hooks in the medications cupboard.

In addition, there was decking outside the house which had been identified by the centre as a slip hazard. The control measures identified were signage and supervision, however the measures actually taken were to attach chicken wire to the decking. This in itself presented a trip hazard as the wire was not fixed to the decking surface securely.

Systems were in place in relation to infection control, hand hygiene facilities were readily available, cleaning equipment was appropriately stored and the designated centre was visibly clean.

Judgment:

Non Compliant - Moderate

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:

Significant improvements had been made in the management of restrictive practices since the previous inspection. There was clear evidence of alternatives to restrictive practices being considered, and this had led to a reduction in the number of restrictive interventions in use in the centre.

A register of restrictive practices was maintained in the centre. Risk assessments were in place for each resident that required the use of any restrictive interventions such as bed rails. Staff had explored the removal of bedrails based on assessment of residents, and records were kept of this process. Inspectors were satisfied that the provider and PIC kept the use of restrictive practices under review.

Staff had all received training in the protection of vulnerable adults, and there was a policy in place to guide practice. Practice in relation to residents' personal spending money was robust, and clear records were maintained of any money brought into the centre, any expenditure and money returned to the residents' homes.

There were detailed behaviour support plans in place for those residents who required support in this area. This had resulted in a substantial decrease of self injurious behaviour for one of the residents, who had now been discharged from the behaviour support team.

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:

Health care was continued in accordance with residents assessed needs whilst they were availing of respite care in the centre, and there had been significant improvements in the communication of information between the centre and the residents' primary care givers.

Each family now had a social worker who met regularly with them, and communicated any relevant information to the centre. A family contact sheet was maintained in which was documented all contacts with families and with healthcare professionals. In addition the person in charge had introduced the 'transfer book' mentioned in outcome 1 in which to facilitate the exchange of information between the centre and the primary care givers.

All aspects of healthcare examined by the inspectors had a written plan of care, for example in relation to the management of epilepsy, or the care of a percutaneous enteral gastrostomy. There was always a nurse available to residents, and a 24 hour GP

service was available.

As there were no residents at the time of the inspection it was not possible to observe mealtimes or assess practices in relation to food and nutrition, so this aspect was not examined on this inspection.

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:

There was a clear management structure in the centre, and process within the structure to ensure the monitoring of the service provided.

Regular staff meetings were held and minutes were maintained of these meetings. There was evidence that staff participated in these meeting and issues raised were addressed and acted on to improve the quality of service delivered in the centre.

Various audits were undertaken within the centre including audits of health and safety, vehicle safety and staff training. Six monthly unannounced visits had taken place on behalf of the provider, and an annual review of the quality and safety of care and support had been prepared. Required actions identified during these processes were kept under review, and those reviewed by the inspectors had been implemented.

Inspectors found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She maintained a full time presence in the centre and was clear about her roles and responsibilities and about the management and reporting structure in place in the organisation. She had engaged in continuous professional development and outlined various practice development initiatives. It was documented in the minutes of a recent residents meeting that a resident had described her as 'the best manager ever'.

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:

The inspectors were satisfied that the numbers and skill mix of staff was adequate to meet the assessed needs of the residents. There was always a nurse on duty on each shift, unless an assessment of the needs of the current group of residents indicated that this was not necessary.

There was a consistent core staff group, and if relief staff were required they were drawn from the core group, or from staff who were familiar to residents.

Staff training was up to date, including training in children first, and was kept under review by the person in charge. Staff files had been examined by the inspectors on a recent visit to the organisation's head office, and contained all the requirements of the regulations.

As the centre was closed on the day of the inspection, inspectors did not meet any of the staff on this occasion.

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-0002725
Date of Inspection:	24 November 2016
Date of response:	31 January 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 personal living spaces upheld residents' dignity.

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:

The Service Provider will remove the frosted glass in the specific bedroom mentioned and will replace this with a window.

The Perspex will be removed from the T.V. cabinet in a manner which allows it to be reutilised only if required in response to future need. Such requirements will be documented and explained if they arise.

Proposed Timescale: 24/02/2017

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:

Not all risks had been identified and mitigated.

2. 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:

Lift glass mechanisms have been installed at all external doors.

A blind has replaced the curtains at the external doors.

Exit signs are in place and were in place at time of inspection to indicate the location of external doors.

Chicken wire will be removed from decking and access to this decking will not be required.

Oxygen is now stored appropriately. Organisational policy is under review.

Proposed Timescale: 24/02/2017

Theme: Effective Services

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

Some fire doors were not immediately accessible in the event of an emergency, and not all daily checks of exits had been conducted.

3. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The person in charge will monitor compliance with fire checks and has discussed this requirement at team meeting.

Proposed Timescale: 25/01/2017