

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 5
Centre ID:	OSV-0004079
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Conor Brady
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:	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 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: 24 January 2017 09:30 To: 24 January 2017 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
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
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This inspection report sets out the findings of an unannounced monitoring inspection, the purpose of which was to monitor the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres' for Persons (Children and Adults with Disabilities) Regulations 2013. This monitoring inspection took place over one day.

How we gathered our evidence:

The inspector met with the residents, staff members on duty, the person in charge and members of the management team during the inspection process. The inspector reviewed practices and documentation such as residents' personal plans, healthcare plans, care planning guidance for staff, accident and incident reports, risk assessments, safeguarding practices, audits and policies and procedures. The governance and management systems in place in this centre were found to be of a very good standard which was reflected in the high levels of compliance found in this

centre. A competent and qualified person in charge was present for the duration of this inspection and demonstrated a very person centred and professional approach to the management of the centre.

Description of the service:

This service was managed by the Muiriosa Foundation and consisted of two campus based homes providing care to three female residents. There was one vacancy at the time of inspection. This designated centre consisted of two bungalows that were decorated, designed and maintained to a good standard and provided a high quality of care in accordance with the centres the statement of purpose. The residents were found to have an individualised service based on their needs, wishes and preferences. Residents told the inspector they liked their home and presented as very happy and well cared for by the staff team supporting them.

Overall judgment of our findings:

The inspector found this was a very well managed centre that provided very good care to the residents living there. The standard of service provision and overall quality of care delivered to the residents was found to be person centred and of a good standard in all areas inspected.

The residents were found to be well cared for and supported to enjoy a good standard of care in accordance with their assessed needs. The requirements of the Regulations and Standards were well met in this centre. All findings are discussed in more detail in the main body of this report. All areas inspected were found to be in compliance with the Regulations and Standards.

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:

Residents rights, dignity and consultation were found to be well promoted in this centre. Residents were individually supported and found to be well facilitated to pursue their own choices, interests and preferences. Due to the complex support needs in this centre it was deemed important that staff had good knowledge of residents and their support needs.

The inspector found that staff were very aware of the residents needs, wishes and behaviours. Staff clearly and articulately demonstrated a strong understanding and knowledge of residents likes, dislikes, characteristic and non verbal communication.

Residents were consulted with individually on an on-going basis regarding the care they received, the staff who supported them, the activities they participated in, the places they went and the food they ate. Residents informed the inspector that they were happy where they lived and with the staff who supported them.

Residents had access to television, news, media and telephone. Residents in the centre exercised their right to vote and one resident highlighted their interest in politics and current affairs to the inspector.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate in this designated centre. Effective and supportive interventions were used and there was on-going and continual development to improve communication methods in practice.

The inspector reviewed resident's communication passports which outlined how residents should be communicated with in line with their assessed needs and highlighted each residents preferences in terms of their communication needs. Residents who were hearing impaired had specific guidance and support planning in place. Supportive equipment, assistive technology, sign language and objects of reference were available and utilised in this centre and there was on-going clinical input from appropriate speech and language therapy.

Inspectors observed staff utilised sign language and communicating with residents in line with their communication care plans in a caring a respectful manner. Residents knew staff very well and presented as comfortable in their home environments.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was progressive work in this centre regarding developing and maintaining personal and family relationships. The centre was very open in welcoming family involvement and facilitating family visits. Residents were supported to have on-going physical, phone and postal contact with family and relatives in Ireland

and abroad.

Residents had good links to their community and engaged in various outings and activities such as meals out, swimming, art classes and holidays. The residents spoken to on this inspection stated they were happy with their lives and activity levels. Staff ensured that residents were continually offered new experiences and activity choices.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were clear admissions and discharge policies in place that guided practice in the centre. The centre comprised of two single storey dwellings with one resident residing in one location and two residents residing in the other location. Each resident had a contract for the provision of services in place that outlined the services they received and the fees they were charged.

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:

Each resident's wellbeing and welfare was maintained by a high standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to their interests and preferences. The arrangements to meet each resident's assessed needs were clearly and accurately set out in an individualised personal plan that reflected resident's needs, interests and capacities. Personal plans were found to be drawn up with the maximum participation of each resident.

The inspector reviewed a number of personal plans which contained up to date care plans for all aspects of service provision and care for residents. Residents had clearly defined person centred plans that outlined goals and objectives for residents. For example, residents who wanted to volunteer in their community, attend local classes and go to concerts. The inspector found that goals/objectives were clearly defined in terms of persons responsible for providing support and the timeframes they were to be achieved.

The inspector found that the person in charge had a clear system of review to ensure care planning and person centred planning was effectively monitored and reviewed in respect of each resident.

In discussing social care needs with residents the inspector found that residents enjoyed going to music events/outings, equestrian activities, photography, tidy towns, aqua aerobics and eating meals out. The inspector found that residents had busy schedules and good levels of social activities in their lives. Residents were found to have good opportunities to pursue interests and preferences within and outside the designated centre. All aspects of care were clearly documented in personal plans, updated accordingly and kept under appropriate review.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The inspector found the premises to be clean and well maintained. The inspector found that residents were comfortable in their environments in both locations and was informed by residents they were satisfied with same.

The inspector found that there was:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of residents
- Adequate space and suitable storage facilities for the personal use of residents
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents
- Suitable storage
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents
- Suitable arrangements for the safe disposal of general and clinical waste where required
- Adequate facilities for residents to launder their own clothes if they so wish

Parts of the centre were individually designed for the residents such as a beauty room and art room so residents had ample space to pursue their own interests in their homes.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was also found to be in place. The inspector found both clinical and environmental risks were well managed and documented in the

centre. For example, risk assessments were carried out and reviewed in relation to the risk of resident's falls, medication errors, injury to residents, absconsion, self injurious behaviour and road safety.

The inspector observed controls in place to alleviate all identified risks prevalent in the designated centre, with individual risk assessments and plans evident in residents' personal plans that were reviewed and updated accordingly to reflect any changes.

The inspector found that there was,

- Health and Safety Policy
- Safety Statement
- Health and Safety Checklists and Audits
- Fire Register
- Emergency Response and Evacuation Plan

The inspector was satisfied that the person in charge had very good systems in place to identify, assess and manage risks within the designated centre.

The inspector reviewed the accidents and incidents log whereby all incidents, accidents and near misses were recorded, reported and followed up.

The inspector was satisfied that the fire detection and alarm systems, fire fighting equipment and emergency lighting systems were routinely checked and serviced by a qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times and staff and residents knew the procedure in the event of an evacuation. A comprehensive emergency plan was drawn up, which highlighted alternative accommodation arrangements in the event of an evacuation, along with other useful information and contact details.

Residents who were hearing impaired had flashing sensors and a vibrating pillow to alert them in the event of a fire. The inspector observed this equipment in use and it was in good working order.

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:

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

No actions were required from the previous inspection.

Findings:

The inspector found that the residents living in the centre were appropriately safeguarded and protected from harm in the designated centre.

The inspector found up to date policies in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. These policies reflected most recent national guidelines and staff were familiar with reporting procedures. Staff highlighted these procedures to the inspector and showed protocols were outlined on the staff notice boards in both locations.

The inspector was informed of the designated liaison person and saw that all staff training had been undertaken in safeguarding and the protection of vulnerable adults. The inspector was satisfied that staff were familiar with the different types of abuse residents were vulnerable to and the mechanisms in place to report and support residents where/when required.

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and through discussion with staff, the inspector determined that the centre was promoting a restraint free environment in as far as was possible.

The inspector reviewed practices in relation to the protection of the resident's finances and found an effective system in place in the designated centre to safeguard residents' monies. The inspector checked resident's finances (whereby managed by the provider) and found financial balances to be correct and correlated with records. Appropriate training had been completed by staff in the areas of protecting vulnerable adults and managing aggressive behaviours which ensured staff were equipped from a training perspective in line with regulatory requirements.

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:

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., optician, dentist, psychology, psychiatry, speech and language therapy, occupational therapy and chiropody.

Residents had access to specialist services and hospital appointments when and where required. Resident's healthcare documentation was maintained to a high standard and was clear and accessible. For example, assessments and appointment schedules/calendars. It was clear that the person in charge ensured residents were supported and facilitated to have their healthcare needs met to a high standard. The person in charge was a qualified nurse and had strong clinical knowledge of each resident's health and medical support needs and had systems in place to monitor and review each residents care.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspector reviewed meal planners and meeting minutes and that highlighted that residents had choice regarding what they ate and when they ate. Residents were found to participate in shopping and preparation of food and meals in the designated centre. Residents informed the inspector that they were happy with the food in the designated centre. The inspector observed menu choices, healthy eating information and residents having the freedom to choose food and access food as they wished. The inspector joined two residents and staff who ate together in a pleasant and homely mealtime experience.

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:

The inspector found that each resident was protected by the designated centres' policies and procedures for medication management. The person in charge demonstrated very good knowledge of the medication policies and protocols and had good systems in place to monitor medication practices.

For example the inspector found,

- There was a clear policy for medication management.
- There were clear and effective procedures for prescribing and administration of medication.
- The documentation reviewed by the inspector was clear and accurate in terms of the prescription and administration of medications within the designated centre.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- Medications were administered only for those whom were prescribed for same.
- Administration records were signed by staff correctly and those reviewed correlated with the requirements of the residents' prescription.
- There were PRN (as required) guidelines for medications requiring same.
- There were safe procedures regarding controlled medications in the designated centre.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects.
- Residents' were assessed and encouraged to manage their own medications whereby they had capacity to do so.
- Residents' were found to all have their own local community pharmacist available.
- There were regular reviews and audits of medication and a system for managing medication errors was in place.

Overall the inspector found the person in charge and staff professionally knowledgeable and competent regarding the safe medication management practices within the designated centre.

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:

Overall the inspector found that the quality of care and experience of the residents was monitored and developed on an ongoing basis in this designated centre. The inspector found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation.

The inspector found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had over 20 years experience with the organisation in a nursing capacity and had considerable experience in the management of residential services for people with intellectual disabilities.

The person in charge had appropriate qualifications in nursing and demonstrated a good understanding of the Regulations and Standards. The person in charge highlighted a number of audits carried out in the designated centre in areas such as care planning, healthcare assessments, health and safety, finances and records and documentation. The inspector found evidence of unannounced visits and high quality audits and action plans devised by the provider's management team. For example, work was seen in areas of improving the premises, implementing care planning and risk management. These audits included detailed analysis of regulatory requirements and a percentile rating of work completed and work outstanding. An annual review was also available on inspection. The quality of management and auditing was found to be of a very high standard in this designated centre.

The inspector found that the person in charge had very clear and comprehensive oversight over the level of care provided to residents and was very accessible to residents. The residents informed the inspector they would go to the person in charge and senior staff with any problems they had and the inspector could observe that the residents had a good rapport and relationship with the person in charge which demonstrated her availability to them.

The person in charge highlighted various checking systems in place with residents and families to ensure she was fully aware of the care provided in the designated centre. The person in charge had regular contact with families and was very much an operational manager who was 'hands on' within the designated centre. This was evident in the levels of compliance across all outcomes inspected and clearly demonstrated the effective monitoring of care. The inspector found a relaxed, homely atmosphere whereby resident's needs were put first and this ethos was supported by management.

The inspector found there were clear lines of authority whereby the person in charge was supported by an area manager whom was also present at inspection feedback. It was evident to the inspector as highlighted in the designated centres statement of purpose that governance and management systems were clear, supportive and

accessible. The inspector found that staff were satisfied with structures in place and found clear and accurate rosters, staff training schedules and performance management systems were in place and well maintained.

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 were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Residents received continuity of care by a competent staff team. Staff were found to have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff were found to be appropriately supervised, and were recruited, selected and vetted in accordance with best recruitment practice.

The inspector found that,

- Schedule 2 requirements were met regarding the person in charge and staff (There was a review of same conducted at the provider's head office)
- Staff were continually provided with training and refresher training in mandatory areas such as fire safety, safe manual handling practices, safeguarding vulnerable adults, managing behaviours that challenge and safe administration of medication.
- Additional centre specific training was provided as required.
- Staff meetings were held regularly to ensure consistent care and shared learning.
- There was an actual and planned roster that reflected the whole time equivalent in the statement of purpose.
- Staff spoken to were competent and professional in their knowledge of their role and regulatory requirements.
- Performance management, staff learning outcomes and action plans were completed and updated with staff by the person in charge.
- There was an appropriate system in place regarding the use volunteers/students in the organisation.

Overall the inspector found that the staffing, staff training and development and recruitment processes and policies met the requirements of the Regulations and Standards.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that the records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector found that the provider had compiled and implemented all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector found that the staff and person in charge were providing information to residents through accessible means and the residents were well supported. The inspector found that resident's information, personal plans and files were maintained to a high standard and kept secure and safe. Residents had access to their information and documentation and one resident showed her person centred support plan to the inspector and communicated her likes and dislikes. The inspector found good arrangements in place regarding the governance, management and auditing of records and documentation in the designated centre

Judgment:
Compliant

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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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority