

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Meath Westmeath Centre 3
<b>Centre ID:</b>	OSV-0004590
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Lead inspector:</b>	Andrew Mooney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	14
<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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
12 December 2017 10:30	12 December 2017 18:00
13 December 2017 10:30	13 December 2017 16:00

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 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 was an unannounced inspection to assess 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 was the second inspection of this designated centre. The inspection was completed over two days by one inspector.

How we gathered our evidence:

The Inspector met with four residents, two staff members, the Deputy Manager and the Person In Charge during the inspection. The Inspector reviewed staff practices and documentation. Documentation reviewed included residents' personal plans, incidents, audits, policies and procedures, fire management related documents and risk assessments. The Person in Charge was also spoken with at length during the course of this inspection.

Description of the service:

The service provider had produced a statement of purpose which outlined the service

provided within this centre. The centre is managed by Muríosa Foundation and delivers services to adults. The centre comprises of three houses and each resident has their own bedroom. All three houses within the designated centre meet the individual and collective needs of residents, in a comfortable and homely way. The designated centre is located within a large town in Co. Meath.

Overall judgment of our findings:

Overall, numerous instances of good practice were noted throughout the inspection. Residents appeared happy in the centre and staff were knowledgeable about their roles and responsibilities. Of the ten Outcomes reviewed during the inspection, six were compliant, three were substantially compliant and one was deemed moderately non-compliant.

Good practice was identified in the following areas:

- Residents rights were upheld and promoted (Outcome 1)
- Healthcare Needs (Outcome 11)
- Governance and Management (Outcome 14)

The Inspector found that improvements were required in the following areas:

- Social Care Needs (Outcome 5)
- Medication management (Outcome 12)
- Workforce (Outcome 17)

The reasons for these findings are explained under each outcome in the 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:**

The Inspector found there were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

A log of complaints and compliments was maintained. Complaints were recorded and this record included any actions agreed, the outcome of the actions and the satisfaction of the complainant. A number of complaints were on-going but the Person In Charge had escalated these in a timely fashion and the Provider was now taking proactive steps to address the issues raised.

The inspector found that residents were consulted with in relation to their care and the day to day running of the centre. For example, residents met weekly to decide on menus and activities. Residents also met with the Person In Charge regularly to discuss individual requests.

The inspector found that residents' rights were protected and promoted in the centre. An external advocate was available to residents, and the contact information was readily available.

The mix of residents living within the centre was being carefully assessed by the Provider. Consideration was being given to the compatibility of residents and their preferences, for example their preference for a quiet environment.

The inspector viewed numerous positive interactions between residents and staff. Staff members treated residents with dignity and respect throughout the inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents were supported to engage in meaningful activities that met their needs. However, the reviewing of residents personal plans required improvement to promote quality outcomes for residents.

The Inspector reviewed a sample of residents' personal plans and found that there was a comprehensive assessment of social care needs in place. There were also annual reviews of these personal plans in place. However, the review of personal plans did not measure the effectiveness of the plans. Nor did the review record proposed changes to the plans, the rational for these changes and the person(s) responsible for implementing these changes.

Allied health professionals were consistently involved in the assessment of residents' clinical needs and their recommendations were incorporated into the personal plans of residents.

There were care plans in place to meet the assessed healthcare needs of residents. Nursing support was available to those residents that it was identified for. The inspector viewed a sample of care plans and these provided sufficient guidance to guide staff practice effectively. For example, a resident was diagnosed with a particular healthcare related condition. The care plan developed gave good step by step direction in the management of this condition. Additionally, staff met with had a good understanding of how to implement the care plan and what actions to take if further medical support was required.

Where appropriate residents representatives were kept informed of the well-being of their loved ones and attended support meetings which were aimed at reviewing

resident's personal plans.

**Judgment:**

Non Compliant - Moderate

**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 found that the design and layout of the centre was suitable for its stated purpose. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents.

There was adequate private and communal accommodation for residents.

Rooms were of a suitable size for the needs of residents. Residents also described how they choose the decoration of their rooms. This was evident as each room was personalised to the residents' individual preference.

There was adequate space and suitable storage available. For example, where residents were wheelchair users, the hall was suitably wide to enable comfortable movement within the centre.

There were suitable arrangements in place for the safe disposal of general and clinical waste.

Each house within the designated centre was suitably warm and inviting.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

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

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

**Findings:**

There were policies and procedures in place for risk management and emergency planning. However, the reviewing of one identified risk required improvement.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. This included equipment to assist any evacuation of residents with mobility needs. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks including daily checks of escape routes and alarm systems.

There was a written personal evacuation plan for each resident. Fire drills were completed monthly to ensure that all residents had an opportunity to partake in a day and night drill. There were clear records of fire drills undertaken and response times were maintained.

Individual risk assessments for residents were in place which detailed control measures. However, one risk identified as being very high had not been reviewed since January 2017. This was discussed with the Person in Charge and Area Director during the inspection and at feedback. The Person in Charge indicated that this risk occurred weekly, yet there was no record of these incidents and therefore learning from these incidents could not be shared.

The centre was visibly clean and hand hygiene facilities were available. The service had a cleaning checklist which was completed by staff and reviewed by the Person in Charge.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services



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

No actions were required from the previous inspection.

**Findings:**

The Provider had ensured that there were measures in place to protect and safeguard residents.

Where residents required behavioural support, referrals had been made to the behaviour support team and there was guidance in place for staff to support residents. Support plans were regularly reviewed and there was good supporting documentation to support this process. Improvements were required in some documentation as some of the guidance documents provided did not indicate who prescribed the intervention or when it was begun.

There was a policy in place on the protection of vulnerable adults and all staff had received training in the protection of vulnerable adults. There were robust systems in place for the management of any allegations of abuse and in implementing and monitoring any agreed actions. Staff engaged by the inspector, were knowledgeable and could describe their role in the safeguarding of residents.

**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:**

Each resident was being supported to achieve and enjoy the best possible health. Residents healthcare needs were being met and a nutritional and balanced diet was offered in accordance with the preferences of residents.

Any healthcare interventions required by residents were supported in the centre. Where residents were supported by members of the multidisciplinary team their recommendations informed the care plan. The inspector viewed evidence of multidisciplinary appointments and a record of the outcome of these appointments was kept.

There was a healthcare plan in place for each resident and these plans were regularly

reviewed. Plans examined by inspector were in sufficient detail as to guide staff. Staff spoken with, were also able to describe healthcare interventions that were in keeping with good practice.

Nursing Care was available to those residents who were assessed as needing this level of support. Additionally, residents were encouraged and supported to take part in their own healthcare interventions as much as possible.

Snacks and drinks were readily available and choices were facilitated in accordance with residents wishes.

**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 structures and processes in place in relation to the safe management of medications. However, improvements were required in some aspects of recording practices.

Medications were stored securely and documentation relating to the management of medications for residents was in place. However, improvements in some documentation was required. For example, some residents' prescription sheets did not note the route or the maximum dose of PRN medication that could be administered in a 24 hour period.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff.

There was a policy in place in relation to medication management and medication audits are completed regularly.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

This inspection found that there was a clear management structure in place which identified the lines of authority and accountability in the centre. There was a full-time Person in Charge in place who was a suitably skilled, qualified and experienced manager. There was also a deputy manager available to support the Designated Centre.

Regular staff meetings were held every month and minutes were kept of these meetings. A sample of agreed actions from the meetings reviewed by the inspectors had been implemented. There were also regular meetings between the Person in Charge and the Area Director.

A supervision process was in place to support all staff and this was conducted monthly. Performance management meetings were held annually.

Audits had been conducted in the management of medication, infection control, health and safety and monthly fire register.

There had been two six monthly unannounced visits on behalf of the Provider in the last 12 months, as required by the regulations. The Provider had also completed an annual review dated 2016, which showed evidence of consultation with residents and their representatives.

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

**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. However, improvements in the maintenance of rosters was required.

There were improvements required in the maintenance of the planned and actual roster. At times it was difficult to ascertain the duration of staff shifts as the document did not reflect the practice within the centre. For example sleepover staff were not recorded on the roster between the hours of 11pm and 8am, despite still being onsite.

The inspectors found during inspection that staff were continually provided with training and refresher training in mandatory areas such as fire safety, safe manual handling practices, safeguarding vulnerable adults and safe administration of medication.

Staff meetings were held monthly to ensure consistent care and shared learning. These meetings were documented and actions identified were addressed appropriately.

Staff spoken with, were competent and professional in their knowledge of their role. Staff availed of monthly supervision meetings and annual performance management meetings.

Overall the inspector found that the staffing and staff training and development met the requirements of the regulations and standards. Staff knew residents well and the staff team contained a good skill mix and balance. Staff presented as very interested in their work within the centre.

**Judgment:**

Substantially 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:**

All appropriate records to be kept in the designated centre in respect of each resident were in place and the records required under Schedule 4 were available.

A sample of policies required under Schedule 5 were reviewed and they were in place and in line with the requirements of the Regulations.

All records viewed during the inspection were kept secure but easily retrievable.

**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:***

Andrew Mooney  
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>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0004590
<b>Date of Inspection:</b>	12 & 13 December 2017
<b>Date of response:</b>	21 December 2017

### Requirements

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

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

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

The review of personal plans did not measure the effectiveness of the plans.

**1. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in

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

circumstances and new developments.

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

- A review of all Person Centred Support Plans will be undertaken by the Person In Charge.
- The current document will be reviewed and amended if deemed necessary.
- The amended document will assess the effectiveness of the plan, the changes required and the person responsible for implementing these changes.
- The Person In Charge will ensure all staff are trained in the amended document.

**Proposed Timescale:** 28/02/2018

**Theme:** Effective Services

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

The review of personal plans did not record proposed changes to the plans, the rationale for these changes and the person(s) responsible for implementing these changes.

**2. Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

- The Person In Charge will ensure that the amended review document will record the effectiveness of the plans the changes required and the person responsible for implementing them.

**Proposed Timescale:** 28/02/2018

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

One risk was identified as being very high but had not been reviewed since January 2017.

This risk occurred weekly but there was no record of these incidents and therefore learning from these incidents could not be shared.

### **3. 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:**

- The Person In Charge has scheduled a Behaviour Support Team Meeting on 17.01.2018 to review this Risk Assessment.
- The Person In Charge will Discuss with the staff team the importance of recording and reviewing all incidents.
- Incidents will be recorded in the Learning Outcome Folder which will inform best practice in management of such incidents and will be discussed at Team Meetings.

**Proposed Timescale:** 31/01/2018

## **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:**

Some residents prescription sheets did not note the route or the maximum dose of medication that could be administered in a 24 hour period.

### **4. 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:**

Action Taken:

- Prescriptions for some residents in the centre were returned to the G.P the following day (13.12.2017) where the route and the maximum dose of PRN in a 24 hour period were included.

Action Planned:

- The remaining Prescriptions will be amended by the G.P.to include route and maximum dose.
- The Person in Charge will review all Prescriptions in the centre to ensure they are completed fully.
- The Person in Charge will review all PRN Protocols, to include route and maximum



daily dose.

**Proposed Timescale:** 31/01/2018

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

At times it was difficult to ascertain the duration of staff shifts as the document did not reflect the practice within the centre. For example sleepover staff were not recorded on the roster between the hours of 11pm and 8am, despite still being onsite.

**5. Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

- The I.T. Department was contacted and requested to make adjustments on the Core Roster system that reflects the sleepover hours from 11pm to 7/8am on the system.
- The Person In Charge will manually reflect this sleepover shift on the Roster in the interim.

**Proposed Timescale:** 19/12/2017