

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 3
Centre ID:	OSV-0005673
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 September 2017 10:30 To: 22 September 2017 15:30

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

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This announced inspection was carried out to inform a registration decision, whereby the provider submitted information to HIQA that indicated they were ceasing operating at the designated centre's registered address and moving the operation of the designated centre to another address. The last inspection had been completed in January 2017.

As part of the application to register the provider had submitted the required documents to HIQA.

Description of the service:

The centre is a detached bungalow located in a rural community but in walking distance to the local town. The property is leased from a third party and the lease had a tenure of three years as required under the requirements to register a designated centre. The provider had a statement of purpose in place that explained the service they provided. In the areas inspected, the inspector found that the service was being provided as it was described in that document. The centre planned to provide care to three residents with two residents currently identified.

How we gathered our evidence;

As part of the inspection, the inspector met with the person in charge. The inspector viewed the premises and reviewed documentation such as support plans, medical/healthcare records, risk assessments, incident/accident records, training records and medication management records.

Overall findings:

The inspector found that the proposed new premises was suitable for its intended purpose. However, minor improvements were required in a number of areas to ensure that the provider would meet the requirements of the regulations.

Two outcomes inspected were found to be substantially complaint, Outcome 5; social care needs and Outcome 8; safeguarding and safety.

All other outcomes were found to be complaint. The action plan at the end of this report outlines the improvements required.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that proposed residents had a personal plan in place that included an assessment of need.

Each resident had an assessment of need completed by staff in their existing centre which would be transferred to this centre. However, on review it was not clear how this document would inform the care and supports required by residents in the centre. For example, the assessment was completed annually yet the assessor was required to complete sections of the assessment based on their observations over the last three days or 30 days in some instances. Sections included, whether the resident had consumed certain volumes of coffee over the last 3 days or whether the resident had unpaid supports over the last 3 days. The inspector was informed at the feedback meeting that the example around coffee could be indicative of an addiction to coffee. However, this was not demonstrated in any care plans viewed by the inspector.

In addition, it was not clear if some of the information contained in the assessment was accurate. For example, one residents' assessment stated that they had a diagnosed mental health condition. However, the inspector found that the person in charge was not aware of any formal mental health diagnosis for this resident.

Residents had an annual review completed and from this goals were set. These goals were being reviewed by the residents' key workers and the records demonstrated that some of these goals had been achieved. However, it was not clear how some of the goals were progressing. For example, one resident expressed an interest to establish contact with friends from their past and this had not progressed at the time of the

inspection.

From talking to the person in charge and on viewing personal plans, the inspector found that both residents were supported to attend day services in line with their personal preferences. One resident was a volunteer in the community and residents were being supported to have valued roles in their community. For example, residents used all community facilities in their current location such as local banks, shops and medical services.

The inspector viewed the transition plans for residents. The inspector was informed prior to the inspection that residents were not aware of the proposed new transition based on the recommendations from allied health professionals and the person in charge. This decision was based on the residents assessed needs.

The person in charge informed that inspector that it was planned to discuss the move a number of days before the transition date. Residents would be supported to choose their own rooms and be involved in personalising their bedrooms.

Judgment:

Substantially 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:

Overall the inspector found that the layout and design of the centre were suitable for its stated purpose.

The property is a large detached bungalow comprising of four bedrooms, two recreation rooms, a large kitchen cum dining room leading to a utility room.

The property was partially furnished on the day of the inspection. Bedrooms had not been fully furnished or personalised as this would be done in line with the residents' preferences and formed part of the transition plan for the residents. In addition, two of the bedrooms were being used as office space for staff employed by the service. The inspector found that the premises had:

- Adequate private and communal accommodation, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout
- Adequate space and suitable storage facilities for the personal use of the resident
- Adequate ventilation, heating and lighting
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of the resident
- Adequate facilities for residents to launder their own clothes if they so wished
- Suitable outdoor space

The inspector found that the property was generally well maintained and clean.

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:

Overall the inspector found that the person in charge and the provider had systems in place in order to protect the health and safety of visitors, residents and staff in the centre.

The inspector found that there was adequate means of escape and exits were unobstructed. Adequate fire fighting systems had been installed, including a fire alarm, emergency lighting, fire extinguishers and fire blankets. There were records in place to indicate that the equipment had been serviced appropriately.

While there were no fire doors in the centre, assurances were submitted from the provider clarifying that they were satisfied with the fire systems in place in the centre.

Fire procedures were displayed in the centre and each resident had a personal emergency evacuation plan in place.

There was a policy in place on risk management in the centre along with a health and safety statement.

A service vehicle will be available in the centre.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Overall the inspector found that there were systems in place to protect the resident suffering abuse or being harmed. However, improvements were required in behaviour support plans and restrictive practices in the centre in order to comply with the regulations.

There was a policy in place on safeguarding vulnerable adults. All staff had completed training in this area.

There was policy in place on behaviour support. Residents had access to allied health professionals to support them in this area.

Behaviour support plans were in place for residents and associated reactive strategies were recorded on a separate document that outlined how staff should support the resident when displaying behaviours of concern. However, the inspector found that not all known behaviours of concerns were recorded on this document and therefore there was no guide in place for staff to respond to these behaviours.

In addition, recorded reactive strategies in place for residents could be considered punitive in nature. For example, a number of reactive strategies in place stated that staff should tell the resident that they would have to inform an allied health professional if the behaviour continued.

The inspector also found that some of the interventions in place to support residents were not dated, had not been signed by the prescribing allied health professional and did not have a review date in place.

In addition, some of the information recorded on the interventions could be considered restrictive in nature. For example, residents had a list of rules that were to be discussed with them as and when required. Some of the rules consisted of shower gels being

stored elsewhere for the resident, one resident was only allowed listen to music in their bedroom for a specified time frame. While the inspector acknowledges that some of these rules were in place so as to ensure a consistent approach for staff and residents there was no rationale in place for some of these interventions.

There were records to demonstrate that one restrictive practice in the centre had been reviewed. However, there were no records to demonstrate that the resident or their representative had consented to the prescribed intervention. Other restrictions as highlighted above had also not been recorded as such and therefore were not reviewed so as to ensure that the least restrictive practise was being used.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were supported to achieve best possible health.

Residents were found to have access to a range of allied health professionals based on their assessed needs, which included input from a psychologist, behaviour specialist and psychiatry. Access to other health professionals was available should the residents needs change.

Residents attended their own general practitioner in the community. From a review of medication prescription sheets and residents personal plans, there was a supporting health care plan in place to guide practice.

The person in charge informed the inspector that residents chose their own weekly menus and were involved in preparing meals in the centre. Interventions outlined in personal plans included monitoring weights promoting healthy eating. MUST assessments were also completed as part of the organisations mandatory policy for both residents. Although the inspector found that this was not a requirement based on the residents assessed needs in the centre.

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:

Overall the inspector found that the person in charge intended to have medication management systems in place in the centre that would meet the requirements of the regulations.

There was a medication policy available in the centre. The person in charge was a qualified nurse and all staff had completed training in the safe administration of medication.

The inspector was shown where the medications would be stored in the centre and found that this was in line with best practice. The person in charge also went through the practices around the receipt of medication and the disposal of unused medication in the centre.

A copy of the medication administration sheets and prescription sheets currently being used for residents were available and the inspector found that appropriate procedures were in place.

Medication errors forms since the last inspection were viewed. There had been one medication error recorded. The inspector found that this had been followed up with the person in charge and the residents GP. The person in charge also informed the inspector that the management of medication errors included the completion of a root cause analysis form and a reflective piece with staff after in order to provide learning and inform future practice.

One resident was supported to self administer medication in the centre. This had been reviewed at the last inspection and was not reviewed as part of this inspection as the resident was not present and there had been no concerns noted at the last inspection.

There were no controlled drugs prescribed to residents in the centre.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose contained most of the information prescribed by Regulation 3 and Schedule 1 and the statement was kept under review as required by Regulation 3. Some minor improvements were required to this document. However, this had been completed prior to the report being finalised.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were effective governance and management systems in place in this designated centre.

The person in charge was suitably qualified had appropriate experience in the management of services for persons with disabilities. They were responsible for a number of other centres and services provided by the organisation. However, this was not impacting on the quality of services being provided at the time of inspection. The person in charge reported to a clinic nurse manager 2 who in turn reported to the assistant director.

The person in charge facilitated staff meetings in the centre and also completed annual performance reviews and probation reviews with staff in the centre. The inspector was informed at the feedback meeting that the supervision of staff was currently being addressed as part of a wider organisational objective.

The person in charge showed the inspector a number of areas that were reviewed and audited as part of the operation of this designated centre. This included an audit of personal plans and the unannounced quality and safety review which had been completed in May 2017.

An annual review had been completed for 2016, a copy of which was submitted to HIQA post inspection. The inspector found that this review included consultation with residents and their representatives. While this centre was moving location, the care and support needs and governance and management structures in place would not change from the previous centre location.

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 centre was found to be staffed by an appropriate number and skill mix of staff based on the assessed needs of the residents.

The person in charge and staff team from the previous address were transferring to the new building, thus promoting a consistent experience for residents.

The inspector found that staffing was arranged around the assessed needs of residents. A consistent team were supporting residents and there was access to regular relief staff to cover staff leave.

Staff had access to an on call service provided by the organisation to report concerns or seek advice on an out of hours basis.

The training records demonstrated that staff had completed mandatory training in manual handling, safeguarding and fire training. Other training completed included MAPA and autism.

Staff files were not viewed at this inspection as they had been reviewed prior to the last inspection of the centre and were found to meet the requirements of the Regulations.

There will be no volunteers employed in the centre.

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:

Anna Doyle
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-0005673
Date of Inspection:	22 September 2017
Date of response:	19 October 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:

It was not clear if some of the information contained in the assessment was accurate.

1. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out prior to admission to the designated centre.

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

PIC met with PBS team on the 04/10/2017 to discuss PBS plans, reactive strategies and social rules. PBS team will carry out a full review of all the individuals plans ensuring that reactive strategies include interventions for all behaviours of concern. Reactive strategies will also reflect recent ABC incidents to ensure that all interventions are linking with clear guidelines.

Proposed Timescale: 11/11/2017

Theme: Effective Services

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

It was not clear how the assessment of need was informing the care and supports required by residents in the centre.

2. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

The InterRAI is a valid and reliable tool that has been specifically designed for the intellectual disability sector. The tool looks at aspects of an individuals physical, social, emotional and psychological needs rather than merely looking at an individuals physical needs. If for example an individual is identified as someone who has an excessive intake of caffeine it would be noted and a holistic care plan would be drawn up. Going forward the PIC will complete an audit to ensure that the InterRAI is completed accurately and that all findings of the InterRAI that require support are entered on to the Epicare system as either a short term or long term life event.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

It was not clear how some goals were progressing for residents.

3. 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:

Personal plan has been discussed with individual's key worker on the 26/10/2017. Keyworker will ensure that goals are set on an annual basis and reviewed every 3 months. I spoke to the individual's keyworker about the importance of documenting evidence on completion of goals and clear step by step guidelines on how each goal will be achieved. PCSP will also now be entered as a "Vision" life event on the EpiCare care plan system. This will help to specify the overall goal and the steps planned to meet each goal. The implementation of the steps will be tracked on the activities sheet in the Touchcare system and/or on the progress notes.

Proposed Timescale: 30/11/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all known behaviours of concerns were recorded on interventions and therefore there was no guide in place for staff to respond to these behaviours.

Some of the interventions in place to support residents were not dated, had not been signed by the prescribing allied health professional and did not have a review date in place.

4. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

PIC met with PBS team on the 04/10/2017 to discuss PBS plans, reactive strategies and social rules. PBS team will carry out a full review of all the individuals plans ensuring that reactive strategies include interventions for all behaviours of concern. Reactive strategies will also reflect recent ABC incidents to ensure that all interventions are linking with clear guidelines.

Proposed Timescale: 11/11/2017

Theme: Safe Services

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

Recorded reactive strategies in place for residents could be consider punitive in nature. For example, a number of reactive strategies in place stated that staff would have to

inform an allied health professional if the behaviour continued

5. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Reactive strategies will be reviewed and updated by PBS team.

Proposed Timescale: 11/11/2017

Theme: Safe Services

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

Some of the information recorded on the interventions could be considered restrictive in nature. They had not been recorded as such and therefore were not reviewed so as to ensure that the least restrictive measure was in place.

6. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Reactive strategies will be reviewed and updated by PBS team to include clear guidelines and a rationale for each intervention.

Proposed Timescale: 11/11/2017