

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 11
Centre ID:	OSV-0004082
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Sheila O'Neill
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	7
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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 August 2017 10:00	31 August 2017 14:00
01 September 2017 11:00	01 September 2017 19:00

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 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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection the inspector spent time with four residents. They appeared to be comfortable and content in their home, and it was evident from interactions observed between staff and residents that staff knew the residents well, and were familiar with all their needs and preferences.

The inspector also met with staff members, the person in charge, and the area

director. The inspector observed practices and reviewed documentation such as personal plans, risk assessments, audits and medication documentation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised two spacious detached homes, each with functional outside areas, which could accommodate eight residents.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met.

Good practice was identified in areas such as:

- consultation and choice (outcome 1)
- social care (Outcome 5)
- risk management (outcome 7)

Improvements were required in areas such as:

- fire containment (outcome 7)
- policy development (Outcome 18)

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):

No actions were required from the previous inspection.

Findings:

There was evidence of consultation with residents and their families, of accessible versions of information being made available to residents and of a clear complaints procedure.

The complaints procedure was detailed enough to guide staff, residents and their families. It was available in an accessible version and was clearly displayed in the centre. There was a named complaints officer for residents to refer any complaints to. A complaints log was available in which to record any complaints and the outcomes, and compliments were also recorded here.

Weekly residents' meetings were held, and records were kept of these meetings. Issues discussed included house issues, residents' goals and fire safety. Some of the residents signed off on the record of the meetings. Various ways of communicating with residents were in place to facilitate participation in these meetings, and staff described how they included residents with communication needs. There was a named advocate available should residents require this type of support and lists of residents' personal possessions were recorded, including photographs of items.

There was clear evidence of residents being facilitated to make choices, for example one of the residents who managed their own medication had chosen not to record this and another made a choice about family involvement in person centred meetings.

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 accordance with their needs, and information was available to residents in a format accessible to them.

There was a section in each resident's personal plan which included detailed information on communication needs, including an assessment of the ways in which residents might communicate discomfort or pain. Staff displayed detailed knowledge of the ways in which each of the residents communicated. Some residents were supported to use technology and social media.

Accessible versions of various pieces of information were available, for example the complaints procedure, the residents' guide and residents' person centred plans.

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:

Written contracts of care were in place for each resident which outlined the services which were provided and any costs incurred. These contracts were signed by the organisations' representative and by a representative for each resident.

Whilst no admissions were envisaged, there was a detailed admissions policy in place which included guidance on ensuring compatibility of residents living together.

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:

There was evidence that a meaningful day was facilitated for each resident and there was a personal plan in place for each resident which was based on an assessment of needs.

Various assessments of both social and healthcare needs had been conducted including assessments relating to financial decision making, independence in medication management and falls.

Personal plans included sections on all areas of need, and were person centred. Plans were available in accessible versions for residents, for example there were photographs of progress towards achieving goals for some residents. Goals had been set with residents which were appropriate to their needs and preferences and time of life, and there was evidence of steps being taken towards reaching these goals.

Residents had various daily activities in accordance with their needs and preferences. Some people attended day services, some availed of activities involving animals, and some residents were supported to have pets.

Leisure activities outside the home included outings and community activities of residents' choice. Residents were supported by staff on visits to their family homes, and families and friends were a regular presence in the home.

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 centre comprised two spacious detached homes which could accommodate eight residents. Both homes were decorated, furnished and maintained to a high standard, and both had adequate communal and private living areas. Each resident had their own room which was decorated and accessorised according to their individual preferences. There was sufficient storage space for residents to keep their personal possessions, and the homes were within close proximity to the nearest town.

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:

There were structures and processes in place in relation to the management of risk, and some appropriate measures in place in regard to fire safety, although improvements were required in the use of fire doors and in fire drills.

All staff had received fire safety training and were knowledgeable in relation to fire safety, and the actions to take in the event of an emergency. Fire drills had been conducted monthly, and the records of these drills were reviewed by the fire officer. However no night time fire drills had taken place in one of the houses, and those in the other house were not completed in a timely manner.

There were fire doors throughout one of the houses, however some of them were observed by the inspector to be propped open, and the guidance in one of the personal plans was that a bedroom door should be left ajar, even though this was a fire door.

There was one fire door in the other house between the kitchen and the residents' living areas.

There was a personal evacuation plan in place for each resident which had been recently reviewed, and which identified any potential difficulties residents may have during an evacuation. Fire exits were all clear, and appropriate daily and weekly checks were recorded. All fire safety equipment, including emergency lighting had been tested quarterly.

A risk register was maintained which included various risk assessments and management plans, such as use of equipment, lone working and various other environmental risks. The risk register listed all identified risks, including the risk rating and control measures. Individual risk assessments were in place for residents, for example in relation to the risk of choking, and staff were required to sign that they had read and understood the risk management plan.

Accidents and incidents were listed in the risk register, then recorded and reported, reviewed by the person in charge and monitored by senior management. A root cause analysis was conducted on any incidents, whereby any learning was identified. All incidents examined by the inspector had been followed up appropriately, including the required notifications to HIQA.

The centre was visibly clean and there was a flat mop system in place. Staff had received hand hygiene training, and hand hygiene facilities were available.

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:

There were structures and processes in place in relation to safeguarding residents, and any restrictive practices were managed appropriately, however improvements were required in the management of residents' finances.

Where restrictive practices such as alarm mats were in place, risk assessments had been conducted and the interventions were the least restrictive to mitigate the risk. Detailed recordings were kept on every occasion that a restrictive intervention was used.

Staff had received training in the protection of vulnerable adults, were knowledgeable about their role in this area. There was a detailed policy on the protection of vulnerable adults.

Intimate care plans were in place for all residents, and they provided detailed guidance for staff.

Each resident had a documented financial decision making assessment in place, and each received the level of support they required from staff. Receipts were maintained for any purchases, and balances were checked by staff and signed as correct. However a balance which had been signed off as correct on the evening prior to the inspection was not actually correct when checked by the inspector. In addition there was a practice in place whereby residents paid for each other's meals where there was a shared receipt, but no record was available as to whose turn it was, or as to whether the amounts paid were equal.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

All required notifications to HIQA had been made in a timely manner.

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:

There was evidence of residents' healthcare needs being met, and of a nutritional diet being available.

There was evidence that changing healthcare needs were responded to promptly and appropriately. For example an incident relating to healthcare had been followed up immediately, appropriate referrals had been made and appointments kept. A timeline record of events had been maintained by the person in charge to ensure monitoring of the situation.

Residents had access to various members of the multi-disciplinary team including speech and language, optician and dentist, as required. Each resident had their own GP, and there was an out-of-hours service available.

Staff demonstrated an in-depth knowledge of all the healthcare and nutritional needs of residents, and could describe any required interventions. There were detailed plans of care in place with precise direction on all healthcare needs including mental and emotional healthcare.

There was evidence of a healthy and diverse diet being offered, and both healthy options and treats were available, and were being prepared in accordance with the requirements of residents.

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:

There were structures and processes in place in relation to the safe management of medications.

Medication was managed for the most part by the use of blister packs supplied by the local pharmacist. Medications were stored securely in individual cupboards in each resident's room. All required documentation relating to the management of medications for residents was in place. Prescriptions, including 'as required' (P.R.N.) medication prescriptions, contained all the information required by the regulations. There were detailed protocols in place providing guidance on the administration of P.R.N. medications, and a record of each administration was maintained including the reason for the administration and the response.

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. Medication errors were managed by the accident and incident reporting process, and there was a system whereby a root cause analysis would be undertaken in the event of any errors.

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 provider had prepared a Statement of purpose as required by the regulations, and this document adequately described the service offered in the 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):

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

Findings:

There was an appropriate management structure in place which supported the delivery of safe care and services, and there was an appropriately skilled and qualified person in charge at the time of the inspection, however improvements were required in staff supervision and performance management.

Monthly staff meetings were held and minutes were kept of these meetings. All agreed actions reviewed by the inspector had been implemented. There were also both area and regional meetings between persons in charge, however there was no system of monitoring the implementation of agreed actions from these meetings.

There were systems in place in relation to the operational management of the centre, for example task calendars, checklists and a communication book.

Audits had been conducted, for example in the management of medication, health and safety and documentation. There had been six monthly unannounced visits on behalf of the provider as required by the regulations, and an annual review of the quality and safety of care and support had been prepared.

The person in charge was suitably qualified, skilled and experienced. She had a detailed knowledge of the health and support needs of the residents. She was clear about her roles and responsibilities and outlined various communication strategies, and provided evidence of continuing professional development.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Appropriate arrangements were in place in the event of the absence of the person in charge, and the person in charge was aware of the circumstances that would require notification to HIQA.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The designated centre was adequately resourced to meet the needs of residents. Each resident had their own room, and all communal areas and grounds were well maintained. Equipment was available as needed, and the staffing levels were adequate to meet the needs of residents. There were vehicles at each house for the sole use of residents, and second vehicles available as required.

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):

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

Findings:

The inspector found that the numbers and skills mix of staff was appropriate for the assessed needs of the residents.

There was a planned and actual roster available, and the number of staff on duty during the day and at night were adequate to meet the needs of residents. Continuity of staff was managed by a core group of staff supplemented by a relief panel of staff and occasional use of agency staff. A detailed induction process was in place, and any new staff were always rostered with familiar staff members.

Staff had received mandatory training, for example in fire safety, safe administration of medication and protection of vulnerable adults. All staff engaged by the inspector were knowledgeable, and interactions between staff and residents were respectful and caring.

A sample of staff files had been reviewed by the inspector in the organisation's head office prior to the inspection, and all information required by the regulations was available.

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:

All 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. There was a residents' guide available, and a directory of residents was maintained.

All the policies required under Schedule 5 were in place, however the content of the intimate care policy was, for the most part, irrelevant to the centre. For example there

were detailed step by step instruction on the use of a bed pan, and other nursing practices which were not in use in the centre. There was no applicable guidance for staff in the management of the intimate care of the residents who were supported in the centre. In addition three other policies had not been reviewed within three years as required by the regulations.

All information was stored safely and was readily retrievable.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider’s response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0004082
Date of Inspection:	31 August 2017 & 01 September 2017
Date of response:	06 November 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 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements for containing fires were not adequate.

1. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

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

Door closure will be installed on the relevant bedroom door to eliminate the need for this to be propped open.

Proposed Timescale: 30/11/2017

Theme: Effective Services

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

Not all night time drills had been undertaken or completed in a timely manner.

2. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Night time fire drill was completed.

Proposed Timescale: 02/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Systems for safeguarding residents' personal finances required improvement.

3. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

PIC discussed with staff team the importance of ensuring balances are correct before signing off on same, 2 staff now check and sign a daily cash sheet. Balances of cash boxes now spot checked by PIC on a regular basis. The practice whereby residents paid for each others meals where there was a shared receipt has ceased. Resident who paid for the last shared meal was reimbursed.

Proposed Timescale: 08/09/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies reflected best practice or had been reviewed within three years

4. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Intimate and Personal Care Policy has been reviewed and amended.

Proposed Timescale: 26/10/2017