

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0002724
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	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 1 day(s).

The inspection took place over the following dates and times

From: 14 January 2016 10:00 To: 14 January 2016 16:30

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

Outcome 05: Social Care Needs
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

Summary of findings from this inspection

This follow up inspection was conducted in order to inform a registration decision. As part of this inspection the inspector met with management, residents and staff members, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures, and staff training records.

The designated centre was a spacious home for three residents, each had a single room which was personalised according to their wishes and preferences. Residents appeared to be comfortable and content in their home.

While the inspector found evidence of a good quality service in the main, some improvements were required, for example in the management of restrictive practices and in the guidance in healthcare plans. These issues discussed in the body of the report and included in the action plan.

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):

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

Findings:

The person in charge had put structures in place to ensure a meaningful day for residents. Activities were taking place both in the home and in the community, and were planned in accordance with the preferences and abilities of residents. A schedule of these activities was available, and included community games groups, music and dancing events in the community and active retirement group meetings in the local community hall. In addition residents had been on overnight hotel breaks which they had chosen.

Personal plans were in place for all of the residents. These plans included likes and dislikes, preferred and activities, information about the worries of the residents and healthcare plans. Implementation of the personal plans was documented.

These plans were made accessible to the residents, for example, by the use of photographs and by an 'About me' section. The plans identified clear goals for residents, based on their assessed needs, and a record of progress towards meeting these identified goals. Person centred planning meetings were held regularly, at which personal plans were reviewed.

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 was evidence that fire safety procedures were well managed, there was a thorough personal evacuation plan for each resident and an emergency plan which included the plan to manage major events. Fire equipment maintenance records were up to date including emergency lighting and fire alarms. Fire training for staff and fire drills were regularly conducted. Staff were aware of the procedures to follow in the event of an emergency.

There was evidence of structures in place for the management of risk, for example, a system of accident and incident recording and reporting was in place. There was also a policy relating to the management of risk which included all the requirements of the regulations. A risk register was in place and there was evidence of individual and local risks having been assessed and managed.

Risk assessments were in place in relation to lone workers, and also in relation to individual and clinical risks for individual service users. There were a series of environmental risk assessments including the risk of falls, the use of household equipment and risk associated with cooking.

The centre was visibly clean and staff were aware of infection control issues. A flat mop system had been introduced since the previous inspection.

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):

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

Findings:

There was a policy on the protection of vulnerable adults which provided guidance for staff and identified the designated person. Staff were aware of what constitutes abuse and what to do if there was an allegation or suspicion of abuse, and all had received training in the protection of vulnerable adults.

Intimate care plans were in place for residents who required assistance, and staff were familiar with the content of these plans.

The inspector found that the provider had systems in place to manage residents' personal finances. For example, most residents had been assessed using a financial decision making tool, and personal spending was managed with the assistance of staff for the most part. Issues relating to money management plans were discussed at regular team meetings. Money was held in each resident's personal cash box, receipts and signatures were evident for each transaction and these were returned to the organisation's head office for further verifications. Weekly audits of finances was conducted. A list was maintained of each residents' possessions, and these included photographs.

A restrictive practice was not applied in accordance with evidence based practice. There was a restrictive practice in place in the centre which had not been recognised as a restriction, in the form of an audio monitor in a resident's room to which staff listened when the resident was in their room, in order to be alerted if the resident had a seizure. There were no recordings of the use of this monitor, and insufficient evidence that all alternatives to the restriction had been considered. In addition the monitoring system had been ineffective on one recent occasion, when staff were attending to another task and did not hear the warning sounds that the resident was having a seizure.

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):

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

Findings:

The inspector found some arrangements in place to support the healthcare needs of residents, however, some improvements were required in relation to the healthcare

plans.

Residents all had access to a general practitioner of their choice, to an out of hours GP service and to other healthcare professionals as required. Healthcare plans were in place for ongoing conditions and also for changing needs, for example there was a healthcare plan in place for one resident in relation to recurrent infections. There was a thorough assessment and documentation of implementation of a healthcare plan in relation to ear care for one resident.

However, there was not always sufficient detail in these plans as to guide staff. For example, the healthcare plan for the management of diabetes for one resident required staff to 'identify triggers for elevated blood sugars' and to 'follow preventative strategies'. There were no triggers described, and no preventative strategies identified in the plan. In addition there was no information as to what normal blood sugar levels should be.

Actions required following the previous inspection in relation to access to transport for healthcare appointments had been fully addressed. The centre now had sole use of a vehicle which was adapted to meet the needs of all the residents.

There was evidence of a balanced and nutritious diet. A record of nutritional intake was maintained, and residents had access to appropriate healthcare professionals including speech and language therapy if required. Choice was offered consistently, snacks were always available and residents planned their weeks' menus every Friday.

Breakfast was in progress when the inspector arrived unexpectedly, and was seen to be a sociable occasion at which all the needs of residents were addressed. There was a bowl of fresh fruit on the table and residents were seen to enjoy helping themselves to this. Assistance offered by staff was observed by the inspector to be the minimal required in order to promote independence.

Judgment:
Substantially 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were some structures in place in relation to the safe management of medications. Each resident had a medication management plans and a self administration assessment in their personal plan. Regular prescriptions contained all the information required to support safe administration of medication.

However, some prescriptions for PRN 'as required' medications included unclear instructions relating to the conditions under which they should be administered. For example, one prescription directed the use of oxygen for 'seizure', and another for 'collapse'. The inspector found that these instructions did not provide sufficient guidance to the staff to support consistent care.

Systems were in place to ensure the safe ordering and receipt of medications. A local protocol was in place to guide staff in the safe management of medications and regular medication management audits took place. Medications were stored appropriately for the most part and regular stock checks took place. However, medication requiring refrigeration was stored in an unlocked lunch box in the domestic fridge. The inspector found that this was an unsuitable arrangement

Judgment:

Non Compliant - Moderate

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:

The provider had established a management structure in which the roles of managers and staff were clearly defined. Regular management meetings and staff meetings were held. These meetings were minuted and the actions identified were monitored by reviewing the minutes of each meeting. There was evidence that actions agreed at team meetings had taken place.

A system for the review of the safety and quality of care and support provided had been introduced. Various audits were conducted including an audit of activities, a health and safety audit, finance audits and medications audits. The provider had made the required unannounced visits to the service.

The inspector found that the person in charge was appropriately skilled and qualified and had continued her professional development. She demonstrated a clear knowledge about the needs of each resident and was aware of her responsibilities under the regulations.

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 there were appropriate levels of staff on the day of inspection to meet residents' needs within the layout of the premises. Each resident had an identified key worker.

Staff were in receipt of up to date training in mandatory areas, and in other areas appropriate to the needs of the residents, for example, the management of epilepsy and care planning.

A formal staff appraisal system had been developed and the person in charge had implemented it. In addition there was documented supervision of staff practice in various competencies available.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0002724
Date of Inspection:	14 January 2016
Date of response:	15 March 2016

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 08: Safeguarding and Safety

Theme: Safe Services

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

A restrictive practice was not applied in accordance with evidence based practice.

1. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in

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

accordance with national policy and evidence based practice.

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

Alternatives to the restrictive practice in place are being trialled in consultation with the Occupational Therapist. In the interim the monitor remains in place from 23.00 hrs to 07.00 each night and its usage is being recorded.

Proposed Timescale: 31/05/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was insufficient evidence of appropriate healthcare with regard to some aspects of residents' personal plans.

2. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Individual's care plan now documents 'triggers for elevated blood sugar levels' and preventative strategies have been implemented. This care plan also details what normal blood sugar levels for the individual are and management of hypoglycaemia or hyperglycaemia.

Proposed Timescale: 28/01/2016

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:

Not all medications were stored appropriately.

3. 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:

Refrigerated medication is now stored in a 'medpac' cooler bag which is kept locked within the fridge.

Proposed Timescale: 19/02/2016

Theme: Health and Development

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

Instructions for some 'as required' medications were not adequate to ensure safe administration.

4. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

PRN protocols for oxygen now provide clear guidance under what circumstances it is to be administered.

Proposed Timescale: 09/03/2016