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Community Living Area 1, Kildare

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area 1
Centre ID:	OSV-0004076
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	2

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: 18 January 2017 09:00 To: 18 January 2017 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

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

How we gathered our evidence:

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

Description of the service:

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

Overall judgment of our findings:

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

The residents were found to be well cared for and supported to enjoy a good standard of care in accordance with their assessed needs. The requirements of the Regulations and Standards were well met in this centre. All findings are discussed in more detail in the main body of this report. Only one minor area of non compliance was found in the area of personal planning and social care provision to one resident.

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:

Resident's rights, dignity and levels of consultation were well promoted in this centre. Resident informed the inspector they were very happy with where they lived and the staff members who supported them.

The inspector found good systems in place to consult with residents and offer choice. A complaints systems was in pace and clearly identified person responsible to manage and deal with complaints. Residents knew how to complain and complaints were found to be followed up and appropriately dealt with.

Resident's meetings were taking place on a weekly basis and covered a number of areas relevant to the residents including menu planning, staffing, house maintenance and activities.

Residents privacy was upheld with each residents having their own personal space and bedrooms with ample rooms for private and communal use found in the centre. Residents in this centre exercised their right to vote and were involved in their local communities in lobbying their local representatives to complete work in their community.

Staff knew residents needs, wishes and preferences and supported residents very well.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There were clear admissions and discharge policies in this centre and practices reflected these directive. Appropriate transitional plans had taken place for residents who had transitioned out and into this centre since the previous inspection. Each resident had a contract regarding the service that was provided to them which included appropriate detail of the services provided and the fees charged.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Residents enjoyed a good standard of social activity in this centre and personal plans were aligned to individual needs, wishes and preferences. Residents were observed coming and going to appointments and meals out over the course of inspection.

Resident's plans were found to be comprehensive and contained appropriate detail regarding residents care planning and professional support needs. Plans contained appropriate multidisciplinary input and residents clinical and social support needs were

well monitored and supported.

Residents told the inspector they enjoyed living in their home and were well supported. Some person centred support plans reviewed clearly outlined residents likes and dislikes and cited social goals and objectives such as going on holidays, attending evening courses, knitting, bingo and community involvement. Goals and activities were found to be well matched to resident's choice and the age profile of residents in the centre.

One residents goal of going on a train journey was not achieved citing staff changes as the reason. This needed to be pursued for this resident further. The remainder of resident's goals and ambitions in this centre had been or were on course to being pursued and/or achieved.

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:

The location, design and layout of the centre was suitable for the stated purpose and was meeting resident's individual and collective needs. There were two premises in this centre and both were inspected. There were appropriate arrangements in place to provide a good standard of care to the five residents residing in the centre at the time of inspection.

The premises were found to be clean and spacious. Each resident had ample personal space with bedrooms personalised and well decorated. Appropriate equipment and handrails were observed in place where required and residents informed the inspector they were very happy with their homes. Maintenance services were available to address issues in the designated centre regarding the premises.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents was well promoted and protected in this centre.

The inspector found that there were policies, procedures and protocols in place regarding health and safety. Risk management, hazard identification and appropriate management plans were in place to ensure effective control measures were implemented to protect residents.

A risk register was in place that identified and assessed individual, environmental and clinical risks. The inspector reviewed a system of recording and reporting accidents and incidents. There was clear evidence of follow up to incidents that had occurred within the centre. For example, there had been appropriate provider led action taken in response to incidents such as falls, peer to peer incidents and medications errors.

On the evening previous to this inspection a resident had a minor fall in the centre. This incident was responded to immediately by the staff and the resident was supported, emergency services were called and the resident was ambulated to hospital for x-ray and full medical examination. Staff remained with the resident who was returned to the centre following medical clearance. Staff supported the resident throughout the process and the resident told the inspector they were very happy with this response. A new risk assessment was being updated post fall and the person in charge highlighted that continual monitoring of falls and all risks in the centre was a priority. There were not a high number of resident falls occurring in this centre.

There were systems in place for the detection and response to the risk of fire. Fire equipment such as extinguishers, fire blankets, alarm and detection sensors were in place and the provider had clear fire order and evacuation plans available. The inspector reviewed recent evacuation drills and found the provider had assurances to demonstrate the building could be safely evacuated in an appropriate timeframe.

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:

There were appropriate measures in place to protect residents being harmed or suffering abuse. The provider had updated policies and procedures in place regarding the guidelines to ensure the safeguarding and protection of vulnerable adults. Staff were aware of the policies, protocols and reporting procedures and highlight resident safety as the paramount consideration.

A designated liaison person was clearly identified and protocols for managing allegations, disclosures or suspected abuse was accessible to staff. Resident told the inspector they felt safe in their home and were comfortable with the staff supporting them.

The inspector reviewed resident's finances and found that the systems found ensured that finances were appropriately protected and monitored. The inspector checked resident's cash balances which correlated with income and expenditure records and receipts reviewed.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents in this centre were found to be well supported on an individual basis to enjoy best possible health. The inspectors spoke to residents who spoke about their support needs and stated they felt well supported. One resident highlighted that they were going

to their doctor on the day of inspection for a check up while another residents had been in hospital the evening prior to inspection.

The person in charge was a nurse and other clinical nurse managers visited the centre over the course of inspection to support a resident who had a minor fall. Resident's health care plans were found to be comprehensive and offered appropriate levels of guidance to staff.

Care planning regarding specific health conditions such as epilepsy, visual impairment and osteoporosis were found to be in place. Access to appropriate allied health professionals such as GP, dentist, speech and language therapy and clinical hospital reviews and appointments were facilitated and well documented in care plans reviewed. Falls assessments were continually being monitored in line with physiotherapist and occupational therapist supports that were available in this service.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found systems in place to ensure residents were protected by appropriate policies and procedures for medicines management.

There were appropriately trained staff and review systems regarding the ordering, prescribing, storing and administration of medicines to residents. Staff demonstrated best practice in administering medicines and were observed to be professional and respectful to the residents in terms of the administration of medicines.

Medicines were safely and securely stored and the inspector found that medication errors were followed up and corrective actions implemented. The person in charge was a qualified nurse and had good oversight of the area of medicines management.

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:

There were appropriate governance and management systems in place to ensure the quality of care and experience of the residents were monitored and developed on an on-going basis.

The inspector found that the centre was managed by a suitable person in charge and a clearly defined management structure was in place. There were systems of auditing in place and a series of unannounced checks and audits completed by the provider. Health and safety, medications, resident finances and personal planning had all been subject to recent auditing in this designated centre.

There were good review systems in place regarding residents clinical care and the provider demonstrated learning from incidents, follow up in areas of risk and a good quality of management in terms of oversight of resident care delivery.

A team meeting occurred on the day of inspection whereby the local manger attended. In reviewing meeting minutes and correspondence the inspector found that there was on-going contact between the person in charge, the staff and the local and regional management team. This demonstrated effective oversight of the care delivered in the centre.

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 inspector found an appropriate number and skill mix of staff were in place in this designated centre. Residents received a continuity of care from staff who knew their needs, wishes and preferences very well.

Staff rosters were reviewed and staff personnel files were in line with regulatory requirements. Staff had undergone mandatory training in areas such as safe administration of medication, fire safety, safe moving and handling and the protection of vulnerable adults.

Performance management was in place in the centre and the person in charge outlined plans to ensure the on-going review and supervision of staff performance and training.

Staff meetings were held regularly and the inspector attended the meeting that took place on the day of inspection. Meeting minutes reviewed carried standing agenda items such as HIQA, health and safety, training and various aspects of resident's support needs.

Overall the staff on this inspection were found to be caring, professional and respectful towards the residents they were supporting. Residents presented as very comfortable with the staff on duty.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that the records and documentation reviewed on this inspection met the requirements of the Regulations and Standards. The Schedule 5 policies had been reviewed and updated and the inspector found staff were aware of policies and procedures within this designated centre. Resident's personal planning and personal information was clear, accurate and securely stored. All documents reviewed on this inspection were found to be accessible and well maintained.

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:

Conor Brady
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-0004076
Date of Inspection:	18 January 2017
Date of response:	03 February 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:

One person centred support plan goal had not been appropriately pursued or achieved.

1. 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

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

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:

Individual has planned a train trip with their key worker on the 9th February 2017 to incorporate a shopping trip and a meal out.

Proposed Timescale: 09/02/2017