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Woodside, OSV-0002706, 02 November 2017

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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:	Woodside
Centre ID:	OSV-0002706
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Lead inspector:	Julie Pryce
Support inspector(s):	Jacqueline Joynt
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 November 2017 10:00 To: 02 November 2017 19:30

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 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 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 five residents. They appeared to be comfortable and familiar with their home environment, and although the premises comprised an on-campus unit, every effort had been made to make the unit homely, and to personalise the accommodation.

The inspector also met with staff members, the person in charge, and the person nominated to represent the provider. 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 of a unit on a large campus, and as part of the inspection the provider gave assurances that community homes had been sourced for residents who would all be moving into more appropriate accommodation within a reasonable timeframe.

Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre, and that every effort was made to minimise the impact of the setting, pending the move to community homes. 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:

- healthcare (outcome 11)
- risk assessment and management (Outcome 7)
- the provision of sufficient staff and an appropriate skill mix to meet the needs of residents (outcome 17)

Improvements were required in areas such as:

- appropriate consultation with residents (outcome 1)
- choice in mealtimes (Outcome 11)

The reasons for these findings are explained under each outcome in the report, and in the action plan at the end of 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):

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

Findings:

There was evidence of a detailed and transparent complaints procedure, and of accessible versions of information being made available to residents, although improvements were required in eliciting choice and participation of residents.

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.

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. Monthly residents' meetings were held, and records were kept of these meetings, however where residents had had communications difficulties there was insufficient evidence that steps had been taken to ensure their involvement in these meetings, and to ensure that their voices were heard. Records of the meetings indicated that much of the meeting was spent by staff discussing residents' issues.

Whilst residents had their own rooms, one of their rooms contained a bed which was available for use in the event of an emergency admission. There was no evidence of this being in accordance with any wishes of the residents, and this had not been identified as a rights restriction.

In accordance with the agreed action plan following the previous inspection, new

premises had been acquired for the residents to move into, and a six month plan was in place.

Judgment:

Substantially 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 was a written agreement of care in place for each resident which clearly outlined the services which were offered and any charges incurred.

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:

Residents' wellbeing and welfare was maintained by a good standard of evidence based care and support. Each resident had opportunities to participate in meaningful activities that were appropriate to his or her interests and preferences. There was a weekly

activity plan in place with photographs in each resident's room of the activity for the day. There were various therapeutic activities available such as Jacuzzi, hydro-pool and relaxation alongside active choices such as gardening, cooking and colour me beautiful activities which were provided by the day service they attended. The inspector was informed during a conversation with a staff member that the residential service regularly link in with residents' day services to enable consistency and continuity.

There were arrangements in place to meet each residents' assessed needs based on detailed information in personal plans that reflected their needs, interests and capacity. For example the inspector found evidence of one resident being supported to participate in a research project on a subject matter that supported the resident's likes and sensory preferences.

While personal plans included photographs of days out and fun activities, improvements were required in strategies towards maximising the potential of residents. Several of the goals set for residents were either unrealistic or described an activity rather than a goal, a several goals had not been actioned.

Each resident's care plan had been reviewed annually and included the participation of some family members

Judgment:

Substantially 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:

There were structures and processes in place in relation to the management of risk, and appropriate measures in place in regard to fire safety for the most part, although not all staff had been involved in a fire drill.

All staff had received fire safety training including the use of specific fire safety equipment. Fire drills had been conducted monthly, and the records of these drills had been reviewed by the fire officer. However not all staff had been involved in a fire drill over a significant periods of employment by the organisation.

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 and fire doors were in place in the centre.

A risk register was maintained which included various risk assessments and management plans, including the risk rating and control measures. Individual risk assessments were in place for residents, for example in relation to the use of lap belts or the management of epilepsy.

Accidents and incidents were recorded and reported, reviewed by the person in charge and monitored by senior management. All incidents examined by the inspector had been followed up appropriately, including the required notifications to HIQA.

The centre was visibly clean, cleaning checklists were maintained 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 had been assessed, although the implementation of these was not being recorded.

Where restrictive practices such as bedrails or lap belts were in place, the appropriate members of the multi-disciplinary team had been involved, for example the occupational therapist. Risk assessments had been conducted and there was evidence of alternatives having been considered, and restrictions had been reduced for some residents. However, the implementation of the restrictive interventions was not recorded.

Staff engaged by the inspector were knowledgeable about the protection of vulnerable adults and their role in this area. There was a detailed policy on the protection of

vulnerable adults.

Where residents required behaviour support there were detailed behaviour support plans in place including a functional analysis of behaviour and reactive strategies. Detailed recordings were kept on any behavioural incidents, and on the circumstances on occasions where there were no behaviours of concern occurring.

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:

Residents were supported to achieve and enjoy the best possible health and healthcare needs were being met in line with personal plans through timely access to health care services and appropriate treatment and therapies.

Residents had access to allied healthcare services such as psychiatrist, dietician, occupational therapist and where appropriate behaviour support professionals. Personal plans were reviewed and updated for residents in areas such as nutrition, skin integrity, fluid intake and safe swallow strategies.

Residents were offered healthy and nutritious meal options and menu plans for the day were clearly displayed in the dining area. However the options available for residents to choose from were limited, and the timescale between mealtimes needed to be reviewed. The last meal of the day was offered at 5pm, and while a drink was offered in the evening, the next meal was not until breakfast the following day.

Staff assisted residents at mealtimes in accordance with their assessed needs, and staff displayed a detailed knowledge of the individual needs of resident's individual diets and support needs.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There are written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Individual medication plans are appropriately reviewed and put in place, as part of the individual person plans. Good practice was observed by the Inspector in relation to the medication administration recording. For example a colour coded system had been put in place to highlight monitoring of residents in relation to p.r.n (as required) medications.

The processes in place for the administration of medicines were safe and in accordance with current guidelines and legislation. Staff were observed to be following appropriate medication management practices, with the exception the management of soiled medications. These were not being disposed of in accordance with best policy, or in accordance with the organisations' policy on the disposal of medications.

A self medication assessment had been conducted for residents, and residents were then supported towards independence in medication management, by the use of skills teaching and staff support.

There was a system in place for reviewing and monitoring safe medication management practices. For example the inspector found evidence of medication trolley and medication stock room audits taking place in the morning and evening.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was an appropriate management structure in place to support the delivery of safe care and services, and that there was an appropriately skilled and qualified person in charge at the time of the inspection.

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 meetings between persons in charge and their line manager. In addition a monthly management report was submitted to the provider which outlined issues such as health, appointments, and protection of vulnerable adults.

Audits had been conducted, for example in the effectiveness of personal plans, health and safety and medication storage. An unannounced visit had been conducted on behalf of the provider six months previously. However, several of the agreed actions had not been completed or acted on, including an action relating to communicating with and engaging residents.

The person in charge was suitably qualified, skilled and experienced. She was knowledgeable regarding the requirements of the regulations and 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.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

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 and consistency of staff was maintained by the use of a core group of staff and permanent relief staff. Where new or unfamiliar staff were used there was an induction process including shift shadowing.

Staff had received most mandatory training, for example in fire safety, safe administration of medication and first aid. However not all staff had received up to date training in the protection of vulnerable adults.

Individual performance management meetings were held with staff on a quarterly basis. All staff engaged by the inspector were knowledgeable, and interactions between staff and residents were respectful and caring.

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-0002706
Date of Inspection:	02 November 2017
Date of response:	04 January 2018

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Improvements were required in eliciting choice for residents, and in ensuring the privacy of their personal space.

1. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in

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

accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

- 1) Individual meetings will be held on a monthly basis with their Keyworker/named nurse using easy read documentation and pictorial evidence to support service users around choice.
 - 2) Plans have been drawn up to divide a room to ensure that no emergency admission will share with a full time resident. This work has to go out to tender prior to commencement of building works.
- Proposed Timescale: 1) 31/01/2018
2) 30/04/2018

Proposed Timescale: 30/04/2018

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:

Goal setting and implementing goals was not adequate to ensure the maximising of each resident's potential.

2. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

PIC has arranged for staff team to meet with the Service Development Co-ordinator in order to get support around goal setting to ensure maximising the potential of residents. PIC will ensure that goals set will be actioned, documented and reviewed. Goals will be reviewed at their scheduled Person Centred Review Meetings.

Proposed Timescale: 30/06/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all staff had been involved in a fire drill.

3. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

PIC will schedule a date for a fire drill with the Fire Officer to ensure that those staff who have not previously been on duty when the unannounced fire drills have taken place are involved in a fire drill.

Proposed Timescale: 31/01/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The use of restrictive interventions was not recorded.

4. 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 accordance with national policy and evidence based practice.

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

All restrictive interventions will now be recorded on Epi Touch (Epi Care) and all staff have been inducted on how to do this.

Proposed Timescale: 31/12/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was a significantly long period of time between the last meal of the day and the first meal the following morning.

5. Action Required:

Under Regulation 18 (4) you are required to: Ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.

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

All resident's are offered an evening snack between their last full meal and bedtime. This is now recorded on Epi Touch (Epi Care).

Proposed Timescale: 03/11/2017

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:

Disposal of medications was not managed in line with best practice.

6. 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:

All soiled medications are returned to the pharmacy in line with policy and recorded

Proposed Timescale: 03/11/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Agreed actions from management processes had not been monitored.

7. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Actions outstanding from audits have been reviewed by the PIC and a resolution put in place.

Proposed Timescale: 04/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff had received training in the protection of vulnerable adults.

8. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Staff have been scheduled to attend training in the protection of vulnerable adults.

Proposed Timescale: 28/02/2018