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Multiple Sclerosis Society of Ireland - MS Care Centre, OSV-0001940, 15 August 2019

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Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Multiple Sclerosis Society of Ireland - MS Care Centre
Name of provider:	The Multiple Sclerosis Society of Ireland
Address of centre:	Dublin 6
Type of inspection:	Unannounced
Date of inspection:	15 August 2019
Centre ID:	OSV-0001940
Fieldwork ID:	MON-0021203

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre is based in a suburban area of South Dublin and provides short-term respite care and support services to persons with multiple sclerosis. The services provided by the centre focus on a central objective of enabling and empowering persons affected by multiple sclerosis to live a life of their choice to their fullest potential. The centre is comprised of one large detached building which provides accommodation for 12 individual respite bedrooms (all with adapted en-suite facilities); large living areas; a coffee dock space; a dining room; a kitchen area; therapy rooms; a conservatory/relaxation space; store rooms; a spacious landscaped garden and outdoor area; and offices, meeting and training rooms on the first floor. The staff team is made up of managers, staff nurses, carers, trainees, receptionists, administration staff, a clinical nurse specialist, an activity coordinator, a physiotherapist and a quality manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
15 August 2019	10:00hrs to 16:30hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met with a number of respite users during the time of the inspection and observed care and support interactions provided by staff members. Persons spoke with were very complimentary of the services provided by the centre and the staff team providing them. The inspector was informed by respite users that they felt safe while using the services of the centre and were aware of how to raise a concern if they needed to.

Capacity and capability

The inspector found that the centre was operated and managed in an effective manner which ensured a good quality and safe service was being provided to respite users. There was clear evidence available which demonstrated that a person-centred approach was central to the centre's provision of care and support to persons with multiple sclerosis. In addition, the inspector found that there was a culture of pride and an awareness of the importance of providing high standard services amongst the staff and management teams.

The inspector found that there was an appropriate number of staff deployed to work in the centre and there was an appropriate skill mix amongst the staff team to meet the identified needs of respite users. Staff members met with by the inspector demonstrated satisfactory knowledge of the client group and were observed to interact in a kind and warm manner with individuals they were supporting. There were staff duty rosters maintained in the centre which clearly outlined the necessary information. A sample of four staff files were reviewed by the inspector and they were found to contain all required information as outlined in Schedule 2 of the regulations.

A review of staff training records was completed by the inspector. All staff were found to have completed all areas of mandatory training as identified by the registered provider. A suite of additional training was also provided to staff members in areas such as key working, mental health, first aid, and disability awareness.

The inspector found that there were robust arrangements in place for the supervision of staff members. Individual one-to-one supervision meetings were held on a regular basis, in line with the centre's policy on this matter, with all staff members. In addition there were regular group supervision meetings and team meetings held.

A review of the governance and management of the centre found that there were effective arrangements in place to ensure that high-quality, person-centred care was

delivered to persons availing of its services. There were governance systems in place which monitored and audited performance and allowed for continual improvement and development to meet the evolving needs of respite users. There was clear evidence available to demonstrate that the registered provider was continuously striving for excellence through consultation with key stakeholders and embracing best practice.

The inspector reviewed the arrangements in place for the management of volunteers in the centre. The management team explained that at the time of the inspection there were no volunteers which were involved in direct respite user support or care. There were arrangements in place; however, to ensure that the registered provider would comply with regulatory requirements should volunteers join the centre's team in the future.

Regulation 15: Staffing

The inspector found that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of respite users availing of the services of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training was found to have been provided to staff to ensure positive outcomes for respite users and to deliver person-centred care and supports.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre and there were robust management systems developed to ensure that the service provided was safe, appropriate to respite users' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 30: Volunteers

While there were no active volunteers registered with the centre at the time of this inspection, the inspector found evidence to demonstrate that appropriate arrangements were in place to ensure compliance with the regulations in the event of volunteer recruitment in the future.

Judgment: Compliant

Quality and safety

The inspector completed a full walk through of the centre in the company of a deputy manager. The premises were found to be very clean, suitable decorated and maintained to a high standard throughout. All respite users had individual bedrooms with adapted en-suite facilities. There were sufficient storage facilities and an adequate number of toilets and shower facilities. The centre was found to be fully accessible for persons availing of its services. The inspector found that there were ongoing efforts to continually improve on the high standard of the premises of the centre. At the time of the inspection, a number of the the individual bedrooms had refurbishment works completed to the bathroom areas which further improved the standard of the environment and the quality of the service provided.

A review of the centre's risk management policy was completed by the inspector. It was found that this document contained all required information as set out in the regulations. The inspector found that there were effective and comprehensive arrangements in place for the management of risk in the centre. A risk register was maintained and updated on a regular basis. It was found to have identified, addressed and outlined all measures in place to control risks which existed in the centre. An incident management system in place was also found to be appropriately maintained and included a mechanism for ensuring identified risks were reviewed and updated during post incident reviews.

The inspector completed a review of fire safety arrangements in the centre and found overall that the registered provider had taken appropriate action to ensure that respite users, visitors and staff were protected. However, there were a number of areas which required further improvements. These were the absence of self-closing devices on a number of fire doors and the absence of fire procedures and listing of emergency fire exits on display in prominent positions. Representatives of the registered provider committed to the installation of these devices as a matter of urgency.

A review of safeguarding and protection arrangements found that respite users were appropriately protected from experiencing abuse while availing of the services of the centre. Respite users spoken with informed the inspector that they felt safe and staff members met with were very knowledgeable of the different forms of abuse and the actions required if abuse was ever suspected or witnessed.

Regulation 17: Premises

The inspector found that the premises of the centre were designed and laid out to meet the needs of respite users and it was tastefully decorated and homey throughout. The centre was found to be clean, fully accessible and maintained to a high standard.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the safety of respite users, visitors and staff members was promoted through risk assessment, learning from incidents and events, and the implementation of policies and procedures to protect key stakeholders.

Judgment: Compliant

Regulation 28: Fire precautions

While overall, the inspector found that the registered provider had put in place arrangements to ensure that respite users, staff and visitors were protected in the case of fire, there were improvements required with the installation of self-closing mechanisms on some fire doors and ensuring that fire procedures were displayed in prominent locations in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that there were appropriate arrangements in place to protect respite users from experiencing abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Multiple Sclerosis Society of Ireland - MS Care Centre OSV-0001940

Inspection ID: MON-0021203

Date of inspection: 15/08/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Regulation 28 (3)(a) An audit of all internal doors in the centre was conducted in August and those fitted with self- closing mechanisms were inspected to ensure they are in perfect working order. Any door requiring a self-closing mechanism will have them installed as a matter of urgency.</p> <p>Regulation 28(5) The number of procedures to be followed in the event of fire has been increased and displayed in additional locations throughout the centre.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	16/10/2019