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Community Living Area 18, OSV-0002724, 01 February 2018

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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 18
Centre ID:	OSV-0002724
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
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: 01 February 2018 10:00 To: 01 February 2018 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 three residents. They appeared to be comfortable and content in their home, and it was evident from interactions observed and from discussions with staff and the person in charge that staff were familiar with residents and knowledgeable about their needs and preferences.

The inspector met with staff members, the person in charge, and the area director. The inspector observed practices and reviewed documentation such as personal plans, risk assessments, audits and medication documentation.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised a spacious well maintained house in the local town with an well kept and

functional outside area, which could accommodate three residents.

Overall findings:

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

Good practice was identified in areas such as:

- Ensuring a meaningful day (outcome 5)
- management of healthcare needs (Outcome 11)
- availability of familiar and caring staff (outcome 17)

Improvements were required in:

- Some aspects of fire safety
- Documentation relating to restrictive practices.

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):

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

Findings:

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

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

Weekly residents' meetings were held, and resident also attended regular tenancy meetings facilitated by the residents' advocate. Records were kept of these meetings, and various issues were discussed including activities, tenancy issues and menu planning. Any issues raised by residents had been followed up. There was also evidence of staff advocating on behalf of residents, for example in relation to the accessibility of local facilities.

The organisation had undertaken a process for eliciting the views of residents by supporting them to complete questionnaires, and the data gathered from these questionnaires had been collated, and highlighted issues then addressed.

There were robust systems in place in the management of residents' finances, and residents were supported to maximise their independence in money management.

Each resident had their own room and ensuite bathroom, and their rooms were furnished and decorated to their own preferences.

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:

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

Various assessments of both social and healthcare needs had been conducted and residents were involved in these assessments, and in the development of person centred plans.

Personal plans included sections on all areas of need, and were detailed and person centred. Plans were indexed and information was readily retrievable. Goals had been set with residents which were appropriate to their needs and preferences, and there was evidence of steps being taken towards reaching these goals. Residents showed the inspector their personal plans and talked about working towards their goals.

Residents had various daily activities in accordance with their needs and preferences. New activities were being introduced to some residents, and many activities were in the local community. Residents were members of the local active retirement group, and also took classes in the local community.

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:

There were structures and processes in place in relation to the management of risk, and appropriate measures in place in regard to fire safety.

All staff had received fire safety training including the use of specific fire safety equipment. Fire drills had been conducted quarterly, including a night time drill and the records were maintained of these drills.

Staff were knowledgeable in relation to fire safety, and the actions to take in the event of an emergency. 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.

There were fire doors throughout the centre, however there was a practice in place of propping open these doors both during the day and at night,

A risk register was maintained which included various risk assessments and management plans, such as lone working, manual handling and environmental risks. The risk register listed all identified risks, including the risk rating and control measures. Individual risk assessments were in place for resident, for example in relation to the use of bedrails, or the risk of choking.

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

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided

with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were structures and processes in place in relation to safeguarding residents, and any restrictive practices were managed appropriately.

There was an ethos of maintaining an environment as free from restrictions as was feasible whilst maintaining the safety of residents. This was an item for discussion at staff meetings. However, there were three restrictive practices in place in the centre which had not been identified as restrictive, and did not have associated risk assessments in place. This was an area for improvement which the provider needed to address.

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

There were robust systems in place in relation to the management of residents' finances. Balances were checked twice a day, and those reviewed by the inspector were correct. Each transaction was signed by two staff members, and receipts were kept for all purchases. A monthly audit of finances was undertaken in the centre.

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:

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

Residents had access to various members of the multi-disciplinary team including speech and language, physiotherapy and occupational therapy, as required. Each resident had their own GP, and there was an out-of-hours service available. A clinical nurse specialist had undertaken an assessment of residents identified as being at risk of a particular healthcare issue.

Residents were involved in the management of their own healthcare, and one resident explained their healthcare and associated diet to the inspector.

There was evidence of a healthy and diverse diet being offered, and healthy options were being prepared in a way which residents preferred. Detailed records of nutritional intake were maintained.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

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

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

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were managed by the accident and incident reporting process, and there was a system whereby a root cause analysis would be undertaken in the event of any errors.

There was a policy in place in relation to medication management, and weekly audits of medications were regularly undertaken.

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 was an appropriate management structure in place which supported 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 both area and regional meetings between persons in charge and the area director.

Audits had been conducted, for example in the management of medication, infection control, health and safety and personal plans. There had been six monthly unannounced visits on behalf of the provider as required by the regulations, and an annual review. Any identified actions reviewed by the inspector had been implemented.

Annual staff performance management conversations were held by the person in charge for each staff member.

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 presented evidence of continuing professional development. She also outlined plans to secure protected hours to undertake the role of person in charge.

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 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.

Staff had received mandatory training, for example in fire safety, safe administration of medication and protection of vulnerable adults. Training was also provided in other areas relating to the needs of residents, for example in the management of dysphagia.

Individual and detailed supervision meetings were held with staff together with annual performance management conversations.

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

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:	01 February 2018
Date of response:	09 April 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 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:

Fire doors were being regularly propped open.

1. Action Required:

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

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

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

The practice of propping fire doors during the day and at night was discontinued on the date of inspection 01st February 2018.

Proposed Timescale: 01/02/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Documentation to support restrictive interventions was not in place.

2. 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:

1.Restrictive practice: attendant assist floor mat in a residents bedroom.

A robust risk assessment was in place at time of inspection 01st February 2018.

However the restrictive practice was not listed on the restrictive practice register. The restrictive practice is now on the register.

2.Restrictive practice: Application of safety chain on front door while staff are supporting a resident down the far end of the house.

A robust risk assessment was in place at the time of inspection on 01st February 2018 for one resident in relation to applying the safety chain on the front door for the duration of time that staff are supporting another resident with care. The risk is now documented on the restrictive practice register.

Proposed Timescale: 06/03/2018