

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Community Living Area J
<b>Centre ID:</b>	OSV-0002722
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Sheila O'Neill
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration 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:	To:
07 July 2016 10:00	07 July 2016 19:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This unannounced inspection was carried out to monitor compliance with the regulations and standards and to inform a registration decision.

**How we gathered our evidence:**

As part of the inspection the inspector spent time with four residents. The inspector observed that the residents appeared to be comfortable and content in their home, and that they had a good relationship with each other.

The inspector also met with staff members, observed practices and reviewed documentation such as personal plans, risk assessments, policies and procedures.

**Description of the service:**

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre was a community house which accommodated four adults with disabilities.

**Overall findings:**

Overall, the inspector found that residents had a good quality of life in the centre and that their social and healthcare needs were met.

The inspector was satisfied that the provider and person in charge had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents overall.

Good practice was identified in areas such as:

- residents were facilitated to engage in meaningful activities (Outcome 5)
- systems were in place to ensure the safeguarding of residents (Outcome 7)
- systems were in place to safely manage challenging behaviour (Outcome 8)
- staff were available to provide appropriate care and support for residents (Outcome 17)

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

There was evidence of appropriate steps having been taken to provide a meaningful day for residents, and all residents had a personal plan in place.

Each personal plan began with a personal profile and a vision that the resident had for themselves. Goals were set for residents in relation to this vision, and the goals were broken down into smaller steps to aid achievement. Implementation of these steps was evident, for example the steps towards effective communication for one resident were observed by the inspector.

Personal plans were well laid out and all aspects of the plans were regularly reviewed, and a daily record was maintained on each resident which gave a clear picture of how the day had been for the resident. However, for the most part accessible versions of the plans were not available to residents. Only one resident had an accessible version of their plan, but this was kept in a file and was not available to them.

The inspector was satisfied that residents were facilitated to engage in a variety of activities, both during the day and during their leisure time. Activities were planned in accordance with the preference of the residents, and in accordance with their personal planning goals. For example one resident had recently completed a significant journey on public transport as a step towards independent travel.

Residents were involved in various activities in the community, for example one resident had a part time job, and others belonged to local groups. Various outings took place including meals out, days out to local attractions and trips to the cinema. Two residents

had recently been on a weekend away with the support of staff.

**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:**

The inspector found that there were systems and processes in place for the management of risk and in the prevention and detection of fire.

All staff had received fire safety training and fire drills had been conducted every three months. There was a personal evacuation plan in place for each resident which had been recently reviewed. All fire safety equipment, including emergency lighting had been tested quarterly. Daily checks were maintained of fire exits. Staff were aware of the fire evacuation plans and were able to describe the procedures involved. Fire doors were in process of being installed at the time of the inspection, and some of the work was complete.

There were structures and processes in place in relation to the management of risk. There were various risk assessments in place including individual risk assessments. For example there was a risk assessment in place in relation to a particular difficulty with medication for one resident, and the management of a phobia for another. A risk assessment and management plan was in place in relation to lone working.

A risk register was maintained in which all risks were recorded and rated. A risk policy was in place which included all aspects required by the regulations. Accidents and incidents were recorded and reported, and overseen at management meetings.

The centre was visibly clean, hand hygiene facilities were available and there was a flat mop system in place.

**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:**

The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse.

Staff engaged by the inspector were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. However staff training in the protection of vulnerable adults was out of date for all staff.

Where residents had been identified as requiring behaviour support there was a detailed behaviour support plan in place, and staff were knowledgeable in relation to the detail of these plans. The management of cigarette smoking was a significant issue in relation to behaviour for one resident, and a behaviour support plan had been successfully implemented so that the resident was now managing their own cigarette smoking, and the frequency of behaviour that challenges was significantly reduced.

There were robust systems in place relating to the safe management of residents' finances. All transactions were recorded appropriately and balances checked by the inspector were correct.

There were currently no restrictive practices in relation to restraint in place in the centre. A system was in place whereby staff were alerted when a resident got up in the night, and this had been assessed as being the least restrictive available to manage the situation.

**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):**

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

**Findings:**

There was evidence of a nutritional diet being provided for residents, and of healthcare needs being addressed.

Snacks and drinks were readily available and choices were facilitated by residents' involvement in both menu planning and shopping. A record was kept of residents nutritional intake. An issue identified during the previous inspection in relation to health and diet had been dealt with immediately following the inspection as agreed, and the healthcare issue was now resolved.

Residents had access to members of the multi-disciplinary team in accordance with their assessed needs. For example speech and language therapy and psychology. Each resident had a community general practitioner (GP) of their choice, and there was an out-of-hours service available. Records were kept of each appointment and contact with members of the multi-disciplinary team.

**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 was evidence of some structures and processes in place in relation to the safe management of medications.

Each resident had a self medication assessment completed, and all residents were supported to manage their medications by staff.



Medications were stored securely, stock checks were conducted regularly and an audit of medications was conducted quarterly. Stock checked by the inspector was correct.

Documentation relating to the management of regular medications for residents was in place. Prescriptions for these medications contained all the information required by the regulations. There was detailed guidance in place for staff to inform the decision making around 'as required' (PRN) medications, and all the information required in these prescriptions was in place.

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.

**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 a clear management structure in place, and all staff were aware of this structure. There was a system of audits in place, however improvements were required in the effectiveness of unannounced visits and the annual review.

A system of meetings including regular staff meetings were held and minutes were kept of these meetings. All required actions reviewed by the inspector had been implemented or were in progress.

There were some audits in place, for example a health and safety audit, a fire safety audit and an audit of finances. Those actions reviewed by the inspector had been implemented.

There had been six monthly unannounced visits on behalf of the provider as required by the regulations. However the report of the most recent visit conducted in February 2016

was not available to the person in charge. The report was located during the course of the inspection, but despite failings having been identified there were no required actions outlined in the report. An annual review of the quality and safety of care and support had been developed in accordance with the regulations. This report stated that the designated centre had an action plan to work on, but no action plan was available.

The person in charge of the centre was appropriately qualified, skilled and experienced and was a regular presence in the centre. She had evidence of continuing professional development, and was aware of her responsibilities under the regulations.

**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):**  
No actions were required from the previous inspection.

#### **Findings:**

The current staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. All staff working in the centre were familiar to the residents, and unfamiliar staff were not used.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident and interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring.

Staff training was up to date, with the exception of training in the protection of vulnerable adults, as discussed under outcome 8.

There was system of six monthly performance management for staff and a twelve weekly supervision system was in draft form.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Community Living Area J
<b>Centre ID:</b>	OSV-0002722
<b>Date of Inspection:</b>	07 July 2016
<b>Date of response:</b>	22 September 2016

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Personal plans were not available in an accessible format.

##### 1. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

<sup>1</sup> 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:**  
Personal plans will be available for all service users in an accessible format.

**Proposed Timescale:** 30/11/2016

#### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The unannounced visits and annual review did not lead to effective monitoring.

**2. 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:**

The annual audit is available on site and will demonstrate effective ongoing monitoring.

**Proposed Timescale:** 22/09/2016