Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Delvin Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	02 July 2020
Centre ID:	OSV-0003955
Fieldwork ID:	MON-0029737

About the designated centre

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

This designated centre comprises of two bungalows located in close proximity to the nearest small town. The centre offers a full time residential service to seven adults with intellectual disabilities and there are no gender restrictions. The first house has five bedrooms with a kitchen / dining area, utility room, bathroom, shower room and toilet. There is a garden to the front and an outdoor seating area to the back. The second house has six bedrooms one which has an en suite bathroom, a kitchen / dining area, sitting room, a bathroom and a shower room. There are gardens to the rear and front of house. The third house has four bedrooms with a kitchen / dining room, a sitting room, a bathroom, shower room and lawns to the front and rear of the house. Both houses have transport available for the residents. There is a full-time person in charge in place for the designated centre, nine social care workers, and three support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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
Thursday 2 July 2020	12:00hrs to 16:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

The inspector spent some time with residents and respected their preferences. Some residents were observed having their tea with staff, and interactions observed were competent, caring and conducted in accordance with current public health guidance.

Residents who chose to talk to the inspector said that they were happy in their home, and that they enjoyed a good relationship with staff. They said that they were supported in maintaining their friendships and contact with family, in particular during the COVID-19 crisis. They also explained that they understood the requirement for certain restrictions during the public health crisis.

The service maintained a log of complaints and compliments, and there were various recent compliments in relation to the maintenance of residents safety whilst upholding their rights. There was also clear evidence of continual discussion and information sharing with residents.

Capacity and capability

The centre was effectively managed for the most part. There was a clearly defined management structure in place, with explicit lines of accountability. This, together with various governance processes, aimed to ensure the safety and quality of care and support to residents. The day to day management was robust.

However, the provider failed to bring the centre into compliance with the regulations following the inspection of the centre in August 2018, whereby the provider had committed to renovating one of the centre's bathrooms by 31 July 2019.
This commitment informed the decision to renew the application to renew the registration of the centre, but the inspector found that the provider had failed to complete the necessary renovations. As a result the provider had failed to uphold the dignity and rights of residents.

Otherwise, arrangements were in place to ensure that key management and leadership roles were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. This person in charge was full time and demonstrated their ability to lead the staff team and to support good practice. They were knowledgeable about the care and support needs of residents, and demonstrated the additional support offered to staff and residents during the COVID-19 public health crisis.

Processes were in place to ensure continual quality improvement. Six monthly

unannounced visits on behalf of the provider had taken place, most recently in a manner that complied with public health guidance. An annual review of the care and support offered to residents had been conducted. All but one of the required actions identified during these processes had been monitored and completed. This incomplete action was in relation to the bathroom as identified in the previous inspection.

There was an annual schedule of auditing in place including audits of fire safety, personal finance and medication management, all of which were overseen by the person in charge. All the required actions identified from these audits were either complete or within the identified timeframes.

There was a well defined system in relation to responding to any accidents and incidents. There were few occasions where this system required implementation, but where required the documentation, reporting and follow up actions were in line with the organisation's policy. Information from any incident was disseminated amongst staff, and there was a clear philosophy of sharing learning.

The staffing numbers and skill mix was appropriate to meet the needs of residents, and staffing levels had been maintained and supplemented by the redeployment of day services staff to the centre. The provider had developed a contingency plan to be implemented in the event that any staff members would become unwell, or have to self isolate.

Staff training was up to date, and the person in charge had introduced alternative formats of training while classroom teaching was not feasible, including e-learning and on site training whereby social distancing could be maintained. In addition to mandatory training, staff had received updates in infection prevention and control, hand hygiene, use of personal protective equipment (PPE) and actions to be taken where there was a suspected or confirmed case of COVID-19.

There was a complaints procedure in place which was clearly available to both residents and family members, and a log was maintained which included a record of both complaints and compliments received, including several recent compliments from relatives of residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. The provider had a contingency plan in place in the event that staff might become unavailable.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised. Additional training had been offered in respect to the current public health crisis.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and robust systems to monitor the quality of care and support delivered to residents. However, actions required to bring the centre into compliance at the previous inspection, in relation to improvements to the premises, had not been implemented.

Judgment: Not compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained,

and complaints and complements were recorded and acted on appropriately.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare, and that their rights were upheld and choices respected.

Each resident had a personal plan in place based on detailed assessments of needs and abilities, each of which were regularly reviewed. There was guidance in each of these plans to ensure that residents had a meaningful life, and access to various activities and interests in accordance with their preferences and abilities. These personal plans had been updated to ensure continuing support in the current climate, and considerable efforts by staff and management to ensure continued quality of life were evident in the updated plans.

A risk register was maintained in which all identified risks, both local and individual, were recorded. The information included a brief description and a risk rating and was reviewed every six months. Each entry referred to a full risk assessment and risk management plan which detailed guidance for staff in the management of the risk. The processes in place indicated that risk management was robust, and that the safety of residents was prioritised.

The provider had developed and implemented detailed guidance in relation to the COVID-19 crisis. The person in charge and staff in the centre were familiar with the guidance and the changes in practice that were required to safeguard residents. The inspector observed these practices during the course of the inspection, including appropriate hand hygiene practices and appropriate use of personal protective equipment. There was a clean room at a side entrance to each house which was used by staff to change clothing and shoes at the start and end of each shift. Additional cleaning routines had been introduced, and were recorded daily.

A detailed contingency plan had been developed, and there was a clear and detailed plan of the steps that would be required should there be an outbreak of infectious disease. Risk assessments were in place both in relation to managing the centre, and in relation to each individual resident.

Visits to the centre had been curtailed during the COVID-19 crisis, and various strategies were in place to support contact with family and friends. Residents were supported in making and receiving video calls and mobile phone calls. Visits had been conducted via the garden, and residents had been supported to make garden visits to family members in other centres.

The staff and management of the centre had created many and varied opportunities

for residents within the community restrictions. Several new hobbies had been introduced, and exercise was taking place both locally and within the centre. Arts and crafts were facilitated, and some staff members previously working in day services had been redeployed to facilitate this. Other members of the multi disciplinary team had also been involved, and sensory activities had been introduced in the home where these were identified as meeting the assessed needs of residents.

The rights of residents to avail of COVID-19 testing had been respected, and desensitisation plans had been developed and implemented to support residents in taking tests.

All healthcare needs were supported, and residents had access to allied healthcare professionals in accordance with their needs. The recommendations of any consultations were recorded and adopted. Any changing healthcare needs were responded to appropriately and in a timely manner. Approaches introduced to minimise the impact of the current pandemic were documented.

There were systems and processes in place in relation to fire safety, Emergency lighting and fire fighting equipment was available. There were self-closing fire doors throughout the centre. Fire drills had been undertaken regularly, and the records indicated that residents could be evacuated in a timely manner. Where fire training for staff could not be conducted in the customary manner, the person in charge had introduced an alternative, records were maintained and staff engaged by the inspector could describe how they would respond to an emergency.

Where restrictive practices were required to support residents, these were recorded appropriately, and oversight was in place to ensure that they were the least restrictive possible to mitigate the risk. There was an ethos of minimising the use of restrictive practices in the centre. Where it could not be verified that residents could give informed consent to restrictive practices, family members were involved in the decision making process, and consent was in place for all such interventions.

Overall the provider had systems in place to ensure that residents had a safe and meaningful life, that their choices were respected and that their rights were upheld

Regulation 11: Visits

Visits were facilitated and welcomed within current guidelines

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements or the regulations. This risk register had been regularly updated to include the current public health crisis

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated quickly in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents and their families. All plans had been updated to reflect the current situation,

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

Regulation 8: Protection

There were no current safeguarding issues. There was a policy in place and the person in charge and all staff members were aware or this policy,

Judgment: Compliant

Regulation 9: Residents' rights

This inspection took place in an environment of increased risk to the rights of the entire population, and it was clear that this designated centre saw the risk and worked hard to ensure the rights of those who might have a lesser understanding were upheld.

Judgment: Compliant

Regulation 17: Premises

Premises were adequately laid out and equipped to meet the needs of residents.There were sufficient communal and personal spaces. However one of the bathrooms had remained in a state of disrepair for more than two years.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Delvin Centre 1 OSV-0003955

Inspection ID: MON-0029737

Date of inspection: 02/07/2020

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Muiriosa Foundation has a Standard Operations and Maintenance Procedure for maintenance in the Longford- Westmeath Region. High cost maintenance is identified as "project work" which is brought to the Senior Managers meeting to be discussed. The Area Director, Regional Director and Operations Manager decide on projects to be prioritized for completion. The refurbishment of bathrooms in Castletown House has been identified as a priority and list of works has gone to builders for tender. Following tendering process, a builder will be identified and work will commence immediately.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The refurbishment of bathrooms in Castletown House has been identified as a priority and list of works has gone to builders for tender. Following tendering process, a builder will be identified and work will commence immediately.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/11/2020