

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Meath Westmeath Centre 2
Centre ID:	OSV-0003958
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	13
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 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:

05 August 2016 11:00

To:

05 August 2016 18:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11: Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This unannounced follow up inspection was carried out to monitor compliance with the regulations and standards, and to monitor the implementation of the agreed action plan from the previous inspection in order to inform a registration decision, as there had been a high level of non-compliance at the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector spent time with three residents. The inspector observed that the residents appeared to be comfortable and content in their home. The inspector also met with staff members, observed practices and reviewed documentation such as personal plans, risk assessments and audits.

Description of the service:

The provider had produced a document called the statement of purpose, as required by 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 three community homes, accommodating thirteen residents with disabilities.

Overall findings:

Overall, the inspector found that significant improvements had been made in all areas since the last inspection and that this resulted in positive experiences for residents.

Good practice was identified in areas such as:

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

The inspectors found that some further improvements were required as follows:

- assessments of the social care needs of residents (Outcome 5)
- the development of an annual review of the quality and safety of care and support (Outcome 14)

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 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 were structures and processes in place to manage complaints appropriately. A copy of any complaints was available to staff. A recent complaint was reviewed by the inspector. The issue had been risk assessed and appropriate measures taken to manage the complaint to the satisfaction of the resident.

This was the only area of this outcome to be reviewed on this occasion.

Judgment:

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):

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

Findings:

There was a policy on admissions in place, including transfers, discharge and temporary absence of residents in the centre. A standard operating procedure was in place to guide the practice specific to the designated centre.

Each resident had a written agreement with the registered provider which stated the terms in which the resident will reside in the designated centre. The agreement also stated the fees to be paid inclusive of additional charges. The inspector reviewed the financial records of residents and found that all discrepancies identified on the previous inspection had been reviewed, and that there were no further discrepancies.

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):

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

Findings:

The inspector reviewed a sample of personal plans of residents and found that while some improvements had been made, further improvements were still required in the management of residents' social care needs.

Personal plans included various healthcare assessments, and all healthcare issues identified had an associated healthcare plan. However, there were still no assessments of social care needs, and where goals had been set for residents, they all referred to engaging in an activity, and did not address social care needs or supports required to assist residents to maximise their potential.

Improvements had been made since the previous inspection in the number of staff on duty, and there was evidence that this had resulted in improved outcomes for residents in that engagement in activities had increased. There were now regular outings for residents including meals out, walks and visits to local attractions.

In addition the organisation had introduced a system of 'Participation and Engagement plans' which included a record of involvement with families and discussions around the residents' lives.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The designated centre consists of three houses, one of which was purpose built. Two of the houses were bungalows and one house was a two story house. All of the houses were clean and suitably decorated on the day of inspection. Residents' bedrooms were personalised and communal spaces were reflective of a homely environment. Each house had a kitchen/dining area and separate sitting room. There was also a separate utility room in each of the houses. There were sufficient bathrooms in each house to meet the needs of the residents.

On the previous inspection it was noted that two residents were sharing a room which was not suitable for two people, and also that a room in another of the houses was unsuitable in relation to evacuation in the case of an emergency.

Both of these issues had been fully addressed, residents were no longer sharing a room, and building works had taken place to ensure appropriate access to a fire exit for all residents.

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):

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

Findings:

There were appropriate measures in place in relation to the management of risk, and improvements had been made in relation to fire safety since the last inspection, however not all the measures taken were appropriate.

Various improvements had been made in relation to fire safety. Fire exits were all clear, and modifications had been made to one of the houses to ensure that all residents had clear access to a fire exit. Self closing doors had been maintained and all were working properly. A hand rail had been installed on the steps at one of the fire exits, and the fire assembly point at one of the houses had been made accessible by modification to the garden, and directional signage was now appropriate. There were waking staff in one of the houses where residents would require two staff in the event of an emergency.

However, it had been identified on the previous inspection that there was a significant gap under one of the fire doors. A brush draft excluder had been attached to the bottom of the door, but there were no assurances that this was an appropriate measure to ensure the containment of fire and smoke. In addition the draft excluder was not long enough for the door and there were still significant gaps at the edges.

Improvements had been made in the management of risks. A significant risk identified on the previous inspection had now been mitigated. A risk assessment and management plan had been developed immediately following the inspection, and had been reviewed again in July 2016. A risk register was in place which included various environmental and individual risks.

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):

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

Findings:

The findings of the previous inspection were that improvements were required in the management of challenging behaviour to ensure that the assessments, plans and subsequent reviews identified the underlying causes of behaviour.

The inspector found that behaviour support plans had been reviewed regularly since, and that the behaviour therapist had been involved in these reviews. In addition thorough observations and recordings of residents' behaviour was being undertaken for review by the behaviour therapist with the psychologist.

A recent episode of challenging behaviour which had impacted on another resident had been managed and followed up appropriately. In addition an incident of accidental minor injury had been followed up and appropriate changes had been made to manage the risk of recurrence.

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:

Significant improvements had been made in the management of healthcare needs since the last inspection, and all the issues identified on that occasion had been addressed and resolved.

For example a nutritionist had been involved with a resident with nutritional needs, and their recommendations implemented, including portion size review and healthy cooking. Another resident who required enteral feeding was monitored appropriately, and care of the stoma was well managed and recorded daily. A record of nutritional intake for all residents was now maintained.

Healthcare plans were in place for all the issues reviewed by the inspector, and staff knowledge of healthcare needs and associated required interventions was good. For example there was a thorough epilepsy care plan in place for one resident, and staff could describe the procedures involved.

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):

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

Findings:

Some of the failings identified in the previous inspection had been addressed, but there was no annual review available.

A system of audits was in place including a monthly medication management audit, an audit of restrictive practices and a fire safety audit. Six monthly unannounced visits by the provider had taken place. Any identified required actions reviewed by the inspector had been implemented.

However the provider had not prepared an annual review of the quality and safety of care and support as required by the regulations.

Judgment:
Non Compliant - Moderate

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):

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

Findings:

On the previous inspection it had been found that there were insufficient staff to meet the assessed needs of residents. This issue had been resolved. An extra staff member was now on duty each day in the house in which there had previously been a deficit.

This was the only area of this outcome reviewed on this inspection.

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 report¹

Centre name:	Meath Westmeath Centre 2
Centre ID:	OSV-0003958
Date of Inspection:	05 August 2016
Date of response:	04 October 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:

Residents' assessments did not include an assessment of social care needs.

1. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out prior to admission to the designated centre.

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

- The Person in Charge is sourcing an appropriate tool to assess social care needs of individuals in the Designated Centre. The document will address social care needs and supports required to assist residents to maximise their potential.
- Once the appropriate tool has been agreed the Person in Charge will undertake training in its implementation with the staff team.

Proposed Timescale: 31/10/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The modification to one of the fire doors was not adequate to ensure the containment of fire.

2. Action Required:

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

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

- The existing Fire Door will be removed and a fire retardant panel will be fitted to the bottom of the door to comply with Fire Regulations.

Proposed Timescale: 24/10/2016

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:

There was no annual review of the quality and safety of care and support.

3. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

- The Annual Review of Quality and Safety of Care and Support is available in each location within the Designated Centre.

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| <ul style="list-style-type: none">• The following information required for the completion of the annual review of quality and safety report was available prior to the monitoring inspection visit:<ul style="list-style-type: none">o Six monthly unannounced visits and subsequent actions plans.o Residents and families views.o The systems for the ongoing monitoring of accidents/incidents, notifiable events, restrictive practices, complaints & compliments and any reports requested by HIQA.• The above information steams were collated and incorporated into the Annual Review of Quality and Safety report which was completed on 30th September 2016. |
| Proposed Timescale: 30/09/2016 |