

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Meadowview |
| Centre ID: | OSV-0005283 |
| Centre county: | Waterford |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Waterford Intellectual Disability Association Company Limited By Guarantee |
| Provider Nominee: | Fiona O'Neill |
| Lead inspector: | Louise Renwick |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 3 |
| Number of vacancies on the date of inspection: | 1 |

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 February 2017 09:10 To: 14 February 2017 19:00

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

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| 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 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

Background to the inspection:

The purpose of this inspection was to monitor on-going regulatory compliance and to make a decision on an application made by the provider to vary the registration conditions to reduce the numbers of residents from five to four, to combine two designated centres into one designated centre and to offer all residents full time residential placements in place of respite care which was previously delivered in one unit of the centre.

Description of the service:

The provider's written statement of purpose outlines this centre will cater for four adult residents with intellectual disabilities and/ or autism. The centre comprises of a large detached house that is divided into two separate living environments. There was an apartment upstairs for one resident, and a large living area downstairs that can cater for three residents. The service is described as offering a social model of care.

How we gathered our evidence:

The inspector spoke with all three residents present in the centre, a family member and two staff members. The inspector met with the person in charge, a clinical nurse

manager, the person who was the designated officer / complaints officer, the deputy designated officer, the human resources manager and the provider nominee.

Our overall findings:

This inspection found compliance with the regulations and standards, and evidenced that residents were receiving a good quality and safe service. The part of the centre that had changed from offering respite to residential care had two residents already living in the centre at the time of the inspection, and this transition had been successful. The building had been renovated and decorated to ensure a more long term homely feel. Residents had their own personalised bedrooms and there were two living rooms available.

The findings are outlined in the body of the report with no actions required by the provider.

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 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):

No actions were required from the previous inspection.

Findings:

The inspector determined that admissions were in line with transparent criteria as outlined in the Statement of Purpose. Two residents had moved into the centre for residential care, who previously had availed of respite support.

All residents had written agreements in place which outlined the care and support on offer in the centre, and any fees were clearly outlined in this document. The inspector verified these amounts with what residents were actually paying and found them to match.

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:

The inspector determined that residents' social care needs were promoted and met in the designated centre.

Each resident had assessments completed to outline their support needs in areas of health, social and personal care. For example, assessments had been carried out on activities of daily living, mobility needs, intimate and personal care, communication and mental health and cognition. If required, assessments had been completed by allied health care professionals such as occupational therapy or psychology.

These assessments were informing care plans for residents, along with their person centred plan which outlined their desires and wishes and set goals to be worked on for the coming year. On review of residents' plan the inspector noted some plans were effectively achieving what they set out to do. For example, stress reduction plans. Residents were working on chosen goals for the year. Since some residents had only recently moved in, this was still a work in progress to fully promote residents' maximum potential.

Residents had individual daily plans which were active and ensured activation in line with their wishes. Some residents attended day service settings, others had more individualised day programmes in place. Residents were encouraged to be social. A resident told the inspector that they enjoyed asking a friend over for dinner in the evenings.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the premises were safe and suitable to meet the individual and collective needs of residents. The centre comprised of two separate living environments. An upper story apartment for one resident and a lower story living space for up to three residents.

The inspector found that residents had their own bedrooms with en-suite bathroom facilities. There was adequate communal space for residents and the centre had been recently renovated and decorated to ensure it was comfortable and homely for residents moving in on a full time basis.

The requirements of Schedule 6 were found to be met. For example, suitable storage and a separate kitchen/ dining area.

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:

The inspector found that the health and safety of residents, staff and visitors was protected and promoted in the designated centre.

Policies, procedures and process were in place regarding the assessment and management of risk, health and safety, infection control and fire safety. There was a health and safety statement in place which included details on how the provider was managing environmental risks. Practical measures were in place to promote hygiene and infection control such as colour coded food boards. Staff received training in food hygiene and hand hygiene audits were carried out as part of the routine auditing in the centre. Staff also received mandatory training in manual handling and first aid.

There was a risk management policy in place, along with a risk register which indicated any environmental and building risks. Health and safety was discussed at the monthly managers meetings and a health and safety audit tool was used to ensure health and safety was monitored in the centre. Any individual risks for residents had been identified, assessed and documented in their records and control measures were put in place to reduce them. For example, the provision of behaviour support and support plans to reduce the risk of impulse spending.

Any accident, incident or other adverse event was recorded and reviewed by the person in charge or clinical nurse manager. Each month all adverse events were reviewed at the monthly management meetings to ascertain any trends or patterns, and to ensure any learning from them had been implemented in practice. For example, any new control measures to reduce a risk had been put in place.

The inspector found evidence that there were adequate precautions in place against the risk of fire in the centre. There was a fire detection and alarm system in place and an emergency lighting system. These were routinely checked and serviced by a relevant fire professional and records maintained. Fire fighting and containment equipment was in place around the centre, such as fire extinguishers, fire blankets, fire doors. These were again checked by a relevant professional and records maintained. Staff had all received training in fire safety and regular drills were carried out at random times of the day and night with different staff. Drill records indicated who was present and how long the evacuation took to complete. There was very clear information on the support needs of residents in the event of an evacuation in the documentation.

Overall the inspector determined that policies, systems and practices in place were promoting residents' health and safety and the health and safety of staff and visitors.

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 inspector found that there were measures in place to protect residents' from harm or abuse.

Policies and procedures were in place in respect of the prevention, detection and response to abuse. The staff team had all received training in the protection of vulnerable adults and were aware of the process to follow in the event of a concern, suspicion or allegation. Staff indicated to the inspector that they could easily raise any issues or concerns with the person in charge. Staff felt there were no barriers to speaking out.

There were also written policies on the management of behaviour, the use of restrictive interventions, the provision of intimate care and the recruitment and vetting of staff and whistle-blowing. There was a clear process in place for the protection of vulnerable

adults with a designated person appointed to respond and investigate any allegations or concerns. This person held the role of social worker and was spoken with as part of the inspection process. Staff could identify the designated officer.

Since the centre changed to full time residential care in October 2016, there had been no allegations, suspicions or concerns of harm or abuse raised in the centre. Previous to this there had been a small number of peer to peer incidents which had been investigated appropriately and additional control measures had been put in place, where necessary. The inspector was satisfied that the process had been followed in line with national policy with safeguarding plans put in place and additional multidisciplinary team input.

Residents had access to psychology services for support with behaviours of concern. The inspector found that there was a positive and empowering approach to behaviour support for residents in the centre. This centre was promoting a low arousal environment and residents had support plans put in place outlining proactive and reactive strategies to assist residents to develop skills to understand and regulate their own emotions. These plans were reviewed routinely by a psychologist to ensure they were effectively achieving what they set out to do. Staff were aware of the positive approach to behaviour support for residents as outlined in their plans.

Staff received three day training in positive behaviour support and de-escalation which was refreshed on a two yearly basis.

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):

No actions were required from the previous inspection.

Findings:

The inspector determined that residents' health care needs were met in the designated centre.

Each resident had a yearly assessment by their General Practitioner (GP). Any health care issue, need or risk that was identified resulted in a care plan being put in place to address it. For example, dental care plan, showering care plan or intimate care plan.

Residents had access to allied health care professionals such as occupation therapy,

dental services and psychology services, records of visits were maintained.

Healthy eating was promoted in the centre, and staff had received training in nutrition. The person in charge had also completed a self evaluation audit on food and nutrition to identify any areas that could be improved upon. Menus were maintained and showed the promotion of a balanced diet. Some residents had health eating plans and had joined fitness centres to promote healthy lifestyles.

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:

The inspector found that residents were protected by safe medicine management in the designated centre. There were polices in place to guide safe practice on the prescribing, administering, storing and disposal of medicine. Staff had been trained in the safe administration of medicine, and had to complete competency assessments prior to administering medicine as part of their role.

The inspector found that there were low medicine errors in the centre, and a system in place to monitor and review this by the person in charge. Records maintained for residents' medicine was in line with best practice. For example, each medicine was signed off by the prescribing doctor and indicated the route of administration. Staff signed on each administration of medicine and there were stock checking controls in place to ensure accountability. Medicine was stored securely in the centre.

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:

The inspector determined that there was a clear governance and management structure in place in the designated centre to ensure effective oversight of the quality and safety of care for residents.

The person in charge held the role of the assistant director of nursing and was responsible for the management of the centre, along with additional responsibilities in the organisation. The person in charge was suitably skilled, experienced and qualified and demonstrated a good understanding of the needs of residents and was known to staff, families and residents. The person in charge reported to the Director of services who was the provider nominee, and additional support came from the wider management team who met on a monthly basis.

The inspector found there to be effective management systems in place, with a schedule of audits conducted by the person in charge, along with the provider unannounced visits and an annual review. The opinion of residents and families had been gathered through these reviews also. There had been a recently appointed role of quality officer who would be involved going forward in the quality and safety of care and support in the centre.

There were appropriate arrangements in place for the supervision and performance management of the staff team. Staff felt they could easily raise any concerns or worries with the person in charge and the wider management team.

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 number and skill mix of staff was appropriate to the assessed needs of residents. Based on the needs of residents, there would be three staff working with four residents in this designated centre. On the day of the inspection there were three staff on duty for three residents as there was currently a vacancy. Staff members were permanent members of staff who were qualified in the area of social care. Staff spoke positively about their role and how they supported residents.

The inspector spoke with staff and reviewed documentation and found that staff were afforded training in areas that would equip them to support the needs of residents. For example, training in positive behaviour support, fire safety and the protection of vulnerable adults. Staff felt they could request additional training through their documented supervision process with the person in charge.

The inspector found that the requirement of Schedule 2 documents were in place in relation to staff files. The inspector met the human resources manager as part of the inspection who outlined the recruitment process and along with the documentary evidence the inspector determined that staff were recruited in line with safe best practice. For example, each staff had been Garda Vetted prior to commencing their role, and there was evidence of reference checks.

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:

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