

**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: | Moneymore House |
| Centre ID: | OSV-0002263 |
| Centre county: | Galway |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Galway |
| Provider Nominee: | Anne Geraghty |
| Lead inspector: | Catherine Glynn |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 4 |
| 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: 06 June 2017 09:20 To: 06 June 2017 16:00

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

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| 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 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

Background to inspection:

Following ongoing failure by the provider to address areas of non compliance which were impacting on the safety and quality of life for residents, the Health Information and Quality Authority (HIQA) issued the provider with a Notice of Proposal to cancel the registration of the centre on 29 March 2017. As allowed in the Health Act 2007 (the Act), the provider made representation to the Chief Inspector setting out the actions that had been put in place to respond to the grounds for proposing to cancel their registration. Following representation made by the provider, (HIQA) conducted a monitoring inspection on the 6 June 2017 to verify if the representation from the provider had been implemented as stated. The inspector found that the representation had been implemented as stated and this was having a positive impact on the service provided and the quality of care delivered to residents. Resources were now allocated to address the failings identified on the previous inspections. The representation response also stated that the governance and management arrangements within the centre had been further enhanced and formalised.

This inspection was carried out to verify if the updated representation had been implemented as stated. The findings of this inspection would also be used to inform a final decision by HIQA on the registration of the designated centre. As part of this inspection, the inspector reviewed the proposed actions as detailed in the provider's representation response to the notice of proposal to cancel their registration for this

centre. The inspector also reviewed the six actions the provider had completed since the last inspection. The inspector found that one action had not been addressed..

How we gathered our evidence:

As part of this inspection, the inspector completed a walk around of the centre, observed three residents in the designated centre, as they were unable to verbally communicate with the inspector. The inspector also met with six staff members, including the provider representative, the sector manager and the area manager, who was acting in the absence of the person in charge. The inspector noted that all residents were treated in a respectful manner at all times and supported in line with their assessed needs. The residents were familiar with the staff and managers present on the day of the inspection and appeared calm and relaxed throughout the inspection. The inspector also observed interactions between residents and staff and their work practices. Documentation such as personal plans, risks assessments, medication records, healthcare plans and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised of a two storey dwelling and a modified apartment was also located to the rear of the first building. Two residents shared the main part of the centre and the facilities in this building such as the bathrooms, kitchen and sitting rooms. Two residents had their own self contained apartments with a kitchen, bathroom and sitting room facilities. The centre had adequate amount of facilities' to meet the needs of all residents in the centre. The centre was located in a rural village with access to two vehicles to transport residents. This enabled the residents to access the local community.

Overall judgment of our findings:

The inspector found that significant improvements had been made to the quality of care delivered to residents on the designated centre. The provider had also implemented aspects of the representation made to HIQA within the stated timelines. The inspector found that these improvements had a positive effect on the lived experience of residents in the designated centre. Outcomes included family and links with the community, social care needs, access to specialised supports, governance and management, safeguarding, workforce, records and resources were found to be in compliance. Premises remained non-compliant; however, the provider had a plan in place regarding a new premises for all residents, and the management team had also addressed actions as identified in the last inspection report to improve the overall living environment for residents. The provider also provided assurance that changes with the proposed premises would be submitted to HIQA in a timely manner.

The outcomes and their findings are further discussed in the main body of the report.

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

Outcome 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):

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

Findings:

Since the last inspection the provider had made significant improvements to the delivery of social care support to residents. Each resident had access to additional social care supports a comprehensive assessment in place to guide staff on all aspects of the care and support needs in place. A record of multidisciplinary (MDT) supports was maintained in the personal plan, which clearly demonstrated the increased guidance and attendance by the relevant MDT as a continuous measure.

Action 1: The provider informed the Chief Inspector by 31 March 2017:

- time scales have been put in place for review of personal goals and the individual responsible for achieving agreed actions is identified in the updated personal plans.

The inspector reviewed four personal plans in place in the centre. All four plans were signed as required by the allocated keyworker and records of goal setting was evident. Plans clearly set out a schedule of reviews in place and were also monitored by the quality team in place in the centre. All plans involved MDT staff, who were engaged for specific residents. The inspector reviewed residents' care plans and activity logs. In addition the inspector spoke with three staff, who had consistently worked in the service, prior to the move from a congregated setting. All staff spoke positively about the changes that had taken place and the coordinated approach to addressing the care and support needs of residents. They also spoke about the quality of guidance and support provided for residents. The inspector found that the staff spoke respectfully about residents and were knowledgeable on all aspects of their care and support needs.

Action 2: The provider informed the Chief Inspector by 31 of March 2017:

- all residents plans are currently being comprehensively reviewed. This work will be completed by the end of March. A schedule of person plans by the person in charge is now in place.

The inspector found that complete assessments were in place for all of the residents and this was also in line with the organisations internal procedures. Staff also spoke of the support received from the quality department within the brothers of charity, which ensured that documentation systems were monitored and reviewed, as stated in the quality plan held in the centre. The person in charge also had a schedule in place to monitor and review the personal goals throughout the year as part of the monthly team meeting and the management meetings in place.

Records of social engagement were recorded in the personal plan in the daily logs for each resident. Communication assessments were in place and engagement with MDT was evident. The inspector also noted the use of pictorial systems throughout the centre and in the documentation to aid all residents.

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):

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

Findings:

The inspector found that on review of the actions identified from the previous inspection and representation received that the majority of work had been satisfactorily completed. In both actions set out by the provider, remained unfinished, as the purchase of the new property was not finalised at the time of inspection. The person in charge contacted the inspector after the inspection and advised that the documentation was signed by the housing association and the relevant legal persons.

The inspector found that the overall living environment had improved significantly and the centre had a homely presence for all of the residents. The painting had been refreshed throughout the centre. Flooring had been replaced in communal areas, windows were no longer stained and appropriate furnishings were now in place. The inspector noted that centre now had a homely feel also reflected the participation of all

of the residents with the use of photographs and appropriate picture signs visible.

A cleaning roster was in place which guided staff and ensured that a record of work completed was in place. This was monitored and reviewed by the person in charge. In addition, a maintenance log was also held and a record of work requested and completed was maintained. This was also kept under regular review by the person in charge and the management team as part of scheduled monthly meetings.

Storage facilities had been improved throughout the centre. Staff informed the inspector that they had participated in addressing storage issues and ensuring that they used the facilities in place appropriately. Equipment was now stored correctly and did not present any hazards to residents or visitors, on the day of inspection.

The inspector reviewed documentation and found that a new premises was identified and plans were in place regarding completion of the purchase, modifications and the legal process required for the new premises. The provider was awaiting confirmation of completion of the legal documents and informed the inspector that they would notify HIQA once this was in place. In addition, the provider spoke of her intention to make an application to register the new premises. The inspector also reviewed photographic documents and details of meeting held regarding the new premises.

Following the inspection the provider notified the inspector that the legal processes had now concluded.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

On the day of inspection, the inspector noted that the health and safety of residents, staff and visitors was promoted. The actions from the previous inspection had been addressed, with risk management processes revised and updated to guide all staff; in addition, fire safety practice had improved in the centre.

Action 5: The provider informed the Chief Inspector by the 31 of March 2017:

- All risk assessments are in the process of being updated. These will be completed by 31 of March 2017.

The inspector found that all risk assessments were in place, and were reviewed as part of the inspection. All risk assessments involved the relevant MDT and contained all identified risks, control measures were in place and the residual risk rating was recorded. The inspector found that the risk assessments were also in line with the organisational policy and with the requirements of the regulations.

Action 6: The provider informed the Chief Inspector by the 09 of March 2017:
- Emergency lighting had been put in place in external routes.

The inspector found that all required emergency lighting was now in place throughout the centre. In addition, the fire officer had completed an overall report of the centre and an external consultant had also provided a fire risk report. The provider had ensured that all areas of concern identified in these reports had been addressed and had been discussed as part of the quality action plan. A fire panel had been installed in the main part of the house, which resulted in a more effective detection and response to fire alarms.

The inspector found that the provider maintained a log of adverse events, which had occurred in the centre. Fire fighting equipment and the fire alarm, were regularly serviced and staff were performing daily checks of emergency exits, lighting, fire doors and the alarm panel. Residents and staff were taking part in regular fire drills, which were recorded. The inspector found evidence of learning from fire drills, with any observed deficiencies being addressed in a prompt manner.

The centre also had an up-to-date safety statement in place which was reviewed and staff were knowledgeable of the plans in place to promote safety in the centre.

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):

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

Findings:

On the day of inspection, the inspector found that residents were protected from

potential abuse. The actions required from the previous inspection were addressed with behaviour support plans now in place for all residents, where required, and a review of all restrictive practice throughout the centre had been completed.

Action 7: The provider informed the Chief Inspector by 31 May 2015 that:

- all behaviours support plans are currently being reviewed. All four individuals living in the house have complex challenging behaviour and mental health issues and require multidisciplinary team involvement in the reviews. All reviews have been scheduled and behaviour strategies will be completed by 31 May 2017.

The inspector found that a comprehensive review had occurred for all four residents. This involved all staff, the person in charge, psychologist and behaviour support specialist. Each resident had a behaviour management strategy in place and a comprehensive psychological assessment in place that had a review date set out annually, There was evidence that monthly meetings were also being held as scheduled. The MDT staff also attended staff meetings, participated in team building and had also engaged with the quality team to ensure improvements were addressed. All behaviour management documentation was contained in each residents' personal plan and goals and supports required were clearly set out.

Action 8: The provider informed the Chief Inspector by 31 May 2017:

- all behaviour support plans are currently being reviewed. All four individuals living in the house have complex challenging behaviour and mental health issues and require a multidisciplinary team involvement in the reviews. All reviews have been scheduled and behaviour strategies will be completed by 31 May 2017.

The inspector found that as part of the behaviour management strategies, restrictive practices were in place on the previous inspection. The inspector had found that no effective monitoring was in place to ensure that all restrictive practices were removed as agreed with the human rights committee of the organisation. On completing a walk around the inspector noted, that these restrictive measures had now been addressed. Regular reviews of all restrictive practices were also taking place, to ensure effective and regular monitoring of their continued use. The provider maintained a log of all practices in place and these were also discussed as part of the team meetings for residents, where required.

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:

On the day of inspection, the inspector found that the designated centre had effective management systems in place. The actions from the previous inspection had been addressed, the inspector found significant improvement to the management structures in place and the oversight of the centre. The provider had also implemented their representation response as stated.

The person in charge had ensured that significant areas of non-compliance were addressed by attending the centre on a daily basis, engaging with all MDT personnel and in all management meetings as required by the organisation. Staff spoken with stated that the management team in place had coordinated a comprehensive review of the care and support needs required for all of the residents. Staff stated that they felt guided and listened to regarding the service, and that all changes that had occurred had a positive impact for all residents in the centre.

The provider had conducted the six monthly unannounced audit and an annual review of the quality and safety of care delivered to residents. Actions plans were developed to address the failings identified by HIQA. Additional audits were in place regarding health and safety, medication management and fire precautions.

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):

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

Findings:

Overall the inspector found that actions required from the previous inspection, had been addressed.

Action 10: The provider informed the Chief Inspector by 9 of March 2017:
- there are three staff working with the residents. This is adequate to support their needs. At certain times for individual appointments additional staff will be required and will be put in place.

The inspector found that the person in charge had reviewed the structure of the roster in place. He had ensured that there were no gaps on the roster and that the staffing compliment was always on duty, as outlined in the statement of purpose. On review of personal plans and the roster in place, additional staff were allocated, to ensure that all appropriate supports were in place and opportunity for one-to-one supports for the residents. Staff spoken with also spoke positively about the additional activities and the improvements that had taken place since the changes in this roster.

Action 11: The provider informed the Chief Inspector by 9 of March 2017:
- that supervision sessions have been scheduled with all staff members. This schedule was completed and remains on going.

The inspector found that supervision had been provided to all staff working in the centre and the person in charge had schedules in place for further supervision. Staff also told the inspector about the supervision provided by the person in charge and that this guided their practice in the centre and also provided an opportunity to raise or address areas of concern.

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:

Catherine Glynn
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

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|----------------------------|--|
| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Galway |
| Centre ID: | OSV-0002263 |
| Date of Inspection: | 06 June 2017 |
| Date of response: | 28 June 2017 |

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 06: Safe and suitable premises

Theme: Effective Services

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

The provider had not provided premises suitable to meet the needs for all residents in the centre.

1. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed

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

and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- A new house has been purchased by the Housing Association to meet the needs of the residents currently residing in Moneymore Services. The contract for the purchase was signed on 13/06/2017. The legal process to close the sale is currently underway and is expected to be concluded by 31/07/2017.
- Some renovations will be required to meet the individual needs of the residents and the staff team in Moneymore are currently working with Occupational Therapy, Physiotherapy and other Multi-d staff to finalise what renovations need to be completed in the new house prior to the residents moving to the new accommodation.
- Full details of the scope of works necessary and timeframes for completion of each phase will be forwarded to HIQA by 31/07/2017.
- The application to register the new house will be submitted to HIQA by 31/08/2017.
- Transition plans for all the residents are being developed which will include visits to the new house before they move.

Proposed Timescale:

Contracts for new house signed 13/06/2017

Completion of legal work for purchase 31/07/2017

Full details of renovation and update on progress submitted to HIQA 31/07/2017

Application to register the new house submitted to HIQA 31/08/2017

Residents move to new house 31/10/2017

Proposed Timescale: 31/10/2017