

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Muirosia Foundation
<b>Centre ID:</b>	OSV-0002717
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muirosia Foundation
<b>Provider Nominee:</b>	Brendan Broderick
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	Louise Renwick
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 19 August 2014 09:30 To: 19 August 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

The intended provider is Muiriosa Foundation (hereafter called the provider) which is a company registered as a charity. This was an unannounced inspection of a nominated designated centre. The purpose of this inspection was to carry out a follow up inspection to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations). This unannounced follow up inspection focused on a number of non compliances highlighted in a previous inspection of this designated centre which was carried out by the Authority on 20th February 2014.

As part of this follow up inspection the inspectors met with the newly appointed person in charge, staff members and one resident over a one day inspection. In addition, the inspectors met with members of the personnel department at the providers head office to inspect staff files and training records. The inspectors examined the action plan submitted by the provider to the Authority (following the previous inspection) over the course of this inspection to monitor whether previously identified failings had been appropriately addressed. The inspectors observed practice and reviewed documentation such as personal care plans, health plans, medical/clinical information, behavioural support plans, accident and incident records, medication records, meeting minutes, policies and procedures, governance and management documentation, staff training records, financial documentation and

records and staff files. Two residents resided in this designated centre which was a detached bungalow within a housing estate.

Overall the inspectors found that there was substantial improvement in a number of areas within the designated centre since the last inspection. The inspectors found that a new person in charge had been appointed and that the majority of areas highlighted in the previous inspection report were satisfactorily addressed by the provider. The inspectors found some areas that required further improvement to meet the requirements of the Regulations.

All of these areas are discussed in more detail 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 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):**

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

**Findings:**

The inspectors examined one component of this Outcome: Residents Rights, Dignity and Consultation as a follow up to issues pertaining to residents finances from the previous inspection.

The inspectors reviewed this area and found evidence that residents had access to their monies (within the designated centre) and that local cash account balances were accurately maintained in the designated centre. The inspectors were informed that resident's monies were managed centrally in a provider account and that a 'Money Request Form' was completed and submitted on behalf of residents when they needed money. The inspectors were informed that this process can take between 1- 2 weeks and that resident's monies are then collected by staff at the providers head office on a set day. The inspector was informed that resident's families had been consulted pertaining to residents finances and were happy with same.

On the previous inspection, the inspector was informed that resident's finances were managed in a central provider account. Following the previous inspection, the provider stated in an action plan submitted to the Authority that a process to determine capacity would be implemented and if this process determined capacity, 'an account would be opened in a financial institution in the residents name'. The Authority was informed that if this process determined a resident 'lacks capacity to manage their finances' the provider would continue to manage resident's finances in the provider central account (Patient Private Property Account - PPPA).

The inspector found that residents now had a 'Working with a Persons Financial Decision Making Ability' assessment form completed. The person in charge informed the inspector

that this process had determined both residents in the designated centre lacked capacity to manage their personal finances. Hence the inspectors were informed that the residents finances would continue to be managed in the providers central account as both residents were deemed not to have the capacity to have their own bank account. However, the inspectors saw evidence that one resident did in fact have a bank account in their own name, however this account was used exclusively to pay the designated centres monthly digital television subscription. The inspectors were informed that this account was set up entirely for this billing purpose. The inspector found this process to be contradictory to the information submitted in the providers action plan. For example, a resident has been assessed by the provider as not having capacity to manage their finances in their own bank account, actually has a bank account set up exclusively for billing purposes.

**Judgment:**

Non Compliant - Moderate

**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:**

Overall the inspector was satisfied that from a social care needs perspective that residents had good opportunities to participate in activities appropriate to their interests and preferences. The inspector found individual personal plans reflected the assessed need of the resident whose plan was reviewed. The inspectors could only review the personal planning information for one resident and were informed that part of the other residents information was under review on the inspection date and therefore was not available in the designated centre.

The inspectors reviewed a personal plan with a staff member and also discussed each component of the action plan from the previous inspection with the staff member and person in charge. The inspectors noted the following:

- Residents participation in personal planning: The inspector found an updated communication plan which clearly highlighted the residents communication needs and

abilities and guided staff as to how to communicate goals and objectives with the resident. The inspector was shown evidence of contact with family members and found good staff knowledge of residents family wishes and preferences. In addition, the inspector noted the last reviewed care plan (18/08/14) contained a pictorial account of various activities/ the resident had participated in. For example, attending a recent music concert. This made the resident's personal plan more accessible to the resident. The staff members spoken to discussed the importance of continuity of care and demonstrated a very good knowledge of the residents throughout the inspection process.

- Assessment of needs/multi-disciplinary involvement: The inspector found evidence of appropriate assessment and involvement on the personal plan reviewed. A guidance document for staff setting out the parameters of seeking and securing the services of multidisciplinary professionals (referred to in the providers action plan) was sent to the inspector the day following the inspection. On the day of the inspection neither the staff nor the person in charge had any knowledge of this guidance document. However, the inspector noted evidence of appropriate multi-disciplinary involvement with residents from information reviewed in personal plans and was satisfied with same.

- Monitoring effectiveness of personal plans: The person in charge highlighted that she reviews resident's plans on an on-going basis to ensure resident's goals/objectives are being continually worked on and reviewed. The inspector saw evidence of a review meeting discussing the status of resident's personal goals/objectives. In addition, the inspector found evidence of brief audits of the effectiveness of resident's personal plans.

**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):**

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

### **Findings:**

Overall the inspectors were satisfied that the provider had made significant improvements in the area of health, safety and risk management following the previous inspection. The inspectors found evidence of updated policy, newly implemented procedures and satisfactory staff knowledge of existing and potential risks and hazards within the designated centre.

The inspector found the following improvements had been carried out as specified in the action plan provided to the Authority by the provider:

#### Risk Management and Fire Safety Procedures:

- There was a health and safety statement in place. The inspectors reviewed the updated risk management policies and procedures and were satisfied with arrangements in place.
- The inspectors found a hazard identification system and risk rating matrix had been implemented in the form of a risk register that identified centre specific risks. The person in charge understood this would be continually updated and reviewed.
- The inspectors found individualised risk assessment and management plans had been introduced. For example, the reviewed risk of falls, manual handling and epilepsy.
- The person in charge informed inspectors that she reviewed all accidents and incidents within the designated centre and ensured there would be learning for same.
- The fire folder had been updated to provide more guidance for staff dealing with emergency situations.
- Appropriate evacuation procedures and arrangements were in place to guide staff and residents in the event of an emergency.
- Staff files reviewed were up to date with appropriate training. For example, fire safety, epilepsy, first aid and safe administration of medication.

#### **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:**

Overall the inspectors were satisfied that the provider and person in charge made substantive improvements to the area of safeguarding and safety since the previous inspection.

The inspector reviewed the relevant policies in place regarding protecting vulnerable adults. In addition, the inspector found that staff spoken to were aware of the different forms of abuse and were familiar with the reporting mechanisms in place. The inspector was informed by a staff member that he had undertaken specific training in protecting



vulnerable adults since the last inspection. The inspector found on reviewing staff training records that all staff reviewed had also attended this training.

Regarding restrictive practice safeguards, the inspectors noted the following improvements:

- A restrictive practice register was now implemented in the designated centre.
- Restrictive procedures regarding chiropody that were outlined in the previous report in respect of one resident had been reviewed. The inspector found reports from chiropodist, podiatrist and psychologist regarding a newly implemented procedure. This contained specific instruction for staff regarding the use of this new less restrictive procedure.
- The staff member spoken to demonstrated good knowledge of this procedure and discussed the approach taken by staff when this procedure was used. This included continual verbal reassurance with the resident. The staff member also highlighted the importance of exploring all alternative approaches before using any restrictive procedures with residents.

**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:**

Overall the inspectors were satisfied that the provider and person in charge had made the necessary improvements regarding residents healthcare needs and the supporting documentation following the previous inspection.

The inspectors noted evidence that residents had appropriate access to:

- GP
- Dentist
- Optician
- Psychologist
- Psychiatrist
- KDOC (Out of hours doctor)
- Hospital - Outpatient appointments.

The inspectors saw evidence of recent appointments regarding the above allied health professionals with residents. The inspector saw evidence on residents files whereby medical attention was refused and this was clearly recorded. The inspector was shown a health checking system to ensure residents eyes, ears and blood work was checked by an appropriate allied health professional and recorded. Staff showed the inspector a 'My Well Being' folder and also showed the inspector information available to residents around staying healthy that was kept in the designated centre.

**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):**

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

### **Findings:**

The inspectors were satisfied that policies and practices regarding medication management were safe and that residents were protected. The provider and person in charge had made the necessary improvements following the previous inspection regarding medication management.

The inspectors found the following improvements:

- Medication records in the designated centre were accurate and up to date. There were clear recording systems for checking, prescribing and administering medications. The inspectors noted medication errors were recorded, risk assessed and a drug error reflection form was completed including learning from the incident. There were clear records of all drugs in stock, returns to the pharmacy and a checking system for expiry on all medications. There were protocols in place for all 'as required' (PRN) medications signed by the G.P. The person in charge maintained and signed a weekly log of PRN medication usage.
- Medication storage arrangements were improved as the person in charge stated she cleared out the medications cabinet and reduced the amount of medication kept in the designated centre. Medication blister packs were neatly stored and the inspector found adequate storage space for all medications.
- Medication self administration assessment tools were found for residents.

Inspectors were satisfied that appropriate measures had been implemented since the previous inspection.

**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:**

Overall the inspectors were satisfied with the governance arrangements in place within the designated centre. The person in charge had been changed following the last inspection.

The inspectors found that the current person in charge demonstrated effective governance, operational management and administration of the designated centre. The person in charge had appropriate qualifications in healthcare and management and managed one other designated centre also. The person in charge informed the inspector she had contact with the designated centre on a daily basis and spent 2-3 days per week in the designated centre. The inspectors found the person in charge demonstrated appropriate knowledge of the residents and management of the designated centre. The person in charge also demonstrated a sufficient knowledge of the Regulations.

**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):**

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

**Findings:**

The inspectors were satisfied that some improvements had been made regarding staffing, training and development and the documentation of same. However, inspectors found that further improvements were required in this area to fully meet the requirements of the Regulations.

The inspectors found that the following improvements were evident on inspection:

- Staff files reviewed contained the necessary information outlined in Schedule 2 of the Regulations.
- Staff training records and schedules reviewed were appropriate and met the requirements of the Regulations.
- Staff were supervised informally through weekly contact with the person in charge, staff meetings, review of staffs work. The person in charge stated she was looking into formalising supervision arrangements and recording same with staff.

The inspector found that not all staff on duty in the designated centre were accounted for on the staff roster. For example, the person in charge, members of day services who work in the designated centre and agency staff.

**Judgment:**

Non Compliant - Minor

## 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:***

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0002717
<b>Date of Inspection:</b>	19 August 2014
<b>Date of response:</b>	29 September 2014

### 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 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

The inspector found that the processes regarding the management of residents finances (bank accounts/PPPA's) were not clear.

**Action Required:**

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an

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

account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

Our Principal Psychologist has reassessed the individual who had a bank account set up exclusively for billing purposes on the day of the inspection and deemed him not to have capacity to give consent in respect of money being paid into an account held in his name in a financial institution. The assessment also confirms that the individual lacks capacity to manage his financial affairs in even the most rudimentary situations. Accordingly the bank account held in his name has been closed and his finances will be managed in line with HSE PPA Guidance.

**Proposed Timescale:** 29/09/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

All staff in the designated centre were not shown on the staffing rota.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Staff linked to the house will be reflected on the roster. This will include both the day service staff and the person in charge.

Agency staff are listed on the roster but not named. The roster will be amended to ensure any agency staff rostered to work in the house are named on the roster.

**Proposed Timescale:** 29/09/2014