

**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-0002706
<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>	Colm Heffernan
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	2

## 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 announced and took place over 2 day(s).

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

From:	To:
04 November 2014 09:30	04 November 2014 17:30
05 November 2014 09:30	05 November 2014 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

The nominated designated centre was a ward based setting providing residential care for up to 11 residents. At the time of inspection there were eight residents residing in the designated centre and one resident availing of respite care.

As part of this announced inspection the inspector met with the residents, the area manager (acting provider nominee), the person in charge, nurses on duty, care staff and a number of resident's family members. In addition, the inspector met with members of the personnel department (on a separate day) at the providers head office to inspect staff files and training records. The inspector observed practice and

reviewed relevant documentation such as policies and procedures, personal plans, risk management protocols and resident meeting minutes.

Overall the inspector found that there was a good standard of care provided in the designated centre. However, the inspector found that some areas required further improvement to meet the requirements of the Regulations. For example:

- Residents Access to the community,
- Social Care needs,
- Effectiveness of Person Centred Support Plans,
- Staffing continuity and consistency,
- Performance Management of staff.

All areas that were inspected are discussed in 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, 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were good practices regarding the promotion of resident's rights, dignity and consultation.

The inspector viewed evidence of consultation with residents regarding various aspects of care services provided. For example, the inspector noted consultation with residents regarding personal plans and menu choice. The inspector found that most residents in this designated centre communicated non-verbally. The inspector noted this required staff to be more aware of resident's mannerisms, body language and non verbal cues. The inspector viewed evidence of monthly resident meetings occurring whereby staff members advocated for resident's needs, wishes and preferences. Throughout the inspection the inspector noted information available for staff, residents and families including:

- Easy to read Statement of Purpose.
- Easy to read Health Act.
- National Advocacy Service Information.
- Complaints Information.
- Resident Brochure/Guide.

The inspector found that the person in charge and staff knew residents well and made continual efforts to ensure residents were consulted and choice was promoted for residents based on their needs and abilities. For example, some residents had been in the service for over 35 years and were therefore very well known by the longer term staff members. The inspector found that staff were very aware of residents likes and dislikes.

The inspector reviewed arrangements in place regarding resident's finances. The inspector reviewed policy and practices regarding the safeguarding and management of resident's finances. The inspector found that residents had access to their finances through the person in charge and staff members. The inspector noted resident's monies were maintained in the providers Patient's Private Property Account (PPPA) as all residents had been assessed as not having the capacity to manage their own finances. The inspector reviewed resident's finances and the amounts kept in the designated centre were appropriate and matched the balance recorded in the resident's documentation. The inspector noted two residents whose state payments had been ceased due to 'means testing' criteria. The inspector requested that this matter be followed up on behalf of these residents which the provider completed the day following inspection.

The inspector reviewed the complaints policy (2014) and complaints procedures which were displayed in a prominent position. The complaints procedures indicated the person in charge as the first point of local contact and the area manager as the next point of contact for all complaints. The inspector was informed that the Human Resource Manager was the newly appointed Complaints Officer due to the currently absent Director of Nursing post. This person now had the responsibility for reviewing all complaints. The inspector reviewed the complaints log and was satisfied that there was an appropriate system in place whereby complaints were acknowledged, dealt with and reviewed appropriately by a designated complaints officer. The inspector spoke to families who were aware and satisfied that they knew how to make a complaint.

**Judgment:**  
Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff communicating with residents in a dignified and respectful manner. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. For example, the inspector noted

communication boards, communication passports, induction information for all residents and communication care plans.

As stated earlier, all residents in this designated centre had complex needs and communicated non-verbally. The person in charge demonstrated exceptional knowledge of resident's communication abilities. For example, clearly explaining residents who communicated with their eyes or hands. The person in charge clearly knew residents needs very well and evidenced this throughout the inspection process.

The inspector noted one resident who was part of an active research group whereby her communication via hand movements was examined in detail. The inspector also saw evidence of the services of speech and language therapy (SALT) being sought and provided in respect of some residents. The person in charge stated that this is an on-going need in the designated centre

The inspector also noted that photographs and pictorial aids on display around the centre to offer visual communication.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that residents were supported to develop and maintain personal relationships and some links with the wider community. The inspector found that families interviewed were very satisfied with the levels of care provided to residents in this designated centre. However, the inspector found that resident's access to the community required improvement. While residents did have activities available to them, the majority of these activities took place on the organisations campus and were therapeutic based.

Regarding the promotion of family relationships, the inspector noted residents families were encouraged to get involved in resident's lives. The inspector saw evidence of resident's family members visiting the designated centre and participating in residents personal planning meetings. The inspector spoke to a number of resident's families who were highly complementary of the designated centre management and staff. All family members spoke to the inspector about the long duration of time their loved ones had

resided in the designated centre and some expressed anxiety at the prospect of their family members moving into the community. Family members spoken to attributed this anxiety to the high and complex care that their loved ones required. Family members were very clear with the inspector that they were very pleased with the long term care being provided to their loved ones.

The inspector found that the majority of residents appeared to partake in activities based on the campus. For example, residents visiting the swimming pool, mobility activation, walks and day services. While these activities were appropriate to residents needs, they all occurred on the provider's campus. However, due to resident's high needs for on-going therapeutic intervention these activities were very important. The inspector noted that while residents appeared to have some opportunities to participate in community based activities these opportunities were very limited. For example, residents had an annual holiday and had a social outing for their birthday and Christmas, however aside from this, residents spent the majority of their time on the provider's campus.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found that admission and discharge policy, procedure and protocol were appropriate within the designated centre. The inspector reviewed a number of residents documentation and found that residents had a tenancy agreement and written contracts in place.

The inspector found transparent criteria regarding the conditions of resident's tenancy and the contract for provision of services. These clearly outlined the services residents could expect to receive from the provider inclusive of the fees charged. The inspector noted consultation had taken place with residents and their families who had also signed these agreements. Given the sad departure of a resident recently there was currently a vacancy in the designated centre. The provider stated at this time they were unsure whether this vacancy would be filled.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that each resident's wellbeing was maintained by a good standard of evidence-based care and support. The inspector noted good evidence of individualised assessment and personal planning and saw that residents had some opportunities to pursue individual interests and preferences. However, the inspector noted that resident's opportunities to visit social settings external to the providers campus were limited. In addition, the inspector found that some residents social care activities were very infrequent.

The inspector reviewed a number of resident's personal plans and saw appropriate evidence of comprehensive multi-disciplinary involvement and review. The person in charge reviewed all plans at review stage to ensure she was aware of all goals and objectives. The person in charge stated she was commencing a review on effectiveness of plans. The inspector noted each resident had a comprehensive care plan, supplementary folder and person centred support plan. The information reviewed was well documented and up to date for each resident. The person in charge had a good system whereby resident's individualised assessment and care planning was to a good standard.

Staff demonstrated sufficient knowledge of resident's plans. Some staff members highlighted difficulties in achieving resident's goals due to resourcing issues, particularly goals that involved transport and activities that occurred off the providers main campus. In discussing this with the person in charge, it was clear to the inspector, that for a number of reasons, it was difficult to move residents towards more community based activities. This was evidenced by the infrequency at which these activities occurred for residents. However, the person in charge informed the inspector that she remained very committed to this area and making the necessary changes to address this issue.

The inspector found some residents had long term plans to move out of the institutional campus based setting into the community. However, the inspector was informed that these plans in some cases were on-going for years and were largely funding dependant. As a result of the above the inspector found that some resident's person centred support plans highlighted very basic short term goals and visions as opposed to any medium/long term planning objectives. For example, going for coffee, going shopping, going out for walks to local areas/attractions.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that the location, design and layout of the centre were suitable for its stated purpose. The inspector found that the designated centre comprised of a ward building on a campus based setting. The environment was appropriate for meeting the needs of residents who lived in the designated centre. All residents residing in the designated centre had mobility limitations therefore the wide corridors and open space in the centre was conducive for resident's mobility and wheelchair accessibility. The inspector was informed that a plan was in place to incrementally move residents into community based settings however this plan was funding dependant.

Overall the inspector found that all residents had:

- Adequate private and communal accommodation,
- Space for social, recreational, dining and privacy,
- Kitchen facilities,
- Adequate storage facilities,
- Ventilation, heating and lighting facilities,
- Baths, showers and toileting facilities,
- Appropriate equipment,
- Laundry facilities.

The inspector found one resident's room that was too small to meet this residents assessed needs, however the provider in conjunction with the residents family,

immediately facilitated a move to a larger room for this resident and informed the Authority of this move following the inspection.

While the designated centre was a campus based ward setting the provider had ensured that residents each had their own rooms decorated to their own tastes. Residents who shared a room (3 shared rooms) had appropriate space and screening was provided for privacy where shared rooms were provided. The inspector found that resident's rooms were clean and bright throughout the designated centre. The inspector noted recent works had taken place in the premises with a refurbished kitchen and visitor's room recently updated and painted. Family members highlighted to the inspector that they were very satisfied with the designated centre. All family members spoken to stated that they visited at irregular intervals and always found the designated centre to be clean and in very good order.

**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):**

This was the centre's first inspection by the Authority.

#### **Findings:**

The inspector found that there were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and good systems were operating regarding the management of risk and the protection of residents availing of respite in the designated centre.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge was very aware of risk management procedures in the centre. Risk assessments were carried out where issues were identified. For example, the inspector read a number of appropriate risk assessments pertaining to assisting residents, residents requiring support with mobility and manual handling and use of associated equipment.

A safety statement and risk register was in place which set out the risks in the centre and the associated control measures. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge. The inspector found a risk register in place that included risk assessment of residents at risk of

aspirating and residents at risk of slipping from their wheelchairs. The inspector noted some incident records highlighting bruising found on residents and the reason for this bruising marked as 'unknown causation'. This issue will be discussed under Outcome 8: Safeguarding and Safety.

The inspector found systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge. The person in charge had good auditing systems in place whereby she audited:

- Fire Procedures,
- Health and Safety,
- Transport/Bus Safety,
- Medication Management,
- Equipment,
- Finances,
- Care Plans,
- Health Audits.

The inspector found there was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation. The inspector found each resident had a personal evacuation plan completed. The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this, regular fire drills were carried out and documented. There were 10 exits in the designated centre in the event of the need to evacuate. The fire alarm was checked while inspection was taking place. Good documentation was maintained in relation to each drill to evacuate the designated centre. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. The designated centre was appropriately equipped with fire extinguishers and fire blankets and the person in charge demonstrated good awareness in terms of fire safety.

Overall the inspector noted the person in charge and staff were risk aware in the designated 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found that the provider had measures in place to protect residents from harm and the risk of abuse.

The inspector found appropriate policy in place regarding the protection of vulnerable adults. The inspector found that staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. The inspector found that staff knowledge of policy was of a good standard. Staff training records were reviewed and all staff reviewed had been provided with training in the protection of vulnerable adults.

The inspector found there were two recent notifications of suspected abuse within the designated centre and examined these incidents over the course of inspection. There had been two separate incidents reported within the designated centre whereby residents were found to have injuries due to 'unknown causation'. One of these incidents was subject to a full investigation which found an inconclusive outcome. The second incident was being preliminarily investigated at the time of inspection with the report due to be submitted to the Authority on completion. The inspector found that the provider had operated in line with their own policy and regulatory requirements regarding the investigation of these incidents. The person in charge informed the inspector that she has ensured all staff have been given refresher training in resident handling and use of hoisting equipment to decrease the risk of accidental injuries. The person in charge has stated that this issue of resident safety is a paramount concern at present.

The inspector found staff were knowledgeable in terms of behaviours of concern and any restrictive practices that were operational in this centre were risk assessed and clear protocols were in place regarding same. For example, the use of bedrails and lap-belts. The inspector found these practices were appropriately managed and reviewed and were applied in accordance with evidence-based practice. The inspector found residents care planning documentation was updated and considered the maintaining of a safe environment in the designated centre.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that a record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief Inspector.

The person in charge was fully aware of her regulatory responsibilities regarding notifications in the designated centre. A number of notifications were received by the Authority from the person in charge which demonstrated knowledge of this process. The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that while most residents had their welfare needs met to an appropriate standard and that staff ensured residents were engaged in some activities suitable to their preferences, wishes and capacities, this area required further improvement.

The inspector found that resident basic needs, healthcare needs and therapeutic needs were met to a good standard within the designated centre. Due to the resident profile in this designated centre these areas were of particular importance considering the medical and physical needs of the residents. However, in speaking with the person in charge and staff, the inspector found that further work was required in terms of resident's social needs and quality of life development.

The inspector found that some residents attended a day service that was based on the provider's campus and closely located to the designated centre. The inspector was informed that these residents left the designated centre everyday and engaged in a variety of planned programmes and activities. The inspector found that a number of

other residents who did not attend any day service were at a disadvantage in terms of social participation and having opportunities to partake in activities outside the designated centre. For example, in reviewing a number of residents weekly plans the inspector noted that aside from their therapeutic appointments, these residents had very little else happening in their lives in terms of new experiences, activities and social development.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall residents were supported on an individual basis to achieve and enjoy best possible health. The inspector found that residents had good access to healthcare services and were well supported in their health needs.

The inspector noted residents healthcare needs were assessed on an on-going basis. The inspector noted that due to the complex needs of residents, they required significant therapeutic intervention, which was facilitated. For example, residents mobility clinics, physiotherapy, massage, hydrotherapy. The inspector noted residents had appropriate access to general practitioner, physiotherapist, occupational therapist, speech and language therapist, dentist and psychiatrist. The inspector found that some residents with specific health issues were continually facilitated to attend specialist healthcare. For example, the inspector reviewed a number of resident's health care plans showing recent hospital admissions, appointments, scans and follow up checks. The person in charge demonstrated a very good awareness of all resident's health needs. Residents with epilepsy had detailed care plans in place. The inspector noted good on-going consultation by the person in charge with residents and families regarding residents with specific health conditions.

Regarding food and nutrition the inspector observed residents being supported at dining times with dignity and respect. The inspector viewed a good choice of food available to residents and staff demonstrated good awareness of residents likes/dislikes. The inspector spoke to a number of staff who demonstrated good knowledge of residents assessed dietary needs which was further evidenced in resident's food and nutritional care planning, assessment and documentation.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management.

Having reviewed prescription and administration records, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. Nursing staff administered all medications and audits were conducted to ensure compliance with the centre's policy. The inspector found that a medication checklist system was in operation for medication stock admission and discharge from the pharmacy and also found medication discrepancies were managed appropriately. The person in charge ensured regular reviews of residents' prescriptions and medication stocks were carried out.

The inspector found that the medication trolley was appropriately stocked and was secure. The inspector observed medication being appropriately administered and signed by the appropriate nurse on duty. Medication documentation was up to date and accurate. The inspector noted one minor documentation issue with a residents prescription information, however this was immediately addressed by the nurse on duty at inspection time. Overall the inspector found that medication practices in the designated centre were safe and met the requirements of the Regulations.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found a written Statement of Purpose that required some minor amendments to ensure the document accurately described the services provided in the centre. The provider took immediate action in this regard and completed the required amendments. The updated Statement of Purpose was provided to the Authority the day following inspection. The inspector found that services and facilities outlined in the Statement of Purpose outlined the manner in which care was provided in the designated 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector noted that the governance and management arrangements in place monitored the quality of care and experience of the residents. The inspector found that there was a clearly defined management structure in place. The person in charge presented as very competent throughout the inspection process.

The inspector found the designated centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge had qualifications in nursing, in addition to a number of additional training courses pertinent to her role. The person in charge stated she would undertake a qualification in management to ensure she satisfied the requirements of the Regulations. The person in charge had over 35 years experience in the area of nursing care in the disability sector. The inspector was informed that a considerable amount of the person in charges experience has been with the provider on the organisations main campus.

The person in charge demonstrated very good professional knowledge and insight and clearly knew the centre, the residents and the resident's families very well. The inspector found the person in charge had many effective management systems in place regarding the running of the designated centre. For example, the area of health, safety and risk management. The inspector found that the role of the person in charge was full-time on the designated centres roster. The person in charge worked office hours and managed the roster and staff team effectively.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The person in charge informed the inspector that there was a deputy person in charge in place. The deputy person in charge was on holidays at the time of inspection but the inspector could see she worked alongside the person in charge on the designated centre roster. The inspector was informed that the Area Manager was also based nearby and visited the designated centre on a regular basis and could also assume responsibility for the designated centre in the interim if required.

**Judgment:**  
Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**  
Use of Resources

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

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found that the centre appeared appropriately resourced to ensure the effective delivery of care and support.

The inspector noted appropriate staff numbers available and all residents were supported well throughout the two day inspection. However, staff members highlighted to the inspector that staffing was an area that required improvement particularly when seeking to leave the campus for social outings. The inspector noted appropriate staffing levels to the numbers of residents over the course of inspection.

The inspector found that there were appropriate facilities and equipment in the designated centre. The inspector found that the designated centre had the use of a bus which was seen on inspection. Some staff expressed that this was a shared bus and was not always available. The provider assured the inspector that with the exception of a resident hospital appointment taking priority, this designated centre had transport available at all times. The Area Manager informed the inspector that should staff members require transport that they felt was unavailable he would make transport immediately available to any resident that required same.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were appropriate numbers and skill mix of staff to meet the assessed needs of the residents. However in reviewing staff rosters and interviewing staff the inspector was concerned with the consistency and continuity of staffing personnel on the designated centres roster.

Regarding Schedule 2 (Staffing Records), a full review of staff files took place in the providers head office. The inspector was satisfied that the majority of staff files that

were reviewed contained the required information and met the requirements of the Regulations. The inspector reviewed a cross section of organisational staff working in different roles within the organisation. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker. The inspector examined staff files from all designated centres within the area. As part of this inspection the inspector also reviewed staff files for relief and agency staff. The inspector found good practice regarding the maintenance of staff records to meet regulatory requirements. There were no issues pertaining to staff files examined relating to this designated centre.

The inspector reviewed the staff rosters and spoke to the person in charge, staff and families concerning staffing and found that staffing arrangements were sufficient in terms of numbers available to support and enable residents in their daily routines. However, the inspector found that the roster was very reliant on agency staffing cover. A number of staff highlighted this was an issue that was causing discontent as they felt continually working with irregular staff who did not know the residents was having an impact on service delivery. The person in charge accepted that this issue was a reality due to on-going sick leave. The inspector noted that this issue has been prevalent over a number of months.

The inspector found that there were staff meetings taking place with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff. The person in charge had also developed an easy read version of the Health Act for staff members. The inspector found that the person in charge did not have a formal system for supervising or performance managing staff and stated that she would be commencing performance appraisal on all staff in due course.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

The inspector found that written operational policies were in place to inform practice and provide guidance to staff and these documents were reviewed and updated appropriately. The inspector noted that all policies reviewed met with the requirements of the Regulations. For example, the providers Schedule 5 policies were in the designated centre and accessible to staff.

The inspector found that staff members in the designated centre were sufficiently knowledgeable regarding operational policies. The inspector found that personal information, files, records and other information, relating to residents and staff, were maintained in a secure and professional manner. For example, resident's information was stored in secure filing cabinets in the staff office. The inspector found that residents' documentation, files, assessments and care plans were maintained to a good standard.

**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:***

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-0002706
<b>Date of Inspection:</b>	04 November 2014
<b>Date of response:</b>	18 December 2015

### 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 03: Family and personal relationships and links with the community

**Theme:** Individualised Supports and Care

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

The resident's opportunities to participate in community activities and leave the campus based setting where they lived were very limited.

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

**Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

We will conduct a review of the scale of social and community experiences and opportunities available to residents within the designated centre. We will monitor social and community opportunities with a view to ensuring that each resident has appropriate access to developing and maintaining personal relationships and links with the wider community. The Area Director will review with the Person in Charge on a quarterly basis the records monitoring these opportunities and experiences. A report will be maintained of these quarterly reviews. Confirmation of the level of activity under this sub heading will be evident in each individual's activity record in their care plan.

**Proposed Timescale:** 30/03/2015

**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:**

While the person in charge had good systems to ensure each resident had a care plan and person centred support plan, the effectiveness and quality of objectives and planning for residents needs further assessment and action.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

An audit of the effectiveness of the care plans will be undertaken. The Person in Charge will complete a written report to the Area Director on a 6-monthly basis of the effectiveness of care plans

**Proposed Timescale:** 30/04/2015

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

All residents did not have access to education, training and/or employment. A number of residents did not have a day-service and had very limited opportunities for new

experiences and social participation.

**Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

All individuals in the designated centre will be given the opportunity to attend a day service on a sessional basis and undertake activities of their choosing. The Person in Charge will conduct an audit on a quarterly basis to ensure that the individuals in the designated centre partake in meaningful experiences and social community participation in line with their will and preference and PSCP goals.

**Proposed Timescale:** 30/03/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was a lack of consistency in terms of staffing on duty with a heavy reliance on irregular agency staff.

**Action Required:**

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The organisation is currently recruiting a relief panel to ensure continuity of care and support. Where agency staff are required, the agency have been requested to assign familiar staff.

**Proposed Timescale:** 10/03/2015

**Theme:** Responsive Workforce

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

A system was not operational to ensure all staff were appropriately supervised and performance appraised.

**Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The Person in Charge will ensure that all staff in the designated centre are supervised appropriately. Performance appraisals will be completed with all staff on a yearly basis, as per the organisations policy.

**Proposed Timescale:** 30/03/2015