

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muirosia Foundation
Centre ID:	OSV-0002716
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muirosia Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Conor Brady
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 January 2015 09:00	13 January 2015 17:00
14 January 2015 09:00	14 January 2015 18:30

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

This was an inspection of a Muiriosa Foundation nominated designated centre. The inspector was informed that the designated centre provided residential care to one resident. The inspector was informed prior to inspection that this resident's behaviour was changeable around persons who were unfamiliar to them. The inspector therefore visited the designated centre for set durations over a two day period to accommodate the resident. The inspection of documentation relating to this designated centre took place in the provider's main offices.

As part of this inspection the inspector met with the person in charge, provider nominee, management, clinician (at feedback meeting), staff members and the resident over a two day inspection. In addition, the inspector met with members of the personnel department and management at the providers head office to inspect staff files and training records. The inspector observed practice and reviewed documentation such as personal care plans, health plans, medical/clinical information, behavioural support plans, behavioural support meeting minutes, behavioural support assessment tools and data collection records, accident and incident records, medication records, meeting minutes, policies and procedures, governance and management documentation, staff training records, residents financial documentation and records and staff files. In addition, the inspector completed a full and thorough inspection of the premises. This centre comprised of a large detached country house that was set on a large site with ample space for the resident residing there.

Overall, the inspector found that based on the evidence gathered on this inspection, this designated centre was compliant across the majority of areas inspected against and substantially compliant in some areas. Some improvements were required in the areas of health, safety and risk management, safeguarding and safety and annual review auditing of services. All of these areas are discussed in more detail in the main body of this 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:

Overall the inspector was satisfied that resident's rights, dignity and consultation needs were met to a good standard. The inspector noted that the management and staff had ensured that there were appropriate access to services and an emphasis on protection rights, privacy and dignity. The inspector found a culture of consultation and choice and a system in place to deal with resident and family complaints.

The inspector found evidence of consultation regarding many aspects of care. For example, the inspector found evidence of support by a professional staff team in areas such as person centred planning, behavioural support planning, social activities, centre/house issues and food/menus. The inspector noted staff engaging appropriately at all times. The inspector found minutes of house meetings and continual engagement in personal plans and progress notes.

The inspector noted the centre had multiple rooms that were individually decorated and contained resident's personal possessions. There was a relaxation room, art/hobby room and a relaxation/sensory garden was in the process of being built. The inspector found a respectful system for managing resident's personal possessions. In addition, the inspector found an appropriate system in place regarding the management and safeguarding of residents finances.

The inspector found appropriate policy and procedure regarding complaints that was displayed in a prominent place. The inspector found there were nominated individuals to deal with and review complaints. The inspector found a number of compliments by family on the inspection. The person in charge and staff demonstrated a good

knowledge of the system that was in place.

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:

Overall the inspector found that resident's communication needs were facilitated and supported. There were effective and supportive interventions provided to ensure each resident's communication needs were met.

The inspector found that the resident had a communication care plan that was appropriately reviewed and up to date. These documents gave specific direction as to the resident's specific communication needs and requirements. This plan was linked to the resident's behavioural support plan as communication and this residents behaviours were clearly linked. The inspector noted staff communicating with the resident in a very professionally supportive and respectful manner throughout the inspection. Staff were very familiar with residents assessed needs and communicative abilities and limitations. The inspector found the use of pictorial aids had been attempted however the resident favoured 'object exchange', 'gesturing', and communicating by sound/physical movement. The inspector noted a strong staff knowledge and awareness of the resident's needs, wishes and preferences. For example, staff member's ability to read residents non-verbal communication, e.g., behaviours and/or sounds to express themselves. The inspector found residents had good access to appropriate communication media, such as, television, radio, electronic tablets. The inspector noted good communication with the resident throughout the inspection.

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 was satisfied that the resident was supported to develop and maintain links to their family and wider community.

The inspector found that the staff in the designated centre were aware of community integration but this was a difficult area to achieve. For example, given the particular behavioural profile of the resident and the residents intolerance of crowded areas, there was an incremental and risk assessed approach to attempting community activities. This will be discussed later in this report under Outcome 10. The inspector found some examples of appropriate links to the community such as walking in local woods and entering a local art exhibition. The inspector noted efforts on the part of staff to ensure residents maintained links with their surrounding community.

Regarding family and personal relationships, the inspector noted efforts on the part of the staff to create and maintain resident's relationships with their loved ones. For example, facilitating family visits and contact at every opportunity to do so.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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 found that the resident had a tenancy agreement and written contract regarding the provision of services in

place. The inspector found transparent criteria regarding the conditions of resident's tenancy and the contract for provision of services. The inspector sought clarification regarding the financial contributions as outlined in the resident's contract and this information was provided by the person in charge. These documents clearly outlined the services residents could expect to receive inclusive of fees charged.

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:

Overall the inspector found that the resident's wellbeing and welfare was maintained by a high standard of care. There were appropriate arrangements in place to meet the resident's assessed needs and these were clearly outlined in the resident's individualised personal plans.

The inspector found that the resident partook in social outings that reflected their needs, interest and capacities. The inspector found the resident had good opportunities to achieve goals that were continually reviewed and updated by staff and the person in charge. The inspector noted art therapy was an important feature in the designated centre and saw some of the residents work displayed in the designated centre. The inspector found evidence of residents social care needs being met and reviewed in line with the residents needs, wishes and preferences. The inspector noted comprehensive personal plans, person centred plans and behavioural support plans, that included involvement from relevant professionals where required. For example, social care, psychology and psychiatry were services that were a continuous feature in plans reviewed. The inspector found that residents had good access to a multi-disciplinary team and received the required intervention where/when required.

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):

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

Findings:

Overall the inspector was satisfied that the location, design and layout of the centre was suitable to its stated purpose and met the resident's individual and collective needs in both a comfortable and homely way.

The designated centre comprised of a large 4 bedroom bungalow on a large site in a quiet country location. The inspector found that the designated centre was warm, bright and clean throughout. The inspector was satisfied that the premises was accessible and supportive to the residents mobility needs. The inspector found that the centre was appropriately equipped and maintained to a good standard. The designated centre was large and homely and the resident had suitable room and space along with comfortable living areas. Kitchen, bathroom and laundry facilities were suitable and appropriate to the resident's needs. The inspector noted the resident had a number of rooms redesigned to meet specific needs. For example an art room, relaxing room, sitting room. The exterior gardens and driveway were secure and safe and a sensory garden was in development for the resident.

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.

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 and staff were 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 behavioural management, working alone and use of 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 that specific behavioural reporting forms were sent and continuously monitored by the behavioural support team.

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 and staff. The inspector found there was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation. The inspector noted an incident pertaining to resident behaviour that required support staff/management support to come to the designated centre. On one occasion this support took almost 1 hour to arrive. The person in charge stated that a lot of learning had taken place following this incident which highlighted the risks involved in lone working. A safety alarm system (carried by staff) which consisted of a push button, which in turn alerted a call centre, had been implemented. This system had not yet been used. However, the inspector found that this system was unlikely to address the delayed response time for a staff member requiring support. The inspector was informed by staff that seeking support from designated centres that were close by was something they would do if necessary. The inspector found a more robust local protocol was required in this area to ensure clear access to timely support for staff and the resident in instances requiring same.

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. Good documentation was maintained in relation to each drill to evacuate the centre. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. The inspector found that overall there was a good risk aware culture present in the designated centre.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

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

The inspector found that the person in charge and staff were knowledgeable about the different forms of abuse and had undergone protecting vulnerable adults training. However some staff needed further clarification on how to document and respond to allegations of abuse and the mechanisms associated in reporting abuse (as outlined in organisational policy).

The inspector found detailed induction and supervision provided by the person in charge regarding the safe provision of personal and intimate care.

The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse from a policy perspective. The inspector found policies on protecting vulnerable adults were in place and the person in charge was aware of her reporting responsibilities. The inspector found that there were transparent arrangements in place regarding the management of resident finances which were supported by appropriate organisational policy. Resident's account balances were checked and were correct and co-signed by staff members. The inspector found staff were knowledgeable in terms of behaviours that challenge/of concern and were appropriately equipped to manage same. The inspector found that further training was scheduled for some staff in this area. Any restrictive practices that were operational in this centre were risk assessed and clear protocols were in place. There was a restrictive practice register in place and this was continually reviewed by the person in charge. Overall the inspector found the designated centre was a non-restrictive environment that was individualised for this one resident based on assessed needs.

Judgment:

Substantially 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 and had a comprehensive list of all notifiable events in her HIQA folder. 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:

Overall the inspector found that the resident had good experiences and that staff ensured the resident was engaged in activities suitable to their preferences, wishes and capacities.

The resident was activated from the designated centre and had transport in situ. The resident was observed to enjoy a good quality of life with a variety of activities available to them. For example, art, walking, drives and massages. In examining person centred plans and goals achieved it was clear this resident had made substantive progress in the last 5 years having moved out of the provider's campus based institutional setting. The inspector reviewed activation charts and found that while the resident partook in

activities based on preference and capacities, the resident had limited opportunities/activities in new settings. However, given the specific needs of the resident, preference for routine and professional support network available, the inspector found that this designated centre provided a good standard of care to the resident.

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

Findings:
Overall, the inspector was satisfied that the resident was supported on an individual basis to achieve best possible health.

The inspector found appropriate access to General Practitioner (GP), Psychiatry, Dentist (referral made), Dietician and Chiropodist. In addition, the inspector found beautician and massage therapy also available to the resident. The inspector found that a health plan and recording of same was well maintained in the resident's file and that plans were regularly reviewed, updated and guided practice. For example, the resident's needs were reviewed and monitored and any required medical or clinical intervention was sought/provided. The inspector found staff were knowledgeable regarding individual residents health needs. The inspector found that staff were continually working to meet residents physical and mental health needs. The inspector viewed resident's appointments calendar which corresponded with progress notes documenting all clinical/medical interventions with residents.

Regarding food and nutrition, the inspector found appropriate knowledge of food and nutrition was evident amongst staff. Choice was facilitated through knowledge of resident's likes and dislikes, dietary needs and the rotation of menus. The inspector observed the resident having choice at meal times and receiving good support in a dignified and respectful manner. The residents diet was carefully monitored to ensure specific health needs were being promoted.

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 found appropriate arrangements in place regarding medication management. All staff employed in the centre were trained in the safe administration of medication. A medication management policy was viewed by the inspector in the designated centre. The person in charge was a qualified nurse and the inspector found that the person in charge had good local systems in place to ensure medication practices, recording and storage was professional and adhered to regulatory requirements.

Medications were dispensed from the pharmacy in blister packs to promote the correct administration. A clear description of each medication is provided on the blister pack to ensure that staff could recognise the correct medication to be administered. The receipt of medication was being recorded and medication was stored appropriately in secure locked cabinets. The general practitioner had signed the prescribing sheet for each medication, and the prescription included clear directions to staff on the dose, route and times that medication should be administered. PRN medications (medications that are administered as required) were recorded on the prescription sheet and these included the maximum dose that should be administered in any 24 hour period. There were clear guidelines and protocols regarding the usage of PRN medications and this was monitored and audited by the person in charge and clinical support. The inspector observed medications administered appropriately whilst on inspection and found staff to be professionally knowledgeable in the area of medication management.

The inspector noted one instance whereby an administration sheet had been left unsigned, however the staff member in question showed the inspector that the medication had been administered (and addressed same on inspection). On reviewing all administration records over the course of inspection all were appropriately signed with good practice observed.

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 described the services provided in the designated centre. The inspector found that services and facilities outlined in the statement of purpose reflected the care provided and the diverse needs of residents. The inspector highlighted that the age profile highlighted in the Statement of Purpose may need to be amended to ensure full compliance to the Regulations.

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:

Over the course of inspection and during discussion with the person in charge and persons involved in the management of the designated centre, the inspector found that the designated centre was managed by experienced, qualified and suitable persons. However the inspector found that the provider annual auditing was of a poor standard.

The person in charge was a qualified nurse who works full-time in the management of two designated centre and is supported by a team of staff in each centre. The person in charge stated that she has undertaken postgraduate qualifications in behaviours of concern and will pursue a management qualification to ensure compliance with the Regulations. The person in charge reports directly to a Local Manager who in turn reports to the Area Director. The person in charge stated structured management meetings occurred with her line manager and there were also additional monthly person in charge meetings for peer learning. The person in charge stated she has daily contact

with her own manager and was highly complementary of the provider's professional support of her as a person in charge. The inspector was satisfied that good lines of communication and support existed between the person in charge and the provider's management structure. The person in charge demonstrated a good knowledge of legislation and was appropriately familiar with the requirements of the Regulations.

The inspector found that clear lines of authority and accountability were present with staff members expressing satisfaction to the inspector with governance and management systems. The inspector was satisfied that the person in charge was appropriately engaged with the governance, operational management and administration of the designated centre and meets regulatory requirements in this regard. The inspector reviewed staff supervision arrangements and noted the person in charge had a newly adopted system in place regarding the supervision and performance appraisal of staff. The inspector found that the person in charge knew her staff team very well. The resident presented as very happy and comfortable (within the parameters of her own capacity and behaviours) with both the person in charge and staff on duty.

The inspector reviewed extensive auditing tools adopted by the person in charge regarding risk management, care planning and health and safety. The inspector found the person in charge had a good aptitude for the management of the centre and was very knowledgeable regarding the assessed needs of the resident. The inspector reviewed two audits completed by the Local Manager, which outlined corrective actions, and an annual review that was undated and unsigned. This annual review was not satisfactory in terms of reviewing the quality and safety of care and support provided in the designated centre.

Judgment:
Substantially 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 inspector was satisfied that there were appropriate arrangements in place regarding the absence of the person in charge. The inspector found that a deputy person in charge assumed local responsibility for the designated centre in the case of the person in charge's absence. This person was a care assistant in the process of studying for a qualification in social care and had a long and established platform of experience

working with the resident. In addition, the person in charge highlighted her local manager and the area and regional directors as assuming overall governance and management responsibility for periods of prolonged absence of the person in charge. The inspector found appropriate arrangements in place to ensure the notification process regarding any proposed absences that require notification to the Chief Inspector.

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 designated centre was well resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The inspector found that the designated centre had suitable facilities, staffing, funding and transport resources in place to meet the assessed needs of the resident. The resident was provided with a good standard of individualised care that was supported by the provision of appropriate resources throughout the designated centre. The inspector found that the resident, their family, the staff and the person in charge were satisfied with the levels of resourcing available in the designated centre.

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:

Overall the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents in the designated centre. The inspector found a good continuity of care provided to residents and noted the provider had professional practices regarding recruitment, training and managing volunteers in place.

The inspector found some incidents whereby staff required assistance (as discussed under outcome 7) and this had to come from the providers main campus when/where required. When inspecting staff and resident safety arrangements in such instances, and the possibility of support staff being made available on a more frequent basis, the inspector was informed a 'clinical decision' was made to provide 'one to one' staffing in this service. The inspector was informed the presence of more than one staff member acted as a catalyst for the resident to display negative behaviour. The inspector found the provider carefully 'matched' staff to work in this designated centre given the very specific nature of the resident's behaviours and needs. The inspector found learning by the person in charge and provider based on instances whereby certain staffing arrangements did not work out. The inspector reviewed detailed induction and procedures for the introduction of new staff to the designated centre.

Regarding Schedule 2 (Staffing Records), a full review of staff files took place in the providers head office (on a previous inspection). 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. The inspector noted 2 new staff had to undergo 'Autism Awareness' training and another staff member required updated 'Crisis Prevention Intervention' training. The inspector saw that there was a training schedule in place for these staff to undergo same.

The inspector viewed documentation and evidence of supervision/performance conversations having commenced with staff in line with organisational policy and regulatory requirement.

Judgment:

Compliant

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. The inspector noted that all policies reviewed met with the requirements of the Regulations. The inspector found that staff members in the designated centre were sufficiently knowledgeable regarding operational policies. The inspector found that personal information, files and records and other information, relating to residents and staff, were maintained in a secure and professional manner.

The inspector found a directory of residents was maintained by the person in charge and up-to-date. The inspector was satisfied that the required records and documentation relating to the designated centre were maintained in a manner that ensured completeness and accuracy. The inspector read the residents' guide and found that it provided some detail in relation to the required areas. The inspector was informed that the resident residing in the designated centre did not like paperwork/documentation and therefore examined most of this outcome in the providers main office to facilitate the resident.

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 report¹

Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0002716
Date of Inspection:	13 January 2015
Date of response:	16 February 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

The system for responding to emergencies in terms of the provision of timely support needs to be more robust and procedurally formal to ensure the staff and residents are supported appropriately in such instances.

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

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The local protocol for responding to emergencies has been reviewed and amended to ensure a robust and timely response to emergency situations.

Proposed Timescale: 17/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

All staff did not demonstrate knowledge of how to appropriately respond, record and report an allegation of abuse as per organisational policy.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The PIC has held a meeting with all staff in the centre where the organisations policies in relation to allegations of abuse were reviewed and discussed. The PIC also clarified staffs' role in relation to responding, recording and reporting of any allegation of abuse.

Proposed Timescale: 26/01/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

This annual review was undated, unsigned and not sufficiently completed.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
All future reviews will be dated, signed and fully completed. A repeat annual review will be conducted.

Proposed Timescale: 31/03/2015