

**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 Muiríosa Foundation
Centre ID:	OSV-0005245
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa 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:	0
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 25 August 2015 10:00 To: 25 August 2015 17:00

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

This was an inspection of a proposed new designated centre that comprised of one location established to provide dementia specific residential services for 4 people with intellectual disabilities. Residents were not yet living in the centre at the time of the inspection. However the inspector found that specific residents were identified and had transitional plans in place to move into this designated centre.

As part of the inspection process, the inspector met with the nominated person in charge, a clinical nurse specialist in the area of dementia, a person in charge from the centre whereby residents were transitioning from and the provider nominee. In the absence of residents actually living in the premises, the inspector reviewed

proposed documentation such as policies, procedures, personal plans, transitional plans, proposed auditing documentation, proposed contracts for provision of services, proposed medication documentation, fire and evacuation procedures and staff training records/schedules. The inspector also discussed the levels of care to be provided in the centre extensively with the person in charge and was provided with good assurance throughout this inspection.

Overall the inspector found that there was evidence of good proposed practices, plans and proposed systems in place to ensure the centre would be operated in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The premises inspected was designed, decorated and maintained to an exceptionally high standard. There were detailed plans in place that demonstrated the months of work on the part of the provider, management, person in charge, specialist, clinical and support staff to support specific residents to move into this new designated centre. There was clear evidence available of the consultation that had taken place with residents and family representatives regarding the proposed opening and transitions into this new centre. The centre had been altered to ensure it was safe and suitable for persons with dementia and residents had already viewed and picked their rooms which were personalised and designed to a very high standard.

The inspector found that the person in charge presented as highly trained and professional and found that no improvements were required in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 was satisfied with the provider's plans to ensure that residents would be consulted with and participate in decisions about their care and about the organisation of the centre. The person in charge highlighted various insights into the residents who were moving into this new designated centre. The inspector found good systems and consultation with residents and families had taken place and transition plans formulated. As the residents profile was specific to residents with dementia the inspector found that the provider had ensured the environment, planning, operational procedures and resources were designed to support residents.

Arrangements were in place for residents to have access to advocacy services and information about their rights. Each resident's privacy and dignity was respected with their own personal space, including the ability to receive visitors in private. Each resident had a large bedroom with colour coded doors and contrasted colours used in the centre to support resident's specific needs.

Plans were in place for each resident to be enabled to exercise choice and control over their life in accordance with their preferences, needs and abilities and to maximise their independence. For example, person centred support plans and social support plans.

The complaints of each resident, their family, advocate or representative, and visitors would be listened to and acted upon and there was an effective appeals procedure found to be in place.

The person in charge was found to have systems in place for logging issues and

demonstrated a strong knowledge of residents care and support needs throughout the inspection process. The inspector found positive links were maintained with resident's families who had visited the house and were very involved in the transitional planning process.

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 from the evidence reviewed that resident's communication needs would be met within this designated centre. There was a policy in place regarding communication and an operational policy regarding the specific needs within this centre. In reviewing residents care plans the inspector found that all residents had communication care plans in place and specific guidance in relation to resident's communication needs. For example, gestures, body language and objects of reference utilised to communicate with residents.

In speaking with the person in charge and reviewing care plans it was evident that residents were supported and assisted regarding their proposed move. The person in charge outlined the ways in which all residents would be facilitated to communicate at all times. There were communication care plans in place for residents that gave good insight into resident's assessed needs. The inspectors found detailed communication passports that outlined how residents communicated, what they liked/disliked, things they liked to talk about and objects of reference to use with residents to promote positive communication. There were memory boxes, life story plans and television monitors set up in bedrooms for residents to view and engage with personalised positive memories to promote positive 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 an ethos whereby residents are supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to get involved in the lives of residents. In discussing this with the person in charge the inspector found that the proposed residents in this centre had varying levels of family contact.

The inspector reviewed a provider policy regarding communicating with residents families and found a culture whereby residents were encouraged to maintain links with their families. Residents' families had featured as a big part of transitions and the inspector saw that families had visited the centre and were very supportive of residents transitions. There was bedroom available in the centre for families to stay over on visits to be close to their loved ones. The inspector was also aware of the providers willing engagement with families who did not want residents to transition and reviewed extensive evidence of consultation with families in this regard.

Regarding links to the community the inspector found that the person in charge highlighted an intention to strengthen links to the community as the residents were moving from a campus based setting to a more community based home. Day services remained available to residents while 24/7 activation form the centre was also available. The inspector found that the centre would have its own transport and the person in charge highlighted that community involvement was important but would be based on residents' wishes and abilities.

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:

The inspector found that there were admission and discharge policies and procedures in place. These policies were cross referenced in the centre specific operational policy. Residents and families had been part of a consultative transition plan to the new designated centre and residents were looking forward to moving into the centre from all information available. Each resident had a proposed written contract which deals with the support, care and welfare of the resident and included details of the services to be provided for that resident and the fees to be 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:

The inspector found that each resident had a personal plan and individual assessment in place that met the requirements of the Regulations. Resident plans and proposed plans were comprehensive and had evidence of clinical and multi-disciplinary input. The inspector found dementia specific care plans in place for each resident, life stories/histories and memory boxes for reminisce care-giving with residents.

The arrangements proposed to meet each resident's assessed needs were set out in an individualised personal plan that reflected needs, interests and capacities.

Personal plans were drawn up with the maximum participation of each resident/and or families. Residents were supported in transition between services and the inspector reviewed consultative transition plans for the residents. Each resident's plans highlighted appropriate access to multi-disciplinary input. For example, psychological support services, occupational therapy and speech and language therapy. The inspector found a significant amount of work had been undertaken by the provider and person in charge to prepare the residents personal plans and proposed plans for the transition into this new designated centre.

The inspector saw that residents had involvement in activities such as arts, crafts, baking, holidays, mass, walks and social outings/holidays. Residents social care needs and personal plans were up to date and the inspector was informed that each plan would be reviewed (within 28 days) and reassessed to reflect the residents' new home and new community based goals that would be associated with this significant move. Residents had social goals and the inspector found that the transition to this new community home was a large feature in resident's plans to date.

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:

The location, design and layout of the centre was suitable for its stated purpose and was found to be more than adequate to meet residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment available for use by residents which was maintained and in good working order. The inspector found this centre to be of a very high standard in terms of space, design, décor and layout. Each residents bedroom was decorated to a very high standard. An Occupational Therapist had been involved in the design and environmental assessment of the centre to ensure all residents assessed needs were facilitated.

The inspector found that this large country dwelling was on substantive grounds with enclosed private gardens and plenty of space for residents. This property was found to be of an exceptionally high standard.

The inspector found:

- Substantial private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation.
- Rooms of a suitable size and layout suitable for the needs of residents.
- Adequate space and suitable storage facilities, insofar as is reasonably practicable, for the personal use of residents.
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents.

- Suitable storage.
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware.
- Showers and toilets of a sufficient number and standard suitable to meet the needs of residents.
- Suitable arrangements for the safe disposal of general and clinical waste where required.
- Adequate facilities, insofar as is reasonably practicable, for residents to launder their own clothes if they so wish.

The inspector found that as part of their transition plans residents and families visited the centre and picked their own rooms and chose the decoration of same. The centre had very large rooms available for residents with a guestroom for residents families to stay over. The centre was decorated to a very high standard and was appropriate to residents assessed needs.

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:

Overall there were good policies, procedures and plans regarding the health, safety and risk management of residents in this centre.

The inspector was satisfied with the proposed systems to ensure residents would be safe and protected in this centre with risks assessed, managed and appropriate control measures implemented.

The inspector reviewed the following documentation:

- Location/Department Safety Statement
- Fire Safety Management Policy
- Policy and Guidance on the management of risk and the individual service user
- Risk management policy: An overarching framework
- Risk Register
- Restrictive Practice Register

The inspector found that a risk register had been developed for the centre that outlined the risks prevalent. For example, risks relating to fire evacuation, falls and residents choking. The inspector found individual risk assessments on residents' personal plans outlining specific risk assessments, management plans and control measures.

The inspector discussed this area with the person in charge in terms of the management of same in the new designated centre and the requirement to ensure all control measures were centre specific and known to all new staff. The person in charge demonstrated good knowledge of providing care for residents with dementia and was knowledgeable regarding risk management policy, risk assessment and risk management.

The inspector found that there were good arrangements in place regarding fire safety. The inspector found that an evacuation drill was provided for and there was a designated assembly point clearly highlighted. The inspector found a fire panel, fire detection system and appropriate fire fighting equipment (fire extinguishers and fire blanket) located in the designated centre. All staff had either completed or were scheduled to complete fire safety training. There were good arrangements in place regarding emergency lighting found in this designated centre and the inspector noted that each resident had a personal evacuation plan in place. There were clear fire orders and emergency plans in place in the event of an evacuation with emergency accommodation identified.

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:

The inspector found that the residents proposed to live in the centre would be appropriately safeguarded and protected from harm in the designated centre based on the policies, procedures and assurances given by the provider and person in charge.

The inspectors found policies in place on the safeguarding and protection of vulnerable

adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. The inspector found a new updated policy in place regarding the protection of vulnerable adults. This policy outlined the most up-to-date definitions of abuse and offered clear procedures for reporting, which were known and understood by the person in charge.

The inspector was informed of the designated liaison person and the person in charge highlighted that she was very aware of policy and guidance regarding the management and reporting of allegations, disclosures or suspected abuse.

The person in charge clearly highlighted knowledge of the different types of abuse and vulnerabilities specific to the resident profile moving into the centre. The person in charge was clearly aware of reporting mechanism and safeguarding procedures. The staff would be resourced 24/7 by 2 staff members and the residents' safety needs were highlighted as paramount by the person in charge.

There were clear policies in place on the use of restrictive procedures. On review of documentation and through discussion with the person in charge the inspector determined that the centre was promoting a restraint free environment. Inspectors found that this centre was not a restrictive environment and was assured that any measures implemented would relate and be based on residents' safety needs. There was a restrictive practice register which included the use of a safety alarm and a lap-belt with certain residents. These measures were implemented on safety grounds and were found to be the least restrictive measure.

Appropriate training had been completed/scheduled for all staff in the areas of protecting vulnerable adults which ensured/would ensure that all staff were appropriately equipped from a training perspective in line with regulatory requirements.

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 reviewed the centres proposed approach to recording accidents and incidents. There was a report log in the designed centre whereby there were reporting mechanisms apparent across the management structure for all incidents, accidents and

near misses. The person in charge was aware of the notification process and systems were in place for the reporting and submission of notifications to the Chief Inspector as required. The person in charge had experience from other designated centres of the notification process and submitting same to the Authority.

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 with proposed arrangements that the residents would be provided for new experiences, social interaction and stimulation in accordance with their assessed needs'. Given the resident profile proposed for this centre the inspector found that there were proposal for suitable activities for residents.

The person in charge highlighted that some residents may continue attending current day programmes and others will avail of 24/7 activation from the designated centre. The centre would be resourced by 2 staff at all times which offered an individualised service to the residents.

The person in charge spoke of different activities both within the centre such as art/crafts and baking in addition to the pursuit of appropriate community activities such as pursuing retirement groups, mass/religious endeavours and other areas of social interest such as shopping, visiting the community amenities and eating out.

The inspector found good plans in place for residents regarding social activation and support and was informed that the pursuit of social activities was based on residents' choice and at residents' pace.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible

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 that the residents moving into this designated centre were supported on an individual basis to achieve and enjoy the best possible health.

The inspector found that residents had good and timely access to allied health professionals. For example, G.P., dental, psychiatry, psychology, nursing, clinical nurse specialist (dementia), occupational therapy and speech and language therapy. The inspector found the occupational therapist had assessed the environment for suitability and supports identified were provided. For example, additional dementia specific objects of reference, coloured panels/doors and contrasting design to support the residents visually.

The inspector found residents with modified diets and specific eating requirements were provided for through appropriate care planning and guidance. The inspector found epilepsy care plans and mobility care plans with accompanying falls assessments in place and appropriately reviewed and updated for residents' requiring same.

There were assessments in place from physiotherapy regarding residents exercise and mobility plans found in residents care plans that were reviewed and up to date. Orientation and mobility assessments had taken place regarding the new environment in correlation with the occupational therapist. A dementia specific nurse specialist had completed detailed assessments regarding each residents support needs and discussed plans of her on-going involvement with residents to ensure their smooth transition into the new designated centre. The clinical nurse specialist and psychology support services would ensure staff were up to date in dementia specific training. There was a specific system whereby residents would be monitored and supported in terms of quality outcome measures for individuals with dementia. The inspector found that multidisciplinary team access and support would be a continuous feature in this designated centre due to the complex profile of residents needs.

Regarding food and nutrition the inspector noted appropriate kitchen and dining facilities available to residents. The person in charge highlighted that residents would be supported to have choice in meals and consulted regarding menu planning and the preparation of food.

Healthy eating choices and modified diets were discussed and there was detailed knowledge displayed by the person in charge of residents needs and preferences. The person in charge highlighted that residents rights and dignity would be upheld regarding the provision of food at all times. The inspector noted eating, drinking and swallowing assessments were in place for residents requiring same. The inspector found a policy in

place regarding food, nutrition and hydration. The person in charge highlighted that residents would be supported to participate in the house shopping and choice would be offered in all areas of food preparation and provision.

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 to ensure each resident was protected by the designated centres' policies and procedures for medication management. Many of the resident's medication documents were not available on inspection however the inspector was satisfied with the systems in place to ensure the medication policy and proposed plans to implement this policy protected residents.

For example, the inspector found that this provider ensured that there was clear guidance and systems regarding;

- There was a clear policy for medication management.
- There were clear procedures for the prescribing and administration of medication.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- There were PRN (as required) guidelines for medications requiring same.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects.
- There were proposed regular reviews and audits of medication and a system for managing medication errors was in place.

From records and planned schedules reviewed all staff had completed or were scheduled to complete safe administration of medication training in this designate centre.

The person in charge was a qualified and experienced nurse who demonstrated a strong professional understanding of the importance of safe systems of medication management. The inspector found that residents requiring emergency epilepsy medication had systems in place to guide staff and protect the resident's via clear PRN

protocols and epilepsy care planning and guidance.

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 was provided with a Statement of Purpose which complied with the regulatory requirements. The Authority found the Statement of Purpose accurately described the services, facilities and care to be provided in the designated centre. The person in charge was very aware of the contents of the Statement of Purpose and demonstrated good knowledge of the proposed service provided and the requirements of 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:

The inspector found that there were effective management systems in place and a

clearly defined management structure. The proposed arrangements for the person in charge were very satisfactory and ensured that the quality of care and experience of residents would be effectively monitored from plans proposed.

The inspector found that the person in charge possessed a BSc Degree in Nursing (Intellectual Disability) and had also completed a 2 year Masters Degree (MSc) in Dementia Care in 2013. The person in charge had completed a Management and Leadership module as part of her Master's programme and stated she was committed to further continuous professional development in the area of management. Prior to taking the role of person in charge she accrued 8 years experience working full-time in 2 designated centres providing nurse led care. The person in charge presented as competent and appropriately experienced while also demonstrating a good understanding of the requirements of the Regulations.

The person in charge highlighted that she had schedules in place regarding staff training, performance management and roster management. The inspector found that the person in charge presented strong organisational skills with auditing documentation, policies, procedures and local operational protocols in place. The person in charge showed her proposed systems for health and safety checks, care-planning reviews and the continuous monitoring of residents assessed care needs. The importance of an appropriate team skill mix was highlighted as very important, in addition to on-going team meetings, supervision and managerial support. The person in charge was facilitated with appropriate hours on the roster to have effective oversight, governance and management of the care provided in the designated centre. A deputy person in charge was recruited to support and the person in charge stated she would be reporting directly to the Regional Manager (Provider Nominee), who also attended this inspection.

Overall the inspector was satisfied with proposed arrangements for governance and management of this designated centre in terms of compliance with the Regulations.

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 inspector found that there were appropriate arrangements proposed regarding any

absence of the person in charge. For example, there were arrangements whereby a deputy person in charge was in place to support the person in charge within the centre. There was also a regional director who would oversee the management of the designated centre in the absence of the person in charge.

As this was a new designated centre there were no instances whereby the current person in charge was absent for 28 days or more. The person in charge stated she was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

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:

The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

The resident's new home was well decorated, spacious and very well maintained. As highlighted earlier in this report the standard of the facilities in this centre were to an exceptionally high level.

The proposed arrangements regarding staffing, resourcing and funding were reviewed and found to be suitable to meet the needs of residents. There was a transport vehicle available to the residents' and a suitable number of approved drivers in the centre to use this vehicle. The inspector found that the designated centre was sufficiently resourced to meet the needs of all proposed residents.

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 there were acceptable numbers of proposed staff with the necessary skill mix to meet the needs of residents.

The proposed arrangements for staffing was a ratio of 2:4 with the designated centre. The designated centre would operate on a 24/7 basis with 2 staff on duty all day and night. The inspector found that based on the assessed needs of the residents, this arrangement would suitably meet the needs of the 4 residents' moving into this centre.

The inspector found there would be set roster managed by the person in charge with set day/night staff recruited and ready to start following completion of a training schedule. The inspector found there was an appropriate mix of skills and experience in the proposed team.

The inspector reviewed a sample of staff files (on a previous inspection) and found that Muiriosa Foundation staff files contained all the necessary documentation, as per the Regulations, including evidence of Garda vetting.

All staff who would be working in this designated centre had either undergone or were scheduled to attend the required mandatory training such as fire safety, safeguarding vulnerable adults, manual handling, epilepsy care, dementia specific care and first aid.

The person in charge stated that each staff member would require and receive a full resident specific induction regarding all residents' assessed needs and the designated centres operating policies and procedures. The person in charge demonstrated awareness of the importance of her continued supervision of all staff through appropriate performance appraisal, team communication and on-going review and auditing of the quality of care provided in the centre.

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:

Policies, procedures and documentation were maintained within this designated centre to meet the requirements of the Regulations. The existing and proposed arrangements regarding records and documentation were satisfactory in this designated centre. There was clear organisational policy pertaining to the access and maintenance of records. There was a specific operational policy pertaining to the designated centre reviewed.

All policies and procedures required by the Regulations were maintained in the designated centre. The inspector reviewed Schedule 5 policies and found that all policies were in place and appropriately reviewed. For example, policies regarding Safeguarding Vulnerable Adults, Food and Nutrition, Medication Management and Managing Behaviour's of Concern.

The person in charge was appropriately familiar with policy requirements and ensured all policies, procedures and records were in place within this designated centre. The person in charge had systems in place to ensure all policies were accessible, read and signed off by staff.

Resident files, individualised assessment and personal plans were well maintained with any required information easily retrievable and presented in a manner that was clear and accurate. Resident's information was maintained and secured in a safe location. Residents' care planning and dementia specific plans were found to be clear, accurate and comprehensive.

A residents' directory was also in place and all information requests made by the inspector during this inspection were complied with in a prompt manner by the person the charge. The person in charge maintained all documentation, policies and local guidelines in an organised fashion and demonstrated strong systems of record and document maintenance.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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