<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008829</td>
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<td>Centre county:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:tracey.oloughlin@muiriosa.ie">tracey.oloughlin@muiriosa.ie</a></td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Sheila O'Neill</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Tracey O'Loughlin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
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<tr>
<td>Support inspector(s):</td>
<td>Julie Pryce</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 20 March 2014 10:00
To: 20 March 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tbody>
<tr>
<td>Outcome 02: Communication</td>
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<tr>
<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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</tbody>
</table>

Summary of findings from this inspection
The provider is Muirios Foundation (hereafter called the provider) which is a company registered as a charity. The purpose of this inspection was to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations).

The inspectors met with members of management, residents, family members and staff members over a one day inspection. The inspectors observed practice and reviewed documentation such as personal care plans, health plans, person centred plans, medical information, accident and incident records, medication records, meeting minutes, policies and procedures, governance and management documentation, staff training records, financial documentation and records and staff files. There were nine residents residing in this designated centre which comprised of two long campus based residential settings. There were two vacancies at the time of inspection.

The inspector found that there was evidence of good practice in this designated centre, however, there was also areas that required improvement to meet with the requirements of the Regulations.
Some of the areas requiring improvement to meet the Regulations included:

- Residents rights, dignity and consultation regarding personal finances.
- Social Care needs and personal planning.
- Safe and suitable premises.
- Safeguarding and safety and protecting vulnerable adults.
- Medication management practices.
- Governance and management and the effective and consistent monitoring of residents needs.
- Staffing, supervision arrangements and staff vetting.
- Health, safety and risk management policy and procedures.

These areas for improvement are discussed in more detail later in the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall the inspector found that the provider had taken measures to ensure that residents rights, dignity and consultation were upheld. However, there were improvements required regarding the management system of resident finances.

The inspector found some evidence that residents were consulted with and supported in decisions about their care and the running of the designated centre. For example, the inspector spoke with a number of residents who were highly complimentary about the staff who worked with them and gave examples of how staff would ensure they received good quality care. The inspector saw minutes of planning meetings with residents demonstrating a consultative approach. For example, residents and staff planning activities and events together.

The inspector found evidence of residents privacy and dignity being respected. For example, all residents had their own bedrooms, some of which, were decorated to residents tastes. The designated centre was not spacious and while there was communal areas to receive visitors this space was limited (See Outcome 6: Safe and Suitable Premises). In addition the inspector noted that all residents had some albeit limited space for their personal possessions and belongings. The provider informed the inspectors of a current plan to close the designated centre in it's existing form and move residents to a larger premises in the community.

The inspector reviewed resident finances and noted all but two residents finances were managed by the provider in a central account. The inspector found that two residents
had their own bank accounts and were supported as required by staff in the management of their finances. The inspector reviewed one residents finances (whose finances were managed centrally) and found that no record was available in the designated centre to inform the resident regarding their finances. The person in charge stated this information is not known to her and is managed centrally. The inspector found that if the resident required money the person in charge completed a request form for an amount and this process usually took one week.

The inspector noted residents presented as being happy with their home environment and observed that residents presented comfortable with the staff members on duty. The inspectors viewed copies of some residents personal plans who chose to keep these plans in their rooms.

The inspector reviewed the organisational Complaints Policy (2010) and noted accessible complaints information readily available to residents detailing the nominated complaints person and an external person who can be contacted if required. The inspector saw evidence of independent advocacy that is available to residents. The inspector observed residents had copies of ‘Have Your Say’ (2013) and saw that accessible information including HIQA's National Standards (2013) were readily available to residents. The inspector reviewed one complaint whereby a resident complained to her social worker around seeking to move into the community. The inspector found an appropriate provider response to this complaint whereby members of management had both written to and met with the resident regarding her complaint. The resident stated she was 'not unhappy' with her current accommodation and said she was confident her request to move to the community would be facilitated. The resident was very complimentary about both staff and managements response to her complaint.

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### 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

#### Judgement:

Compliant

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

No actions were required from the previous inspection.

#### Findings:

Overall the inspectors found that residents communication needs were met and the provider had effective support systems in place to support residents in this regard.

The inspectors found that residents were communicated with on a daily basis. The inspector noted appropriate access to telephone, television, newspapers and magazines. Information was provided and available in accessible formats for residents and the
The inspector viewed internal resident newsletters, accessible leaflets and various media available throughout the designated centre. The inspector found residents with specific communication needs were facilitated with the provider acquiring external expertise in this area to ensure residents needs were met. For example, the use of communication experts, sign language and written communication books for certain residents. The inspector found picture menus available to assist residents with communication difficulties in choosing menu options which the residents said that they liked and used.

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

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall the inspectors found that residents wellbeing and welfare was largely maintained and the provider was supporting residents to participate in activities appropriate to their assessed needs and preferences. However, the inspectors found some inconsistencies in the area of personal planning and this area needs to be addressed to meet the requirements of the Regulations.

The inspectors saw some good evidence of residents social care needs being met. Residents informed inspectors of various social activities they were involved in. For example, residents discussed aspects of their weekly social routine which involved bingo, arts and crafts, knitting, going for coffee, golfing, shopping, meeting family members and attending social events. The inspectors reviewed some detailed and comprehensive personal plans for residents which reflected residents wishes, choices and goals. The inspectors saw evidence that plans had multi-disciplinary involvement and review. The inspectors observed residents preparing arts and crafts with an instructor who visits weekly and the residents stated they really enjoyed this activity. The inspectors spoke to a residents family member who was visiting the centre who was highly positive in her praise of both the staff and the standard of care her sibling received.

While the inspectors noted that some personal plans were detailed and reflective of
resident needs the inspector found evidence that other plans reviewed were not as
detailed or well maintained. For example, on reviewing some resident personal plans the
inspector noted information undated, not appropriately reviewed and not reflective of
the residents current needs. The inspectors found that one residents plan had not being
updated sufficiently since moving into the designated centre in October 2013. This care
plan was therefore not guiding practice with this resident. The inspectors found personal
plans whereby information of the implementation of care planning was not recorded or
kept sufficiently up to date. The inspectors found inadequate case recording and
progress notes in some personal plans which were vague and not reflective of residents
care planning. The inspector did not find adequate systems in place to assess and
review the effectiveness of residents personal plans.

**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

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Overall the inspectors found the design and layout of the designated centre to be clean,
bright and well maintained and decorated. However the small size of resident rooms,
limited communal space and storage, and in particular, the narrow width of corridors
was a concern. The inspectors were informed by the provider at the outset of this
inspection that there was a plan in place to close the designated centre in its current
form and move residents to a community based setting.

The provider informed inspectors that a plan was in place to move a number of
residents out of the designated centre to a large community dwelling in the countryside.
The inspectors saw evidence of this plan within the designated centre and this has been
appropriately communicated with residents with the plans and pictures of the new
location available to residents. The inspectors were informed this plan commenced
approximately six months ago. The main difficulty highlighted by the provider related to
the difficulty in managing immobile residents due to the layout/space constraints in the
designated centre and in particular the narrow hallways.

The inspector spoke to residents and residents family members who were very happy
with the designated centre and expressed reluctance to any changes, moves or closure.
The designated centre can accommodate up to eleven residents inclusive of respite and comprises of two long narrow campus based dwellings. The inspectors were conscious that the designated centre was busy but not at full capacity at inspection time. The inspectors found that while residents had their own rooms, they were small in size with limited space for personal possessions.

The inspectors found that while discussing and meeting with residents about personal plans and individual goals there was limited communal space for residents to receive guests in private apart from their bedrooms. The inspectors found the hallway in the designated centre was very narrow (approx 2.5 ft in width) and this would pose difficult if a resident fell and required assistance from two staff. The inspector noted some residents had a history of falls and required the use of assistive mobility aids like walking frames, wheelchair.

### Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector found that while the provider had taken some precautions to promote the health and safety of residents, visitors and staff, this area needed further improvement to meet the Regulations.

The inspector read a newly revised Risk Management Policy which was dated February 2014. This new policy contained guiding information on risk, risk assessment, risk management, an evidence based approach to risk and balancing risk and person centred practice. This policy contained two risk assessment management plan templates. This policy was not yet used at unit level.

The inspector found that this policy required further updating to comply with the requirements of the Regulations. For example, it did not contain specific reference to control measures and actions in place to deal with:
- the unexpected absence of any resident
- accidental injury to residents visitors or staff
- aggression and violence
- self harm

The provider informed the inspector that this policy was currently being amended to incorporate the above.
As the provider had not fully implemented the new risk management policy and procedures the inspector did not see evidence of policy guiding practice. However the inspector found a good approach and understanding of risk management and hazard identification at unit level. The person in charge demonstrated a good aptitude in the area of managing risk in the designated centre.

The inspector found completed risk assessments for residents regarding self administration of medication, manual handling and falls. The inspector found appropriate hazard identification, risk assessment, control measures and learning regarding the person in charges management of residents with an ongoing issue of falling. For example, the person in charge had reviewed all falls and determined patterns, completed a falls risk assessment, reviewed falls with the GP, referred the residents to the Occupational Therapist and Physiotherapist for hip-protectors and continually maintained a local falls record. The person in charge demonstrated good knowledge of best practice and was guided by a Management of Risk of Falls Policy (2013).

The inspector reviewed the incident and accident book and found that this was used regularly and appropriately recorded accidents and incidents. However the inspector found an incident that took place in December 2013 whereby no incident form was completed. On further reviewing documentation the inspector found that the appropriate course of actions had been taken regarding this incident.

The Inspector found adequate measures in place regarding fire safety. All staff interviewed presented to the inspector as aware of risks and procedures to follow in the event of an emergency. The inspector found service records were up to date regarding fire extinguishers and alarm testing equipment. The designated centre had an emergency lighting back-up system in place. The inspector found evidence of fire drills and personal evacuations having taken place. The inspector reviewed personal evacuation plans for all residents including residents who avail of respite. The inspector found evidence that the person in charge completed fire safety inspections locally and had a system in place whereby daily and nightly attendance checks were in place and up to date.

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**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

**Judgement:**
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall the inspector found some measures in place to protect residents being harmed or suffering abuse. However, further improvements were necessary to meet the requirements of the Regulations.

The inspector found that a significant number of staff had been provided training in this area and the provider demonstrated a commitment to continually maintain a scheduled training plan in the area of protecting vulnerable adults. However not all staff in the designated centre had undergone protecting vulnerable adults training.

The inspector spoke to some staff who had an appropriate understanding of their role in protecting and safeguarding residents. Staff spoke to inspectors about their recent training in protecting vulnerable adults however not all staff presented a clear understanding on their role in the reporting and recording necessary when dealing with an allegation of abuse.

The inspectors were informed that no residents required positive behavioural support planning in the designated centre. The inspectors were informed that there were no restrictive practices operational within the designated centre.

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

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

The inspector found that residents had appropriate access to general practitioner (GP), speech and language therapist (SALT), physiotherapist and other allied health professionals as required. The inspector found that health plans reviewed were in resident files and that these plans were appropriately reviewed and updated. The inspectors observed residents who were content and presented as well cared for. One
resident discussed a number of medical interventions she required over the years and
discussed how staff were always very supportive and outlined various medical
appointments and visits to hospital. Another resident discussed her eye problems and
told inspectors about various appointments she had to attend and stated staff were very
supportive in this regard.

The inspectors found some ambiguity regarding end of life planning in relation to one
resident whereby the care plan did not provide sufficient guidance in the event of
cardio-respiratory failure. The provider clarified this matter before inspection was
complete by providing inspectors with the organisational guidance document 'Allow
Natural Death' (2013) and organising a review of the residents end of life care planning
with the appropriate staff, GP and family members.

The inspectors found that the person in charge had a system in place to monitor
residents nutritional intake and completed monthly weight checks with residents.
Inspectors noted an appropriate mealtime experience with residents supported to enjoy
their meals in a dignified and respectful manner. The inspector found evidence that
residents were involved in the writing of the menu through a resident menu review
group. Inspectors saw good choice offered to residents at mealtimes and food and
drinks were readily accessible to residents. Menus were also available in picture format
for residents who had limited literacy abilities.

**Outcome 12. Medication Management**

_Each resident is protected by the designated centres policies and procedures for
medication management._

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspectors found that medication management policies and procedures were in
place but further improvements were needed to meet the requirements of the
Regulations.

The inspectors was shown a medication management policy (2014) however this policy
was not yet fully operational. The provider stated that this policy is currently in the
process of being implemented. The inspector noted that a medication management
policy (2010) was in place.

The inspectors found that residents information and photographs were attached to their
prescription records and some medication prescribing protocols were in place. However,
the inspectors found that not all prescription records noted the appropriate medication dosages to be given. In addition to this, the inspectors found that not all 'as required' (PRN) medications had a maximum dosage stated on the prescription records. The inspectors found that while the provider had some 'as required' (PRN) protocols in place there were not protocols for all 'as required' (PRN) medication in place.

The inspector was informed that medication disposal arrangements took place monthly in conjunction with a local pharmacist. The inspectors were satisfied with the medication delivery, storage and disposal arrangements in place.

**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

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Overall the inspectors found good governance and management systems in place within the designated centre. However, there was some improvements required to fully meet the requirements of the Regulations.

The inspectors were satisfied that the person in charge who worked full-time and had the required and relevant qualifications (Nursing and Management), skills and experience to manage the designated centre. The inspectors found a clear management structure in place that was understood by both staff and residents. The inspectors found sufficient evidence of communication between the person in charge and senior management and a defined operational management structure was in place.

The inspectors found evidence of the person in charge having good professional knowledge of relevant legislation, and the Regulations and Standards. The inspectors found evidence of good leadership and management within the designated centre and staff demonstrated a clear understanding of reporting mechanisms.

While the inspector found some good evidence of audits conducted by the person in charge, there was insufficient evidence that adequate management systems and review systems were in place to consistently and effectively monitor that residents needs were
**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

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Overall the inspector found that while there appeared to be appropriate staff numbers and skill mix in the designated centre, there were some areas pertaining to staffing, supervision and vetting that required improvements to meet the requirements of the Regulations.

The inspector reviewed a number of staff files and training schedules and found that most of the reviewed files contained the required documentation and evidence of core training. However the inspector found no evidence of an appropriate vetting disclosure for one staff member whose file was reviewed. The inspector viewed the staffing rosters which matched the personnel on shift at inspection time. The inspectors found a good skill mix of experienced staff members who have worked with the provider for a long time and the inspectors found that staff clearly knew the residents very well.

The inspectors found that while there was some evidence of staff meetings occurring every number of months there was not sufficient evidence to demonstrate staff supervision arrangements in the designated centre. For example, supervision arrangements were largely informal and inconsistent. There was no effective arrangements to formally supervise or performance manage staff as is a requirement of the Regulations.

While the inspectors found that the staff numbers appeared to meet the needs of residents there was an occasion on inspection whereby a resident who was requesting to be brought to the bank was informed they could not go to the bank as there was no staff members available to bring them. When the inspectors brought this matter up with the provider the inspectors were informed that the provider will review staff breaks (as a number of staff were on their break at this time).
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of Inspection:</td>
<td>20 March 2014</td>
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<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The systems in place regarding resident finances did not meet the requirements of the Regulations.

Action Required:
Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

Please state the actions you have taken or are planning to take:
• Implement a process to determine capacity involving the multi-disciplinary team

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
(MDT) in the design of the process. If capacity is determined an account will be opened in a financial institution in the resident’s name. If the process determines that the resident lacks capacity to manage their finances, we will continue to manage their finances as per the HSE’s Patient Private Property Guidelines.

**Proposed Timescale:** 06/07/2014

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<th><strong>Outcome 05: Social Care Needs</strong></th>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Each resident did not have an appropriate individualised assessment and personal plan prior to admission.

**Action Required:**
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
- The PIC will ensure that a documented assessment process is completed to include the health, personal and social care needs of each resident prior to any new admission to the designated centre.

**Proposed Timescale:** 21/05/2014

| **Theme:** Effective Services |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Appropriate reviews were not completed on all resident personal plans.

**Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**
- All residents’ personal plans have been reviewed and are now up-to-date.
- The PIC will ensure that residents’ personal plans are reviewed annually or more frequently if required.

**Proposed Timescale:** 14/05/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Appropriate reviews to assess the effectiveness of all resident personal plans were not carried out.

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:
• The PIC will audit the effectiveness of all resident personal plans on a quarterly basis

Proposed Timescale: 14/05/2014

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises did not fully meet the requirements of the Regulations as outlined in Schedule 6.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
• A proposal is in place to close one of the residential settings and renovate the remaining one to bring it in line with the requirements of Schedule 6

Proposed Timescale: 31/12/2014

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 risk management policy did not outline the measures and actions in place to control the unexpected absence of any resident.

Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management
Please state the actions you have taken or are planning to take:
Introduction to all actions arising from Outcome 07:
The over-arching risk management framework incorporates
A. the corporate and local Safety Statement
B. the challenging behaviour policy (Listening and Responding to Individuals who Demonstrate Behaviours of Concern – Policy Guidance)– which overlaps significantly with the general theme of minimising risk
C. the guidance document on assessing risk and planning for the management of risk at the level of individual service user

Specified risks such as aggression, violence [26 (1) (c) (iii)] and self-harm [26 (1) (c) (iv)] will be addressed via the challenging behaviour policy (Listening and Responding to Individuals who Demonstrate Behaviours of Concern – Policy Guidance) and risk management guidance (at the level of the service user).

- Our risk management policy has been amended to reflect “absent without staff knowledge” scenarios.

Proposed Timescale: 03/04/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not outline the measures and actions in place to control accidental injury to residents, visitors or staff.

Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
- Our risk management policy has been amended to reflect accidental injury to residents, visitors or staff.

Proposed Timescale: 03/04/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not outline the measures and actions in place to control aggression and violence.
**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
- Our risk management policy has been amended to reflect aggression and violence.

**Proposed Timescale:** 03/04/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not outline the measures and actions in place to control self harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
- Our risk management policy has been amended to reflect self harm.

**Proposed Timescale:** 03/04/2014

**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:
Not all staff had received appropriate training in protecting vulnerable adults and not all staff demonstrated adequate knowledge of relevant policies associated with protecting vulnerable adults.

**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:**
- Training has been provided and completed by all staff in this designated centre.
- The PIC has met with all staff in the designated centre to ensure they fully understand their role in relation to the reporting and recording allegations of abuse.
**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Not all medication prescription sheets contained the dosages and maximum dosages for 'as required' (PRN) medications. There were not adequate protocols in place for all 'as required' (PRN) medications.

**Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- Medication prescription sheets have been amended to contain the dosages and maximum dosages for ‘as required’ (PRN) medications.
- Protocols have been put in place for all ‘as required’ (PRN) medications

**Proposed Timescale:** 21/05/2014

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**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:

Management systems did not ensure consistent service provision to all residents and this was not effectively monitored.

**Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- The PIC will ensure that appropriate healthcare assessment and action planning is in place which will be reviewed six-monthly.

**Proposed Timescale:** 25/06/2014
**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Evidence of a vetting disclosure for all staff in the designated centre was not in place.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**
- Vetting disclosure for all staff in the designated centre is now in place

**Proposed Timescale:** 14/05/2014

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector found evidence whereby residents needs were affected by staffing levels at staff break-times.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
- The PIC will ensure that staff break times are staggered to ensure all residents needs are met

**Proposed Timescale:** 14/05/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was insufficient evidence of appropriate staff supervision.

**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 PIC will ensure that staff practices are supervised and recorded as per the Intimate and Personal Care Policy.
- The PIC will ensure that monthly meetings are held, minutes recorded and made available to all staff in the centre

**Proposed Timescale:** 28/05/2014