<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002701</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Muiriosa Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Brendan Broderick</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>1</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 October 2014 09:45</td>
<td>07 October 2014 17:00</td>
</tr>
<tr>
<td>08 October 2014 10:00</td>
<td>08 October 2014 14:00</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Communication</td>
</tr>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12: Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 15: Absence of the person in charge</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

The purpose of this inspection was to inform a decision to register a designated centre in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 (hereafter called the Regulations).
This house provides short term respite breaks and emergency respite to 7 individuals. The centre operated on a one to one basis offering respite on an individual basis to these 7 people. For example there is usually only one resident in the designated centre at any one time availing of respite. There was one resident availing of respite in the designated centre at the time of inspection.

As part of this announced registration inspection the inspector met with the person in charge, social care staff, the resident and also reviewed information submitted to the Authority by families. In addition, the inspector met with members of the personnel department (on a separate day) at the providers head office to inspect staff files and training records. The inspector observed practice and reviewed relevant documentation such as policies and procedures, personal plans, risk management protocols and resident meeting minutes. Overall the inspector found that there was a good standard of one to one respite care provided in the designated centre. The inspector found this designated centre to be substantially compliant. The inspector noted minor improvements were required in the area of some aspects of resident’s records and documentation.

All areas that were inspected are discussed in detail in the main body of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Overall the inspector found that the designated centre promoted residents rights, dignity and consultation to a good standard. Each resident’s privacy and dignity was respected and the inspector noted good procedures in place that facilitated consultation with residents and opportunities for residents and families to make complaints.

The inspector found that residents availing of respite were consulted with at admission stage and throughout their respite stay. For example, each resident met with the person in charge and outlined the activities they wanted to participate in, the food they wanted to eat and the places they wanted to go. This was recorded in admission meeting minutes. The resident in the designated centre at the time of inspection told the inspector that he was very happy with the service he received and enjoyed coming to the respite house. The inspector noted consultation with residents through on-going interaction, resident meetings, resident forums and consultation with resident’s families. The person in charge highlighted on-going consultation was important to ensure all residents enjoyed their respite break and that families were supported and happy.

The inspector found appropriate systems in place regarding the management of resident’s personal possessions and finances. For example, the person in charge had a system whereby all resident’s belongings were recorded on an inventory list at admission and discharge. In addition to this, the inspector found an appropriate system regarding the management and support of resident’s personal finances while on respite, which was guided by organisational policy and procedure. The inspector found appropriate policies and procedures in place regarding complaints and the person in charge was aware of same. The inspector found there were no complaints on record in
the complaints log at the time of inspection. All families highlighted they understood how to make a complaint if necessary on the feedback questionnaires submitted to the Authority.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

**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 good systems in place to ensure residents could communicate at all times. The inspector noted a person centred approach to communicating with residents who availed of respite in the designated centre.

The person in charge demonstrated very good knowledge of all residents who used the respite service. The inspector reviewed communication care plans which guided staff regarding different communicative approaches with different residents. The inspector reviewed person centred support plans in pictorial format to increase accessibility for residents. The inspector noted the use of 'communication books' for residents with limited verbal ability. The inspector found residents had access to various communication media such as television, newspaper, magazines and a house computer. The inspector saw good and respectful approaches to communicating with residents over the course of inspection.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 03: Family and personal relationships and links with the community</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that residents were supported to develop and maintain links
to their families and wider community.

The inspector found that residents were supported over the course of their respite stay
to participate in community activities. For example, visiting local attractions, local music
events and going to the local pub. The inspector noted continual efforts on the part of
staff to ensure residents maintained links with their surrounding community.

Regarding family and personal relationships, the inspector noted appropriate efforts on
the part of the staff to create and maintain resident's relationships with their families.
However, as this was a respite facility, residents were coming for short term breaks and
holidays and returning to their families afterwards. The inspector found that the person
in charge had very good knowledge of resident's families and continually liaised with
families. Resident's families were very complimentary of the designated centre and the
person in charge in the feedback submitted to the Authority.

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. There was suitable arrangements in
place for residents and the inspector found that each resident had a written contract in
place outlining the terms and conditions of the service they received.

The inspector found transparent criteria regarding the conditions of resident's contract
for provision of services. These clearly outlined the services residents could expect to
receive inclusive of fees charged. The inspector noted consultation had taken place with
residents and their families/next of kin who also co-signed these agreements with
residents. The resident spoken to by the inspector highlighted he was very happy with
the service he received.
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 was satisfied that resident's welfare and wellbeing was maintained to a good standard in the designated centre. The inspector found that residents had good opportunities to participate in meaningful activities, appropriate to their interests and preferences.

The inspector found some residents had personal plans in place while other residents had brief plans containing some personal information. Personal planning was reflective of the short term nature of the resident's time in the designated centre. The inspector was informed that person centred support plans were formulated in the resident's day services. The inspector noted an absence of a recorded respite plan for residents (See Outcome 18 - Records and Documentation). However, the inspector noted that at admissions meetings this planning did take place with residents, and it was the recording of same that needed improvement. The inspector found good practice regarding residents social care needs being met. For example, the inspector found residents who were actively promoted to engage in community activities and partake in social outings. Residents had one to one staffing and transport vehicles available for their respite stay. The inspector saw that residents were facilitated in terms of opportunities for social outings. The inspector found residents who enjoyed outings, music sessions, going out for dinner, going for walks and visiting the local pub. The resident in the designated centre at inspection time informed the inspector he had done the shopping for his stay in the house and also chose where he was going to go each evening. The inspector reviewed activity logs that included puzzles, board games, cards and watching sports as just some activities residents enjoyed when in the respite centre.

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 residents individual and collective needs in both a comfortable and homely way.

The designated centre comprised of a three bedroom attached house in a housing estate. 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. For example, the inspector found a hoist, slings and assistive aids to ensure residents with mobility support needs were appropriately supported. The designated centre was large and homely and had suitable room and space along with comfortable living areas. Kitchen, bathroom and laundry facilities were suitable and appropriate to residents needs. Residents availed of respite on an individual basis and there were two rooms residents could use. A resident informed the inspector that he liked to have the same room every time he came into respite and stated he really liked his room. The person in charge had various pictures of residents which she decorated the house with for the duration of their stay, which the residents liked. The person in charge informed the inspector that she ensured the designated centre was a warm and friendly environment for residents at all times.

**Judgment:**
Compliant

---

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The inspector found that there were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and good systems were operating regarding the management of risk and the protection of residents availing of respite in the designated centre.

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

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 brief 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 noted an incident whereby a resident who had a slight fall and bruised his hand was dealt with appropriately. The person in charge dealt with the matter by conducting first aid, recording the incident, reporting the incident, informing the residents family and ensuring the resident saw a doctor for medical assessment. The inspector found a risk register in place that included risk assessment of residents at risk of going missing and residents with epilepsy.

The inspector found systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge. The person in charge demonstrated safe use of the hoist in the designated centre and had appropriate slings and evacuation mats in place so residents with mobility limitations could be evacuated quickly in the event of an emergency. The inspector found there was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation. The inspector found each resident had a personal evacuation plan completed.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this, regular fire drills were carried out and documented. Good documentation was maintained in relation to each drill to evacuate the designated centre. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. The designated centre was appropriately equipped with fire extinguishers and fire blankets and the person in charge demonstrated good awareness in terms of fire safety.

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 provider had good measures in place to protect residents from harm and the risk of abuse.

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

The inspector found that there were transparent arrangements in place regarding the management of resident finances which were supported by appropriate organisational policy. The inspector was informed that as the centre operated with residents on a respite/short term basis that finances were managed on this basis and all residents monies were managed as per organisational policy and safeguarded at all times. The inspector found staff were knowledgeable in terms of behaviours that challenge/of concern. 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. This register included the use of bed-rails and lap-belts on wheelchairs for certain residents. The inspector reviewed risk assessments for these interventions which were implemented as safeguards for the residents in question. The inspector found these practices were appropriately managed and reviewed by the person in charge.

**Judgment:**
Compliant
**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

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

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

**Judgment:**
Compliant

---

**Outcome 10. General Welfare and Development**

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found good practices regarding resident's opportunities for social experiences that promoted individuals general welfare and development. Residents had appropriate activities based on the designated centres purpose and function as a respite centre.

The inspector found that residents participated in mainly leisure activities in accordance with individual resident's needs, wishes and preferences. As residents were attending the designated centre on a short-term/respite basis, most residents communicated how they would like to spend their time. For example, some residents enjoyed going to the
local pub or visited the local hotel for music sessions. The inspector found other residents who enjoyed going for walks in certain areas. The inspector found that the person in charge and staff worked from a person centred approach. The person in charge told the inspector that it was very important that each resident enjoyed their respite stay as it was a short term break for relaxing and leisure.

**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 residents were supported on an individual basis to achieve and enjoy best possible health. As this designated centre was a respite centre and residents did not reside in the designated centre, they did not usually access health services/facilities from the designated centre. However, the inspector was satisfied that where/when required the designated centre appropriately met residents healthcare needs.

The inspector noted residents basic healthcare needs were assessed on admission. There was some improvement required in the documentation of same, however in the majority of cases sufficient information was available. The inspector noted residents accessed public healthcare services if required and saw evidence of instances whereby residents had to visit a doctor or attend the local hospital while on respite. The person in charge highlighted such instances would be rare but highlighted that the designated centre was fully equipped to deal with all residents and stated residents health needs are treated as paramount at all times. The inspector noted good on-going consultation by the person in charge with residents and families regarding residents with specific health conditions.

**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 had good local systems in place to ensure medication practices were professional, safe and adhered to regulatory requirements.

The inspector found there were no residents in receipt of medications in the designated centre at the time of inspection. Due to the nature of the designated centre, residents coming in on respite brought their medication and prescription/administration/protocols records with them on admission. The inspector found appropriate and safe storage available for medications. The person in charge stated that the designated centre operated in line with organisational policy regarding medication management procedures. The inspector noted that staff were aware of residents medications which were documented in care plans. There were protocols available to staff for as required (PRN) medications. For example, emergency medication required for residents with epilepsy.

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.

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:
Overall the inspector found that the governance and management arrangements in place were effective and ensured the care provided to residents was monitored and developed on an on-going basis.

The inspector found the person in charge worked full-time and was the main person responsible for delivering the one to one respite to the residents availing of this service. The inspector found the person in charge had a BA in Social Care and was committed to completing a qualification in healthcare management within the required time-frame to ensure she met the requirements of the Regulations. The person in charge demonstrated suitable knowledge in terms of the governance, management and administration of the designated centre. The person in charge was the primary worker in the designated centre as it was a one to one respite service. The person in charge was supported by a deputy person in charge and also allocated relief/agency support staff on the roster when required. The person in charge was supported in her role by an Area Manager to whom she directly reported to. The inspector found a clear management structure evident and good support systems in place. The person in charge demonstrated an appropriate knowledge of the Regulations throughout inspection.

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 was satisfied that there were appropriate arrangements in place regarding the absence of the person in charge. The inspector found that a local clinical nurse manager (CNM) and deputy person in charge assumed responsibility for the designated centre in the case of the person in charge's absence. In addition, an Area Director assumed overall governance and management responsibility for periods of prolonged absence of the person in charge. The inspector found appropriate arrangements in place 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 and transport resources in place to meet the assessed needs of residents. Residents were provided with a good standard of respite care on a one to one basis that was supported by the provision of appropriate resources throughout the designated centre. The resident spoken to, families, staff and 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.

As this was a one to one respite house, the inspector found that the person in charge was the main staff member delivering care to residents on an individual basis. The person in charge liaised with her area manager regarding admissions and rosters. The person in charge provided care to residents for short durations on a one to one respite basis supported by additional staffing as required.

Regarding Schedule 2 (Staffing Records), a full review of staff files took place in the providers head office at 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. There were no issues pertaining to staff files examined relating to this designated centre.

The inspector reviewed evidence of performance appraisal and also was informed by the person in charge that she ensures continuity of care by using the same agency staff when additional support in required in the designated 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:
The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place. However, the inspector found that some improvement was required regarding resident's documentation.

The inspector found that written operational policies were in place to inform practice and provide guidance to staff and these documents were reviewed and updated appropriately. The inspector noted that all policies reviewed met with the requirements of the Regulations. For example, the providers Schedule 5 policies. The inspector found that staff members in the designated centre were sufficiently knowledgeable regarding operational policies. The inspector found that personal information, files, records and other information, relating to residents and staff, were maintained in a secure and professional manner. For example, resident's information was locked in secure filing cabinets in the staff office.

The inspector noted some improvement was required regarding resident's health and personal planning information. The inspector found this information was in some instances brief and vague. For example, a resident with specific health needs had a care plan that was very brief and would not guide practice. In addition, the inspector found that resident's personal plans were completed in day services and were in many ways a separate process to the activity and planning that took place in the designated centre. While the inspector was satisfied that appropriate that effective planning and consultation was taking place with residents, the documentation of this required some improvement.

The inspector found a directory of residents was maintained by the person in charge and was 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/information brochure and found that it provided some detail in relation to the required areas.
Judgment:
Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002701</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>7 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>7 November 2014</td>
</tr>
</tbody>
</table>

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 18: Records and documentation

Theme: Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was not a sufficiently detailed recorded plan in place for each resident regarding their assessed needs within the designated centre.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
A detailed plan has been developed and is now operational.

**Proposed Timescale:** 31/10/2014