<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-0004213</td>
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<tr>
<td>Centre county:</td>
<td>Westmeath</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<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>Jillian Connolly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</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, 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: 24 September 2014 10:30
To: 24 September 2014 18:30

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>
</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>
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<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 designated centre is located on the outskirts of a village in Co. Westmeath and is operated by the Muiriosa Foundation. The purpose of this inspection was to inform a decision regarding the registration of the designated centre following an application submitted by the provider to open a new designated centre. Therefore as of the day of inspection, the designated centre was not operational as it was a new service. The application to register was for five residents over the age of 18 with a diagnosis of a moderate to high intellectual disability and who required specific support needs in relation to behaviours that challenge and Autism. Five residents had been identified to be admitted to the designated centre who currently receive services from the Muiriosa Foundation in another designated centre.
The inspection was facilitated by the person in charge and the deputy person in charge. As part of the process for registration, the inspector reviewed documentation, inspected the premises and spoke to staff. As there were no residents residing in the designated centre it was not possible to speak with residents and/or their family. The inspector found that considerable work had commenced in order for individuals to be supported to effectively transition from their current home. The inspector determined that robust systems were proposed to ensure that services delivered were effective and safe. Residents who were planning on residing in the designated centre submitted questionnaires as part of the registration process and the inspector found that the activities being planned were reflective of the likes of residents as stated in the questionnaires.

There were improvements identified by the inspector that were required prior to the designated centre being operational, they related to residents' furniture, the storage of medication, information for residents, records maintained, risk management and residents' finances.

The action plan at the end of this report identifies the failings identified by the inspector and the actions the provider/person in charge is required to take 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.
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 reviewed transition plans for the proposed residents of the designated centre and found that residents had been involved in the decoration of their personal space such as their bedrooms. There was evidence that family members had been contacted and invited to visit the designated centre and to offer their views. The organisation had a complaints policy in place and there was a complaints log in situ to provide individuals with information on how to make a complaint and the relevant forms were also present. The complaints procedure was displayed in a prominent position in an accessible format for residents. The policy and procedure informed of the person responsible for receiving complaints and the individual responsible for overseeing complaints. It also advised potential complainants of the right of appeal.

Each resident will have their own bedroom with the aim of promoting the dignity and privacy of residents. This will also allow residents to meet with visitors in private if they so wish. In each individual unit, there were locked cupboards which will store residents' personal information. Risk assessments had commenced for proposed residents as regards to supporting residents to engage in household chores and activities such as cooking and cleaning considering the potential hazards involved.

The person in charge and deputy person in charge spoke to the inspector about the proposed daily routine of residents and provided a sample copy of the staff roster and the activities for residents. It is proposed that the roster will be flexible and structured around the choices of residents to attend activities of their choosing. The process of assessing the individual choice of proposed residents had commenced inclusive of recreational activities, spiritual activities and developing personal skills.
The organisation has a policy on residents' personal possessions which included the recording of residents' property. There was a system in place to ensure any monies kept by residents in the designated centre will be maintained in a secure manner. However the practices in relation to supporting residents to manage their own finances were not clear. For example, the person in charge was not clear on how residents will be supported to access their bank accounts.

Each unit had their own washing machine and dryer and staff reported that residents will be encouraged to take part in the laundering of their clothes if they choose to. As stated in Outcome 6, the inspector determined that two of the beds required review as due to their design they did not promote the dignity of residents.

Judgment:
Non Compliant - Minor

**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:**
There was evidence that the varying communication needs of residents were being considered. For example, there were pictures in place depicting different meal options to assist residents in choosing the food of their choice. There was the complaints procedure in an accessible format in the designated centre. The proposed residents currently have access to the relevant Allied Health Professionals regarding communication and the person in charge stated that these links will remain once the transition has occurred. Staff reported that communication had already commenced with members of the community to support community integration. Each unit had a television and telephone in place.

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:
As stated in Outcome 1, there was evidence that family members had been invited to visit the designated centre with their relative. This was depicted in a visual transition plan for residents which identified the progress of transition to date. In a sample of files reviewed, there were photographs of residents and their family in the designated centre.

The organisation had a policy in place regarding visitors and each unit had a visitors' log in place. The person in charge informed the inspector of plans to ensure that residents can develop links with the wider community such as attending religious services and utilising local amenities.

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 designated centre had a contract developed between the resident and/or their representative and the organisation. The inspector reviewed a sample contract as there were currently no residents residing in the designated centre. The contract outlined the fees and charges that the resident will incur inclusive of the services to be provided and any refunds the resident may be entitled to. The contract also states the conditions in which the agreement may be terminated. There was evidence that individual contracts had been submitted to the representatives of each of the proposed residents following on from an assessment of capacity conducted by the appropriate Allied Health Professional.

The transition process which was in progress for potential residents was in line with the Statement of Purpose and Function of the designated centre which clearly outlines the needs that the designated centre can support and the circumstances in which an individual may not access the service or may be discharged i.e. a change in their mobility needs.

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:
As there were no residents residing in the designated centre it was not possible for the inspector to review personal plans of residents. However the person in charge confirmed that they were aware of the statutory responsibility to complete a personal plan within 28 days after the resident is admitted to the designated centre. There was evidence that work had commenced on assessing the needs and wants of potential residents and the inspector reviewed a template which will be utilised to document the long and short term goals of residents. The template stated the goal and the action to be taken and by whom. There was also an area to document the necessary steps which may be required to support the resident to achieve their goal. The inspector was informed that each resident will be assigned a key worker on admission and that the key worker will hold the primary responsibility to develop the personal plans. This process will be overseen by the local manager and audited by the person in charge. Residents will no longer have a formal day service and recreational and occupational opportunities will be supported by the residential service. The inspector reviewed plans which evidenced that this system will be underpinned by national policy.

Potential residents also have access to Allied Health Professionals and the inspector confirmed with staff that this system will be maintained once they transition to the designated centre has occurred. There was evidence that family members had been invited to attend meetings regarding the personal plans of residents.

As stated previously, there was evidence that residents were supported to transition to the designated centre and that potential residents had commenced visiting the centre and had been involved in the decoration of same. Risk assessments had commenced to support residents to develop life skills they may require for living in the new environment.

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 designated centre consists of two three bedroom houses located on the outskirts of a village in Co. Westmeath. Each house contains a communal kitchen/living area, main bathroom, one en suite and utility room with a small entrance hallway. The houses share a large back garden which is enclosed. The Statement of Purpose and Function states that the designated centre cannot support individuals with high physical needs and the centre's physical layout inhibits the use of hoists and specialised aids. The inspector confirmed this to be accurate.

One house will provide services for two residents with the third bedroom being utilised by sleepover staff. The second house will provide services for three residents with the night staff remaining awake. The inspector determined that the size and layout of both houses were suitable for the intended purpose. Each bedroom will contain a bed, wardrobe and bedside locker. Two of the rooms were not fully furnished as the residents will be bringing their beds with them. However, as stated in Outcome 1, the inspector determined that two of the beds required review as they were to be secured to the ground and did not promote the dignity of the resident. The kitchen contained all of the necessary facilities required and there were an appropriate number of seats available in the living area.

There was a large back garden which contained a large shed for additional storage as the houses were not conducive for this. The utility room contained a washing machine and dryer. One of the windows required maintenance as it appeared visibly dirty as a result of condensation.

The inspector determined that the centre was well lit and suitably ventilated.

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 centre had an organisational and centre specific safety statement in place. There
was also an organisational policy on risk management. As stated previously work has commenced on individual risk assessments for potential residents however a communal risk register assessing the hazards in the designated centre was not conducted as of the day of inspection. The inspector identified numerous hazards which required assessment including steps at fire exits, behaviours that challenge and lone working. There was an accident incident log available.

There were policies in place regarding infection control which outlined specific guidelines for staff such as the appropriate temperatures to launder clothes. There was personal protective equipment available for staff and a colour coded cleaning system in place to prevent cross infection. There was evidence that staff had received training in hand hygiene. There was also a cleaning schedule in place.

As part of the application to register the provider was required to submit confirmation from a suitably qualified person with experience in fire safety design and management to confirm that the designated centre was substantially compliant with all of the statutory requirements relating to fire safety and building control. The inspector reviewed the fire management system and confirmed that equipment was serviced at the appropriate intervals. There were two emergency exits in each of the units, each with appropriate signage. The fire procedure was displayed in both community houses in a prominent position and personal evacuation plans were in place for potential residents. The designated centre had also conducted two fire drills with potential residents and satisfied the inspector that an evacuation could take place in a timely manner with the standard staffing compliment. Not all staff had received training in the prevention and management of fire as of the day of inspection. The inspector identified a hazard with access to the assembly point due to the lock on an external door being on the far side, therefore preventing easy egress.

Judgment:
Non Compliant - Moderate

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 centre had organisational policies in place regarding the protection of vulnerable adults. The person in charge and the deputy person in charge clearly outlined the procedures in place in the event of an allegation or suspicion of abuse. Staff who will be
employed in the designated centre had received adequate training. There was a designated officer nominated to investigate suspicions or allegations of abuse. The centre had a policy in place regarding positive behaviour support. There are some potential residents prescribed medications as required as part of their reactive strategies. The person in charge verbally informed the inspector that this will be audited weekly and only administered as per the positive behaviour support plan of residents. There was a template for the recording of all restrictive practice in the designated centre.

**Judgment:**
Compliant

### Outcome 09: Notification of Incidents

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

**Theme:**
Safe Services

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

**Findings:**
There was an accident/incident log in place. The person in charge and deputy person in charge informed the inspector of the statutory notifications to be notified to the Chief Inspector and the appropriate time frame for same.

**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:**
As stated previously, the assessment process had already commenced for potential residents to ensure that residents' opportunities for new experiences and social participation are facilitated and supported. This is being done in conjunction with New Directions the policy published in 2012 for non-residential supports for adults with disabilities. The inspector reviewed a sample roster which indicated that staff hours would be flexible in order to support residents to engage in activities and community events throughout the day.
### Judgement: 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:

The inspector was satisfied that residents will be supported on an individual basis to achieve and enjoy the best possible health. Residents will maintain contact with their general practitioner and be facilitated to attend the surgery when necessary. The assessments reviewed by the inspector included the health care needs of residents. Residents will maintain links with the Allied Health Professionals who are currently supporting them.

The inspector reviewed a sample three week menu which was varied. The inspector was verbally assured by staff that this would be reviewed based on the individual needs and wants of residents once they are admitted to the designated centre. The inspector observed pictures of meals which will be utilised to ascertain these needs and likes. Residents will be supported to shop for their meals with the support of staff if they choose to.

#### Judgement: 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 organisation has a medication management policy which was implemented in August 2014. The policy relates to ordering, prescribing and administering medication. All staff involved in the administration of medication had received the appropriate training as of the day of inspection. One of the community houses had appropriate storage for medication and the other did not.
Staff described the process for collecting medication and stated that residents will be supported to collect their medication from the pharmacy if they so wish. The person in charge has a system in place to regularly audit medication practices. The inspector reviewed a sample prescription record and determined that areas to record pertinent information was omitted including the name of the prescriber, the maximum dosage for medication as required and a photograph of the resident.

**Judgment:**
Non Compliant - Moderate

**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 reviewed the Statement of Purpose and Function that was submitted as part of the registration application and determined that it did not meet the requirements as set out by the Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However on inspection the person in charge provided the inspector with an updated version which was in compliance. The inspector requested that this be subsequently submitted to the Authority following on from the inspection.

The Inspector was satisfied that the information contained in the Statement of Purpose and Function was reflective of the information provided by staff to the inspector on inspection, including the needs that the designated centre can meet.

**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 inspection was facilitated by the person in charge and the deputy person in charge. The inspector was satisfied that the systems that the person in charge proposes to utilise in order to monitor the quality of care and experiences of residents are robust. The person in charge is responsible for more than one designated centre and therefore has developed a system of delegation which outlines the accountable person responsible to ensure that services are safe and effective. This includes an auditing system.

The organisation has a clearly defined management structure which identifies the person nominated on behalf of the provider to represent the organisation.

The person in charge demonstrated throughout the inspection that they had sufficient knowledge of the legislation and their statutory responsibilities. This was evident through engagement with the inspector and the documentation available as stated in this report.

**Judgment:**
Compliant

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**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 deputy person in charge was available throughout the inspection and holds the position of local manager. As the designated centre is not yet operational there has been no period for longer than 28 days in which the person in charge was absent. The person in charge and the deputy person in charge both demonstrated knowledge of the requirement to notify the Chief Inspector in the event of this occurring.

**Judgment:**
Compliant

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**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 reviewed a sample of rosters and determined that this in practice would sufficiently resource the designated centre to support residents in achieving their personal plans. The roster confirmed the staffing stated in the Statement of Purpose and Function submitted to the Authority following on from the inspection.

The person in charge informed the inspector that staffing rosters will be flexible to reflect the needs of residents. There were also two vehicles available for the use of residents. There was no evidence to suggest that the designated centre would not be resourced effectively once operational.

**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:**
From a review of the Statement of Purpose and Function, sample rosters and the number of residents stated on the application to register, the inspector determined that the staffing level and skill mix are appropriate to meet the needs of the residents. As stated previously whilst staff had received manual handling training and training in the protection of vulnerable adults, not all staff had received training in the prevention and management of fire. The person in charge stated that they intend to monitor the training needs of staff through one to one supervision meetings, audits and observing practice.

The organisation has a policy in place regarding the recruitment of staff. The inspector had completed an additional field day in the central office of the organisation to review a sample of staff files and was satisfied that the majority of information as required by Schedule 2 was maintained. However it was not clear the actual work that staff will perform.

**Judgment:**
Non Compliant - Minor
**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:**
As the designated centre is not yet operational the records to be kept in the designated centre in respect of each resident was not present as required by Schedule 3. However from the template reviewed, the proposed prescription record was inadequate as stated in Outcome 12. There was a proposed directory of resident, however as residents had yet to be admitted the date was inaccurate.

The inspector reviewed the residents’ guide and determined that it was accessible to residents however the information contained in the guide was inaccurate and reflected contact details of staff who were no longer employed in the organisation.

The inspector confirmed that all of the policies and procedures as required by Schedule 5 were present in the designated centre and had been reviewed in an appropriate time frame. However it was not possible for the inspector to review if the policies were reflective of practice as the designated centre was not yet operational.

As part of the process of registration, the centre was required to submit evidence that it is adequately insured against accidents and injury to residents, staff and visitors.

**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:

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

| Centre name: | A designated centre for people with disabilities operated by Muiriosa Foundation |
| Centre ID:   | OSV-0004213 |
| Date of Inspection: | 24 September 2014 |
| Date of response:    | 15 October 2014 |

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two of the beds did not promote the dignity of residents.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
- The two beds in question were reviewed in relation to the dignity, health and welfare of the individuals. This review was done in consultation with individuals, family members, physiotherapist and care team.
- Subsequent to the review, two replacement beds have been ordered and will replace current beds in use.

**Proposed Timescale:** 21/10/2014

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The system in place to support residents to manage their own finances was not clear.

**Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
- An assessment of each individual’s financial decision making ability has been completed and will be reviewed on at least an annual basis.
- The staff will maintain each individual’s personal ledger/income and expenditure account.
- Financial accounts will be audited on a monthly basis by the person in charge.
- Each individual will hold a maximum amount of €200 on site, the staff member in charge will facilitate access to same, without restriction, should an individual so require it.

The above actions planned will be implemented once individuals have moved into the designated centre.

**Proposed Timescale:**

**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:**
There was no identification or assessment of the hazards within the designated centre.

**Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated
Please state the actions you have taken or are planning to take:

- The Person in Charge, Health & Safety Representative and the local manager completed an inspection of the premises in relation to hazard identification.
- Hazards identified included:
  - Backdoor step
  - Lone working situation
  - The impact of living with people who display behaviours of concern.
- The hazards identified have been recorded on the local risk register and have been risk assessed.

**Proposed Timescale:** 06/10/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received fire training.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
- Fire training has been scheduled to take place on site on the 15th and 22nd October.
- All staff will have attended fire training by the 22nd October 2014.

**Proposed Timescale:** 22/10/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The access to the fire assembly point was inhibited due to the location of the lock on an external door.

**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
- The location of the lock on the external door has been changed in order to facilitate safe evacuation in the event of a fire.

**Proposed Timescale:** 06/10/2014
**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:**
One of the community houses did not have appropriate storage for medication.

**Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
- A medication press has been fitted in the community house to ensure medication is stored securely.

**Proposed Timescale:** 06/10/2014

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
It was not clear the actual work that staff will perform from the files reviewed.

**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:**
- The person in charge has undertaken a review of the job descriptions in place for all staff within the designated centre.
- Following the review the person in charge has identified a number of amendments to be made to the job descriptions to ensure that they are up to date and accurate.
- The amendments to job descriptions will be discussed and agreed with each individual.
- Up-to-date job descriptions will be held on the individual personnel files in the Human Resources department.

**Proposed Timescale:** 17/11/2014

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While there was a residents guide. The information contained did not reflect the actual practices and staff members who were no longer employed in the designated centre were referenced as contact people.

**Action Required:**
Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

**Please state the actions you have taken or are planning to take:**
- Resident’s guides have been reviewed and updated by the Person in Charge.
- A copy of the updated residents guide has been given to all individual’s and family members.

**Proposed Timescale:** 06/10/2014

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The proposed template for prescription records was not in accordance with relevant professional guidelines.

**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:**
- The Person in Charge has met with local pharmacist to ascertain the support that the pharmacy can provide in terms of prescription sheets and the inclusion of all relevant information.
- The new prescription sheets will be implemented. Date for completion: 1st November 2014.

**Proposed Timescale:** 01/11/2014