

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0002719
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiriosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 October 2014 10:00	15 October 2014 18:30
16 October 2014 10:00	16 October 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The inspector also reviewed relative and resident questionnaires submitted to the Authority's Regulation Directorate prior to inspection.

As part of the registration process, an interview was carried out with the person in charge and the person authorised to act on behalf of the provider. An inspector had previously examined staff files at the provider's head office.

There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

Overall the inspector found that residents received a good person centred quality service which was provided by a very committed team of staff in a warm homely environment. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' communications needs were promoted and residents' health needs were regularly reviewed and met.

The premises were comfortable and nicely personalised and there was a well maintained garden area. Fire procedures were up to date and robust.

Improvements required related to the identification of hazards within the centre and the management of those. The risk management policy although updated did not meet the requirements of the Regulations. An improvement was also required to the vetting of a volunteer working in the service.

Some improvement was required to the personal plans to ensure that interventions in place to address assessed needs were documented. These necessary improvements are discussed further in the report and included in the Action Plan at the end.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the rights, privacy and dignity of residents was promoted and residents' choice encouraged.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in a prominent position in an easy read format and a copy was also available in each resident's room. On reviewing the complaints log the inspector noted that no complaints had been received. Staff spoken with were familiar with the policy.

Residents were consulted with and participated in decisions about their care and about the running of the centre in so far as their conditions allowed. A weekly meeting was held and the inspector saw that there were discussions and agreements reached on items such as the menu for the coming week and planned group activities. Residents and relatives also had access to an advocacy service.

The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

The centre managed some residents' monies and this was identified as an area for improvement at the last inspection. The inspector was satisfied that there was a sufficiently robust system in place. Individual locked boxes were provided and details of all transactions were maintained. The inspector found the balances to be correct.

The inspector saw that residents' personal property was safeguarded through appropriate record keeping. A pictorial inventory of personal property was maintained in each resident's room.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. This included presenting information in pictorial format if helpful. Easy read versions of some documents such as complaints and a step by step guide to monies etc. were available in each resident's room.

The inspector noted that when required audiology services were available and one resident attended an annual review. Staff were aware of the procedure for managing the hearing aid.

The inspector also noted that photographs on display around the centre were hung at a height to suit the residents.

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):
No actions were required from the previous inspection.

Findings:

The inspector spoke to some residents and reviewed the questionnaires submitted by relatives and residents. The inspector was satisfied that families and friends were encouraged to get involved in the lives of the residents. One family member described it as a good working relationship.

Residents told the inspector that staff always helped them to maintain contact with their families with staff supporting them to visit their family as needed. Regular frequent contact was maintained between the staff and the relatives and updates were provided with the residents' consent

The inspector saw that residents were encouraged to develop links with the wider community. A resident told the inspector that she liked going out locally for meals. All residents were looking forward to a concert due to be held later in the week.

Links had also been established with other local groups for social activities and support. The residents could also link with other centres and socialise together. For example two residents from different centres liked to attend a local disco together and this was facilitated including the provision of transport.

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):

No actions were required from the previous inspection.

Findings:

The inspector saw that there was a robust system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process.

Written agreements were in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged. The inspector saw that minor amendments were required to ensure clarity around the fees charged. This was addressed prior to the end of inspection and the person in charge undertook to ensure that residents had the most up to date version.

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):

No actions were required from the previous inspection.

Findings:

Although there were many examples of good practice the inspector saw that improvements were required to some aspects of the personal planning process.

The inspector saw that for one resident, the assessed needs were not consistently set out in an individual personal plan. There was evidence that frequent meetings were held and various interventions put in place but the care planning documentation was not consistently updated to reflect this.

The inspector was not satisfied that a care plan for the management of epilepsy contained sufficient detail. The epilepsy care plan did not outline the interventions to undertake should a resident have a seizure but referred the reader to a page in the policy.

The inspector was also concerned that staff were not sufficiently clear on the procedure to follow should a resident fall. The inspector noted that following an unwitnessed fall, a resident had not been reviewed by the GP until the following day. There was no record of neurological observations being recorded. Staff spoken with were unclear of the procedure to follow. In addition there was no policy in place in the centre to provide guidance for staff. This was discussed at the feedback meeting and it was stated that there was an organisational policy in place but this was not in the centre.

Otherwise the inspector was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes. Daily records were also maintained of how the residents spent their day. A key worker was assigned to each resident and the inspector saw evidence that goals were described and plans put in place to meet those. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key workers.

There was evidence that residents were supported in transition between services. Staff

spoken with confirmed the step by step approach used when the residents were moving into the current centre. This included short visits, having a meal and an overnight stay until all residents were comfortable about the move.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre was fully accessible, suitable and safe for the number of residents living there. The centre, a bungalow, was warm, homely and well maintained.

Each of the three residents had their own bedroom. Some residents showed their room to the inspector. They had personalised their rooms with family pictures. There was a wheelchair accessible toilet shower and wash hand basin. The inspector was satisfied that residents will have access to assistive equipment where required. All files etc. were securely stored in the room currently used by staff as a office and sleep over room. This room also had a separate ensuite toilet, wash hand basin and shower.

An accessible kitchen cum dining room allowed the residents to prepare their own meals or snacks if appropriate. There was a separate sitting room which was comfortably furnished. There was a utility room off the kitchen. Residents could attend to their own laundry if they wish.

There was a well maintained garden to the rear which had a patio area and a decking area.

The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that the health and safety of residents and staff was not sufficiently promoted because of inadequate hazard identification and risk management.

There was a Health and Safety Statement in place. The risk management policy was recently updated but still did not meet the requirements of the Regulations. For example while it made reference to policies being available on such issues as unexplained absence of a resident or self harm; it did not specify the measures and actions in place to control the risks. In addition it did not contain evidence of hazard identification or assessments of risk throughout the centre other than those relating to electrical appliances. This was discussed in detail with the person in charge and provider.

Otherwise the inspector found that adequate fire precautions were in place. There were regular fire drills and all staff had received training and staff spoken with were knowledgeable. The inspector viewed evidence that fire equipment and the fire alarm system were serviced regularly. Daily checks were undertaken of fire exits and the fire alarm.

There was an emergency plan in place which provided sufficient detail to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

All staff had attended training in the moving and handling.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. This was an area for improvement identified at the last inspection. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed by the residents and their key workers.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. There were no recorded incidents of behaviour that challenged. Systems were in place should they be required and these included access to specialist services. There was a policy in place guiding the management of behaviours that challenge.

A restraint free environment was promoted and the inspector saw no evidence that restrictive practices were used.

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):

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the general welfare and development needs of residents were promoted.

The residents had been afforded the opportunity to attend various activities including activities in the centres where they previously lived.

Residents were supported by staff to pursue a variety of interests, including music and art therapy. All residents attended various day services and workshops. Care plans and daily records documented the type and range of activities that they were involved in.

New experiences were encouraged and residents told the inspector they had attended the beautician for the first time. Residents had also been supported to visit Eurodisney and that was the first time most residents had been on a plane. Plans were underway to attend a concert and the inspector saw where this was discussed in great detail at the residents' meetings.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals. Residents' files also contained records of reviews by medical

specialists.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded on a monthly basis or more frequently if required. The inspector saw evidence of review by a dietician and a speech and language therapist (SALT). One resident was on a modified consistency diet and the inspector saw that she had the same choices as the other residents and meals were nicely presented. Plans were underway to provide adapted cutlery and dishes to further promote independence.

Photographs had been taken of various meal choices and these served as a reminder for residents. Staff volunteered more appropriate choices when healthy eating was encouraged.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's procedures for medication management.

The inspector saw evidence of safe medication practices. Having reviewed prescription and administration records and procedures for the storage of medication the inspector was satisfied that appropriate medication management practices were in place.

No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training. Staff spoken with were knowledgeable about the medications in use. Previous actions relating to the return of unused medication had been addressed.

Training records confirmed that all staff involved in administering medication had undertaken medication management training.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The person authorised to act on behalf of the provider outlined plans to carry out an unannounced visit at least once every six months and prepare a report on the safety and quality of care as required by the Regulations. In addition, she discussed plans to carry out the annual review of the quality and safety of care and support, also required by the Regulations. Documents had already been developed to record these audits. She confirmed that reports would be compiled from these audits and will be made available to the Chief Inspector. This was identified as an area for improvement at the previous inspection.

She also discussed plans to carry out resident feedback surveys to explore issues such

as residents' satisfaction with the services provided including their satisfaction with the centre. These will be completed either individually or in small focus groups depending on the residents' wishes.

The person in charge had already completed some audits. These included audits to ensure that adequate safety checks were carried out, personal emergency evacuation plans were in place and clinical issues such as weights were recorded as per the policy in place.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She is also the person in charge in a second centre. She was knowledgeable about the requirements of the Regulations and Standards. She is supported in her role by a deputy.

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):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The person in charge is supported in her role by a deputy who works in the centre Monday to Friday each week.

The inspector spoke with the deputy during the inspection and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly. Staff confirmed that transport was available to bring residents to their day services and to social occasions.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Although there was evidence of good recruitment practices, further improvement regarding consistent vetting of volunteers was required in order to meet the requirements of the Regulations.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. Most had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement. These volunteers were part of a structured volunteer group. However one person who provided additional service which the residents really enjoyed had not been vetted nor was there a written agreement setting out the roles and responsibilities as required by the Regulations.

Otherwise the inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge and team leader told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there was adequate staff on duty. The number on duty changed at any one time depending on the needs of the residents. For example extra hours were available to ensure that adequate support was available to residents for the upcoming concert. The inspector noted that to ensure continuity of care a relief panel was available from which absences were covered. If necessary, agency staff are used and appropriate documentation was in place.

Staff files were not reviewed as part of this inspection as a full review of staff files took place on 18 September 2014 in the provider's head office. The inspector was satisfied that the majority of staff files that were reviewed on this date contained the required information and met the requirements of the Regulations. There was a policy in place to guide practice.

A robust induction plan was also in place. This included completion of a checklist to ensure that new staff were familiar with requirements such as the fire precautions, the care plans and any specific medication administration requirements. The person in charge outlined how she had recently introduced performance conversations which included a self critical review. She outlined how this helped to plan additional training if required. The inspector read evidence of this in the staff files.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including first aid, epilepsy and medication administration. Staff spoken with confirmed that there was a range of training available to them.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. Other than already discussed under Outcome 5 and Outcome 7 the inspector was satisfied that the policies were in place and used to guide practice.

The inspector read the Residents' Guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The inspector read the directory of residents and noted that it contained the information required by the Regulations. Insurance cover was in place.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0002719
Date of Inspection:	15 October 2014
Date of response:	07 November 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 05: Social Care Needs

Theme: Effective Services

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

The inspector saw that for one resident, the assessed needs were not consistently set out in an individual personal plan.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the

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

resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The individual's personal plan has been amended to reflect assessed needs.

Proposed Timescale: 05/11/2014

Theme: Effective Services

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

The care planning documentation was not consistently updated to reflect the interventions taking place.

The epilepsy care plan did not outline the interventions to undertake should a resident have a seizure but referred the reader to the policy.

Staff were not sufficiently clear on the procedure to follow should a resident fall.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The care plan has been updated and amended to include interventions taking place for the individual.

The epilepsy care plan has been updated and amended to include interventions to be undertaken should the individual have a seizure.

The falls policy will be updated to include specific management of an individual who experiences a fall. In the interim a local protocol will be put in place.

Proposed Timescale: 30/11/2014

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:

There was no evidence of hazard identification or assessments of risk throughout the centre other than those relating to electrical appliances.

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 centre.

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

Staff will review the environment for hazards and will complete assessment of risks as appropriate. On an on-going basis staff will carry out risk assessments on any hazards identified and these will be documented in the identification hazard risk form. Also Health and Safety is an agenda item at the centre's monthly meetings where this item can be discussed.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

The risk management policy was recently updated and but still did not meet the requirements of the Regulations.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Proposed Timescale:

Outcome 17: Workforce

Theme: Responsive Workforce

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

One volunteer working in the centre did not have the role and responsibilities set out in writing.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

A job specification has been put in place for the person identified.

Proposed Timescale: 16/10/2014

Theme: Responsive Workforce

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

One volunteer working in the centre had not been vetted appropriate to their role.

Action Required:

Under Regulation 30 (c) you are required to: Ensure volunteers working in the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).

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

Garda Clearance has been applied for the individual identified and in the interim this person is not attending the centre.

Proposed Timescale: 05/12/2014