

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Muirosia Foundation
<b>Centre ID:</b>	OSV-0002711
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muirosia Foundation
<b>Provider Nominee:</b>	Brendan Broderick
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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 09:30	15 October 2014 17:00
16 October 2014 08:20	16 October 2014 14:30

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

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

**Summary of findings from this inspection**

This was an inspection of a residential home that provided care for three residents with specific needs. There were three residents in the designated centre at the time of inspection. Two of the residents in this centre had a diagnosis of dementia in addition to their intellectual disability. As part of this inspection, the inspector spoke with the residents, the person in charge, the staff, a family member and also reviewed information submitted to the Authority by all resident's families. 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 to ensure compliance with the Regulations. The inspector observed practice and reviewed relevant

documentation such as policies and procedures, personal plans, care planning and health information, risk management protocols, staff meeting minutes, staff rosters and supervision/performance appraisal information.

The inspector found that there were some good elements of care provided in the designated centre. For example, the inspector noted staff who were familiar with residents. In addition, the inspector found detailed 'life history' and 'memory boxes' for residents with dementia so as these residents were supported with dignity and respect. The inspector found evidence of both compliance and non-compliance over the course of inspection. The inspector noted that limited staffing resources were identified as having a substantive impact on resident's opportunities in this designated centre. The inspector noted improvements were required in the following areas:

- Residents' Consultation,
- Residents' links with the Community,
- Social Care Needs,
- Safe and Suitable Premises,
- Health Safety and Risk Management,
- Residents Welfare and Development,
- Governance and Management,
- Workforce and Staffing,
- Medication Management.

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:**

The inspector found that while the designated centre aimed to promote residents rights, dignity and consultation, further improvement was required in the areas of consultation with residents, promoting resident choice and facilitating resident's access to opportunities to pursue interests.

The inspector found that each resident's privacy and dignity was respected and also noted good procedures in place that facilitated residents and families to make complaints. The inspector found no complaints had been made and read one compliment by a family member in the complaints log. This family member commended the service they received. The person in charge stated she has never had a formal complaint in the designated centre.

The inspector noted good consultation with resident's families. The person in charge highlighted on-going consultation with families was important to ensure all families were supported and happy. The inspector found the levels of consultation with residents themselves within the designated centre to be limited. An 'informal residents meeting' log was reviewed by the inspector, however, this contained little information of residents expressed wishes and preferences. The inspector reviewed residents opportunities to participate in consultation regarding the designated centre, which the person in charge agreed were very limited. The inspector found opportunities for residents to exercise choice and control in their lives were also very limited. For example, while residents had person centred plans and care plans that highlighted their interests, wishes and preferences (See Outcome 5 - Social Care Needs), residents had little opportunity to exercise choice around what activities they could do and the times at which they could do them. This was particularly evident for activities that took place outside of the

designated centre. This issue will be discussed further in this report under Outcomes 5, 10 and 17.

The inspector found 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. In addition to this, the inspector found a system regarding the management and support of resident's personal finances which was guided by organisational policy and procedure. The inspector found that all residents were assessed as not having the capacity to manage their personal finances. The residents all had their monies in organisationally managed Private Personal Property Accounts (PPPA's) which were centrally managed by the provider. One resident also had their own bank account and was supported to manage this account by both her family and staff. The inspector found all residents had access to personal finances and resident's finances in the designated centre were clearly recorded and balances reviewed by the inspector were correct.

**Judgment:**

Non Compliant - Moderate

**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:**

Overall the inspector found that resident's communication needs were facilitated and supported. There were effective and supportive interventions provided to ensure each resident's communication needs were met.

The inspector found that residents had communication care plans that were appropriately reviewed and up to date. These documents gave specific direction as to individual's communication needs and requirements. The inspector noted staff communicating with residents in an appropriate and respectful manner throughout the inspection. Staff were familiar with residents assessed needs and communicative abilities and limitations. The inspector found the use of some pictorial aids in place with some residents. For example, pictorial menu's. The inspector found residents had good access to communication media, such as, television, radio, newspapers and magazines/brochures. The inspector noted a communication board in the house that highlighted appropriate and accessible information to residents. For example, staff who were on duty are identified on the communication board.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that residents were well supported to maintain links to their families, however, the inspector found that there was not sufficient opportunities for residents to access their wider community.

Regarding family and personal relationships, the inspector noted efforts on the part of the staff to create and maintain resident's relationships with their loved ones. For example, one resident visited her family home on a regular basis and maintained on-going contact with her sibling via a web-cam. The inspector reviewed documentation submitted to the Authority by resident's families and spoke with a family member which commended efforts for on-going contact with families.

The inspector found that residents had very little access to their local community. For example, since moving into the community house (all residents moved out of the providers campus based setting), all the residents appeared to have very little involvement in the local community. Residents had a day service from their home and also travelled to the provider's main campus for day services on certain days. Another resident received day services exclusively at another location. The residents accessed some activities in another town, i.e. pottery class. The inspector was informed the local day services closed down. The inspector found that while residents appeared to have some links with the outside community during their day service, this opportunity ceased at evening time and at weekends. The inspector found that this was due to staffing limitations in the designated centre. This will be discussed further in this report under Outcome 17: Workforce.

**Judgment:**

Non Compliant - Moderate

**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 were three residents and the inspector found that each resident had a tenancy agreement and written contract in place.

The inspector found transparent criteria regarding the conditions of resident's tenancy and the 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 and next of kin also signed these agreements.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that while there was good evidence that resident's wellbeing and welfare was maintained there were further improvements required in this area. The inspector found that while some aspects of individualised assessment was completed to a high standard, elements of personal planning for some residents were very basic.

The inspector noted that all residents had personal plans in place. The inspector found care plans, person centred support plans and additional planning tools for residents with a diagnosis of dementia. For example, detailed 'life history' plans and 'memory boxes' for residents to support their individual needs. The inspector found that two residents had a day service that took place within the designated centre while the other attended a day service at another location. The inspector also noted that residents with a diagnosis of dementia did have access to a dementia specific day service for certain times during the week. The inspector saw that residents had various activities in their plans regarding their day service that included art, bowls, baking, bocce and pottery. The inspector found that personal plans were drawn up with residents and families were encouraged to participate also. The inspector viewed a number of plans that were up to date and accessible to residents.

The inspector found that improvements were required regarding some elements of resident's personal plans in terms of the effectiveness of these plans. For example, the inspector found that some resident's goals/objectives largely consisted of basic on-going activities as opposed to planned goals and objectives. For example, staff marking 'attending my day service' as an identified goal/objective for residents. The inspector noted a trend of basic activities that were part of everyday life for residents being highlighted by staff as 'visions/goals' in resident's plans, as opposed to identifying specific goals with residents to enhance their quality of life. In addition, the inspector noted that resident's social care needs and opportunities to partake in social activities appeared to be met almost exclusively by the day services staff. For example, all scheduled activities, hobbies and outings appeared to occur on day services hours and residents had little to no opportunities to leave the designated centre in the evening time or at weekends. This was not promoting residents quality of life and did not offer residents adequate opportunities to participate in their communities. The inspector found that this was a staff resourcing issue and will discuss this issue further under Outcome 17 Workforce.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector noted that the location, design and layout of the designated centre required improvement to ensure the individual and collective needs of residents were met in a comfortable and homely manner.

The inspector found that the designated centre consisted of a 4 bedroom bungalow at the end of a cul-de-sac in a quiet location. The inspector found that the designated centre was clean and decorated to a reasonably good standard. Each resident had their own room, however one room was very small and another room was attached to the kitchen, which was deemed unsuitable. The inspector found a current plan in place to move this resident to another room in the house. The inspector found that this resident's family were included in consultation regarding the resident moving rooms and that the room was to be decorated for the residents tastes.

The inspector found that the designated centre was very dark and had poor lighting throughout. This was one of a number of areas of concern identified in a recent

occupational therapist report regarding the suitability of the premises to meet resident's needs. The inspector noted the hallway, bedrooms, bathroom and kitchen areas were particularly dark rooms. In addition, the inspector found the designated centre to be very cold and the inspector requested that the heat be turned on as residents were returning to the designated centre for lunch.

The inspector found large leak stains on the ceilings in both the hallway and in one resident's room. The inspector found that the leak stain in the resident's room (ceiling) appeared to have worsened on the second day of inspection (it was raining very heavily at inspection time) which indicated a potential leak in this resident's bedroom . The person in charge in charge showed the inspector two correspondences sent to the maintenance department seeking to address this issue and the inspector sought assurance this matter would be addressed as a matter of priority.

The inspector noted meetings held to discuss issues highlighted in the recent occupational therapy report which included premises concerns such as:

- Designated centre entrance width/accessibility for wheelchair users.
- Accessibility of en-suite and utility room toilet.
- One resident's room (smallest room)
- Flooring (Visual perception issues for residents with visual impairment).
- Darkness of colour scheme in the kitchen.

The inspector noted a recent meeting to discuss the possible premises changes that are required to make this designated centre safer, brighter and more accessible to all residents. Given the profile of residents within the designated centre is quiet specific and includes individuals with mobility support needs, visual support needs and diagnosis' of dementia, the inspector found that further consideration and improvement is required in these areas.

**Judgment:**

Non Compliant - Moderate

**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 some systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and some systems were operating regarding the management of risk and the protection of residents in the designated centre. However, the inspector found further improvements were required in the areas of staff understanding of risk management policy, implementation of risk management procedures, risk identification and fire safety

and evacuation procedures.

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 aware of the importance of risk management procedures in the centre. However, changing policy and documentation was highlighted as a challenge by the person in charge. Risk assessments were carried out for generic risks and a risk register had been recently commenced. The inspector found that all risks were not identified on the risk register, e.g. dementia specific risks. The inspector also found that all risks were not being assessed in line with organisational policy. For example, risks were not assessed in line with the risk rating matrix. As a result it was not evident in examining the risk register what the main risks in the designated centre actually were. The person in charge attempted to address this issue on inspection, however this area needed further improvement to ensure all risks prevalent in the designated centre were identified, assessed, risk rated and understood by all staff in the designated centre going forward.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a small number of accident and incident records. Incidents were reported, the corrective action was documented and all records were signed off by the person in charge. For example, medication errors. 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. While the inspector noted the person in charge did have systems in place regarding health and safety auditing, some improvement was required regarding the clarity and ease of retrieval of this auditing documentation. The inspector noted a lot of old assessment templates, hand-written notes, duplicate risk templates that should be replaced with a clear and coherent system for auditing health, safety and risk management in the designated centre.

The person in charge demonstrated good knowledge of the need to be risk conscious and safety aware in the designated centre. The inspector found that systems were in place for the prevention and detection of fire. 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. The training records showed that there was regular fire safety training for the staff. The inspector noted regular fire drills were carried out and documented. The inspector found there appeared to be a particular issue in evacuating one resident from the designated centre. This was evidenced in multiple evacuation drills, however, there did not seem to be any learning from this issue as no clear guidance, corrective action or evacuation procedure had been put in place based on the learning from these simulated evacuation attempts.

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

The inspector found that 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 staff were knowledgeable in terms of behaviours that challenge/of concern and training had been provided in this regard also. The inspector was informed that no restrictive practices were operating within 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:**

The inspector found practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector as per the Regulations. To date all relevant incidents had been notified to the Chief Inspector.

**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:**

In general the inspector found that individual's welfare needs were met in the designated centre. The inspector found that residents had some opportunities for new experiences however further improvement was required in this area.

Residents in this centre had the opportunity to attend day services suitable to their needs. For example, some residents had day service staff working with them from the designated centre during the day. These residents had a planned programme in place and participated in various activities including shopping, music and going for coffee. As highlighted under previous outcomes, the inspector found residents opportunities for new experiences and social participation were very limited in the evenings and at weekends. For example residents could not go out, socialise, or participate in interests/activities at these times due to lack of support staff on the roster at these times.

**Judgment:**

Non Compliant - Moderate

**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' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed detailed care plans and medical notes and saw that residents had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals. For example, dental, psychiatry, dementia specialist nurse and chiropody. Residents' files also contained records of reviews by medical specialists and hospital admissions. It was evident to the inspector that resident's health was promoted to a good standard in the designated centre.

The inspector was satisfied that residents' nutritional needs were met to an appropriate standard. The inspector saw evidence of review by a speech and language therapist

(SALT). Residents had relevant assessments in their care plans regarding dietary needs. For example, residents on a modified consistency diet. The person in charge demonstrated good knowledge of residents nutritional needs. Picture menus/books were used to offer various meal choices for residents. Staff encouraged healthy eating choices and were mindful of residents having a balanced diet.

**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 was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. However, further improvement was required regarding staff ensuring all medication management policy and best practice guidelines were adhered to.

Having reviewed prescription and administration records, the inspector was satisfied that in the majority of cases, appropriate medication management practices were in place guided by a comprehensive policy. Staff had received medication management training and monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were managed appropriately. The person in charge ensured regular reviews of residents' prescriptions were carried out. The inspector reviewed the records of a medication error and found evidence of satisfactory practice which included thorough follow up by the person in charge. Action was taken to prevent reoccurrence.

The inspector found that while on inspection staff did not bring residents medication folder with them on an outing and thus had no access to this information if medication needed to be administered. For example, the particular resident may have required emergency epilepsy medication and the administration information and protocols for same were not with the resident. The person in charge recognised this issue and addressed it with staff over the course of inspection.

**Judgment:**

Non Compliant - Minor

**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.*

<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> 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.</p>
<p><b>Judgment:</b> Compliant</p>

**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.*

<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The inspector found that the governance and management arrangements in place required improvement to further monitor the quality of care and experience of the residents in the designated centre.</p> <p>The inspector found the designated centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge had qualifications in nursing and health service management and had considerable experience in the area.</p> <p>The inspector found that the post of person in charge was not full-time. The person in charge worked 4 days per week and also held the role of person in charge for 1 other designated centres (3 locations). The inspector noted that the person in charge was also the deputy person in charge for a number of other locations. In addition to this, the person in charge fulfilled a training role within the organisation, providing staff training in manual handling and epilepsy care, and was a clinical nurse specialist in the area of epilepsy.</p> <p>The inspector was concerned based on the non compliances evidenced in Outcomes 3, 5, 6, 7, 10, 12 and 17 that the person in charge was not effectively managing the designated centre due to the above demands on her time. While the inspector saw some evidence of check lists, auditing, and review by the person in charge, this was</p>

limited and in some cases very recently implemented. For example, risk assessments and premises checks. The inspector noted given the dependency levels of the residents in the designated centre coupled with the staffing and resources issues prevalent (See Outcomes 16 and 17) that the governance and management of this designated centre needs to be more effective.

**Judgment:**

Non Compliant - Moderate

**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 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 informed the inspector that there was no deputy in place due to staff shortages. The inspector was informed that the Area Manager would assume responsibility for the designated centre in the interim.

**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 was not fully satisfied that the centre was appropriately resourced to fully ensure the effective delivery of care and support of residents. While the inspector noted apparent suitable resourcing in terms of transport and finances, the inspector found that there were definite shortfalls in staffing support available to residents.

The inspector was informed by the person in charge that she felt she had an appropriate budget at her disposal in terms of finances required for the day to day running of the

house. The inspector noted a transport vehicle was available at time of inspection and was informed that this vehicle was available to residents at all times.

As highlighted in Outcome 6 (Safe and Suitable Premises) the inspector noted some issues with the physical design and maintenance resourcing of the premises. For example, the lack of response to the residents room who had ceiling leak damage. In addition, the inspector was informed it took considerable time to attain an appropriate assistive shower chair for a resident with mobility difficulty who used an unsuitable 'flip down' shower chair until relatively recently. The inspector found that the staffing resourcing was not sufficiently meeting resident's needs in this designated centre. This was very apparent at evening and weekend time periods when there was only one staff on duty. This area will be discussed in further detail under Outcome 17 (Workforce).

**Judgment:**

Non Compliant - Moderate

**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 not appropriate staff numbers to meet the assessed needs of residents in the designated centre.

The inspector reviewed evidence of some recently commenced performance appraisal and also was informed by the person in charge that she ensures continuity of care by using the same agency/relief staff (where possible) when additional support is required in the designated centre.

The inspector was informed that the designated centre was staffed by 'day services' staff for the daytime period with 'residential staff' coming on duty at 3pm/4pm. The person in charge did not have direct line management responsibility for members of day services staff working in the designated centre. The inspector found that there appeared to be a lot of 'good-will' in the house and was informed of staff regularly working 'additional hours' that were not on the roster. In addition, the inspector noted the roster did not fully reflect the staff who were actually working in the designated centre. The staff informed the inspector they often completed the weekly house shopping on their own time before coming into work due to time restrictions and staff limitations.

The inspector was concerned that when residential staff came on duty at 3-4pm this

appeared to signal that residents were then 'in the designated centre' for the evening. Staff informed the inspector that they could not take the 3 residents out on activities together as the group would be too difficult to manage. In examining progress notes the inspector found that the residents remained in the designated centre in the evenings and at weekends in the majority of cases. Aside from a support staff who came in one day at the weekend for under a 2 hour period (5 hours allocated to 3 designated centres), residents were not supported to pursue social activities, links to the community or external interests/preferences due to staff limitations. For example, the basic task of completing their house shopping was not an opportunity that was afforded to residents in this designated centre. While the inspector noted some residents were anxious and preferred not to go out in the evenings, other residents who were more out-going were not been afforded appropriate opportunities as a result of this staffing issue. While the person in charge and members of management highlighted some recent staff departures and other staffing issues as causing difficulty, it was evident to the inspector that staffing was having a direct negative impact on residents' quality of life in this designated centre.

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.

**Judgment:**

Non Compliant - Major

**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.

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 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 the staff office.

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:**

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:***

Conor Brady  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0002711
<b>Date of Inspection:</b>	15 October 2014
<b>Date of response:</b>	14 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 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:**

Resident's opportunities for consultation within the designated centre were limited.

**Action Required:**

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

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

Person in Charge to ensure that all staff consult with individuals at the weekly house meeting to give them the opportunity to express their opinions and wishes. This will be a regular agenda item for the house meetings. For individuals who have limited capacity the Person in Charge will ensure that items for discussion are put forward in "Easy Read" format for the meeting. The minutes of these weekly house meetings will reflect and validate the consultation with the individuals.

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

**Theme:** Individualised Supports and Care

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

Residents had very limited opportunities to exercise choice and control in their daily lives.

**Action Required:**

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

Person in Charge will ensure that the individuals' personal care plan captures and reflects that they are exercising their choice and control. The Area Director in conjunction with the Person in Charge will review each individual's records on a quarterly basis.

**Proposed Timescale:** 30/01/2015

**Theme:** Individualised Supports and Care

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

All residents did not have sufficient opportunities to participate in activities in accordance with their needs.

**Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

We will conduct a review of the extent to which residents' needs are being addressed/not addressed. The findings of this review will be outlined in a report which will be reviewed by the Area Director and the Person in Charge. This will inform a review of staffing allocation to ensure that the needs of all residents are effectively addressed.

**Proposed Timescale:** 31/12/2014

**Outcome 03: Family and personal relationships and links with the community**

**Theme:** Individualised Supports and Care

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

Residents had limited opportunities to have involvement in the community.

**Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

We will conduct a review of the scale of social and community experiences and opportunities available to residents within the designated centre. We will monitor social and community opportunities with a view to ensuring that each resident has appropriate access to developing and maintaining personal relationships and links with the wider community. The Area Director will review with the Person in Charge on a quarterly basis the records monitoring these opportunities and experiences. A report will be maintained of these quarterly reviews. Confirmation of the level of activity under this sub heading will be evident in each individual's activity record in their care plan.

**Proposed Timescale:** 31/12/2014

**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:**

All personal plans were not effective and were mainly task focused as opposed to outcome focussed for residents.

**Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

Henceforward each personal plan will be reviewed and signed off by the Area Director with a view to ensuring that the plans are appropriately outcome focussed

**Proposed Timescale:** 30/01/2015

## Outcome 06: Safe and suitable premises

**Theme:** Effective Services

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

The designated centre was not found to be in a good state of repair throughout.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Interim measures were immediately put in place to address the leaks identified in the inspector's report. A programme of permanent repair is commencing on Tuesday, 18th November 2014.

**Proposed Timescale:** 21/11/2014

**Theme:** Effective Services

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

All requirements of Schedule 6 were not implemented. Lighting and heating in the designated centre were notably poor at time of inspection.

**Action Required:**

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

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

The staff of the centre have been instructed to ensure that the heating is maintained at a comfortable level at all times for the individuals living in this designated centre.

The lighting will be enhanced by replacement of existing fittings and supplemented with additional fittings if necessary.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

All aspects of the premises were not meeting the assessed needs of residents as outlined in a recent occupational therapy report.

**Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The internal OT report is currently being reviewed with a view to profiling the issues which need to be addressed in the context of the residents' current presentation. This review will separately profile those issues which need to be addressed in anticipation of future issues likely to arise. The Area Director will capture the findings of this review in a report.

**Proposed Timescale:** 30/01/2015

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

**Theme:** Effective Services

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

The risk management systems regarding assessment, management and on-going review of risk were not effective.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Local Manager (PPIM) will arrange training for the Person in Charge and all staff attached to this designated centre to ensure they are fully aware of the risk management policy, implementation of risk management procedures, risk identification, fire safety and evacuation.

The Local Manager (PPIM) on a monthly basis will review the implementation of risk management policies within the designated centre.

**Proposed Timescale:** 31/12/2014

**Theme:** Effective Services

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

The evacuation procedures for all residents that were in place were not adequate.

**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:**

We will role play this particular evacuation procedure (i.e. use of ski sheet) during the month of December to ensure that all staff have an adequate level of confidence in implementing this procedure.

**Proposed Timescale:** 31/12/2014

### **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:**

There was not adherence to best practice regarding the maintenance of medication administration protocols and ensuring same were kept with the resident when necessary.

**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:**

The Local Manager (PPIM) has discussed with all staff members in the centre the importance of ensuring that medication administration protocols are brought with the medication for all individuals when travelling outside the centre.

**Proposed Timescale:** 17/10/2014

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The person in charge had responsibility for three designated centres and additional roles within the organisation which was impacting on the effective governance and management of this designated centre.

**Action Required:**

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Person In Charge has agreed to relinquish her manual handling trainer role within the organisation so as to allow her to focus on the governance and management of the designated centres she is responsible for.

**Proposed Timescale:** 28/11/2014

**Theme:** Leadership, Governance and Management

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

There was not sufficient monitoring in place to ensure all resident's needs were effectively met on an on-going basis.

**Action Required:**

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

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

The Person In Charge will conduct a quarterly review of the adequacy of addressing residents' needs and will implement remedial actions as the need arises.

**Proposed Timescale:** 31/12/2014

**Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

There was not sufficient resourcing in place within the designated centre.

**Action Required:**

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

We will conduct a further detailed review of what social and community experiences / opportunities and responses to other assessed needs are currently happening / not happening with a view to identifying the level of reinforcement of staffing hours (and skill mix) necessary to adequately respond to these assessed needs. On completion of this review and on effecting the necessary reinforcement of staffing hours, we will audit subsequent activity levels to ensure that the reinforcement in staffing hours is being effectively deployed to deliver an appropriate response to currently under-addressed assessed need.

The Maintenance procedure in relation to the management of work requests has been reviewed. Emergency repairs are expected to be completed within 24 hours and urgent repairs to be completed within a 5-day period.

**Proposed Timescale:** 30/01/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staffing numbers did not adequately support resident's needs at evening time and at weekends.

**Action Required:**

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

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

We will conduct a review of staffing numbers during evening time and weekends against assessed residents needs to confirm that the core issue is one of under-staffing rather than inefficiency of staff allocation. In the event that this review confirms an under-staffing issue we will reinforce the level of staffing during evening and weekends to ensure that assessed needs can be appropriately addressed during these times.

**Proposed Timescale:** 31/12/2014

**Theme:** Responsive Workforce

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

The roster was not accurately maintained and did not fully reflect personnel on duty and hours worked.

**Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The Person in Charge will ensure that roster accurately reflects the staff working in the centre and the hours worked.

**Proposed Timescale:** 14/11/2014