<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004212</td>
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<td>Centre county:</td>
<td>Westmeath</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Muiriosa Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Brendan Broderick</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jillian Connolly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
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</tr>
<tr>
<td>Number of residents</td>
<td>0</td>
</tr>
<tr>
<td>Number of vacancies</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

<table>
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<tr>
<th>From:</th>
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<tr>
<td>30 September 2014 10:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

The designated centre is a three bedded bungalow located on the outskirts of a small town in Co. Westmeath. The centre is operated by the Muiriosa Foundation. The purpose of the inspection was to assist in informing a decision regarding the registration of the designated centre. The designated centre was a new service and therefore not operational on the day of inspection. The application submitted to the Authority was for two residential beds for individuals who exhibit behaviours that challenge and have a diagnosis of an intellectual disability.

The inspection was facilitated by the person in charge who met with the inspector at the commencement of inspection. The inspector provided feedback to the person in
charge and a member of the management team. Two residents had been identified to be admitted to the designated centre once registration was granted.

The inspector interviewed the person in charge, reviewed documentation and inspected the premises to gather the evidence which reflect the findings of this report. The inspector found that considerable work had been undertaken to assist with transitioning residents into the designated centre. The proposed systems were robust and promoted a safe and quality service.

Improvements were required in the written agreement between residents and the provider, aspects of risk management, staff training and policies and records maintained in the designated centre in order for compliance to be achieved.

The action plan at the end of this report identifies the failings identified by the inspector and the actions the provider/person in charge is required to take to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
There was evidence that potential residents had been involved and consulted in the preparation of the opening of the designated centre including choosing the bedroom of their choice, the decoration of their bedroom and the decoration of communal areas. Based on the needs of the potential residents, the person in charge stated that the intended process of consultation with residents would include informing residents of potential changes through their individual methods of communication and observing any changes that may occur with the residents to express their satisfaction or dissatisfaction with any proposed changes. Residents have access to an advocacy service in which staff can contact on their behalf. There was evidence that one potential resident may require this service. The person in charge verbally assured the inspector that contact would be made prior to the resident being admitted to the designated centre. The information regarding the advocacy service was displayed in an accessible version in a prominent place in the house.

The organisation has a policy in place regarding the management of complaints. There was a complaints log in place for the recording of both verbal and written complaints. In each bedroom there was accessible information for residents identify the person in charge as the person to make a complaint to. The complaints policy outlines the time frames for response and the complainant’s right to appeal. The person in charge stated that complaints are a standing item on each monthly staff meeting. The provider nominee is the person identified as being responsible for the management of complaints.

Each resident will have their own bedroom ensuring that their privacy is respected.
There is a locked cupboard available for the storage of their personal documentation.

The organisation has a policy in place on residents’ personal property and possessions. All personal possessions belonging to a resident will be photographed and included into an accessible log of their belongings. Each resident will have their own banking/saving account which they can access with the support of staff. There was a clear system for the safeguarding of residents' finances with balances being checked daily by staff and the person in charge completing an audit on a monthly basis.

It is proposed that initially one resident will remain within their formal day service to provide consistency during the transition period. The second resident will be supported by the residential staff to engage in activities that are meaningful and purposeful to them. The inspector reviewed documentation which had commenced regarding the initial assessment of the residents' interests.

**Judgment:**
Compliant

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### Outcome 02: Communication
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
There was evidence that referrals had been made to Speech and Language Therapy regarding enhancing the communication skills of residents once they are admitted to the designated centre. The inspector reviewed reports which outlined the current skills of residents and the interventions intended to develop same. For example, assistive technology devices had been sourced and were in the designated centre. There was also a plan to develop the sign language skills of staff to communicate more effectively with residents.

The centre has a television, radio and telephone. There is also an accessible telephone which is pictorial based so residents can call specific people independently.

**Judgment:**
Compliant

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### 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 organisation has a policy in place promoting visitors to the designated centre. It is not intended for there to be any restriction on visits. There was evidence that family members had been contacted and invited to visit the designated centre prior to residents moving in. As each resident will have their own bedroom they will be able to meet residents in private if they so wish. There was also documentation supporting that relatives had been invited to attend personal plan meetings and reviews.

The centre is located on the outskirts of a town in Co. Westmeath. Plans had been initiated with the aim of creating links with the wider community. Local business and amenities had been identified and staffing has been planned to facilitate residents to actively engage and access them.

**Judgment:**
Compliant

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### Outcome 04: Admissions and Contract for the Provision of Services

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**
Effective Services

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

**Findings:**
The statement of purpose and function references the organisational policy on the admissions, transfers and discharge of residents. It states the needs that the designated centre can met and the needs such as high physical dependency needs that the designated centre cannot meet. The inspector was satisfied that potential residents’ needs could be met in the designated centre.

Each resident has a written agreement between the provider and the resident. The written agreement clearly outlines the services to be offered, the fees to be paid and any additional charges which may be incurred by the resident. The contract also clearly outlines the circumstances in which a resident may be discharged from the designated centre. However as stated in Outcome 1, one resident required a referral to an advocacy service or the support of a social worker. This is as the contract was signed on their behalf by the person in charge and the area manager both employed by the service provider.
Judgment:
Non Compliant - Minor

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
As there were no residents residing in the designated centre it was not possible for the inspector to review personal plans of residents. However the person in charge confirmed that they were aware of the statutory responsibility to complete a personal plan within 28 days after the resident is admitted to the designated centre. There was evidence that work had commenced on assessing the needs and wants of potential residents. The person in charge outlined the process involved in the creation and review of the personal plans. It is proposed that assessments will be conducted regarding the social and health care needs of residents. The inspector reviewed an assessment which had commenced regarding the social needs of a resident and confirmed that it accounted for the emotional, recreational and occupational needs of residents. The person in charge stated that following on from these initial assessments personal planning meetings will be held with the resident, their representative if they choose to, the relevant staff and the relevant Allied Health Professionals. The purpose of this meeting will be to identify long and short term goals, the interventions required to achieve these goals and the person responsible for supporting the resident to achieve the goals. The person in charge will oversee the progress towards achievement through monthly audits and staff supervision meetings.

As stated previously, there will be a combination of formal day services and residential supports to meet residents' recreational and occupational needs.

Potential residents also have access to Allied Health Professionals and the inspector confirmed with staff that this system will be maintained once the designated centre was operational.

The inspector reviewed the transition plans of residents which evidenced that residents were in the process of being supported to transition to the designated centre and that
potential residents had commenced visiting the centre and had been involved in the decoration of same. Risk assessments had commenced to support residents to develop life skills they may require for living in the new environment.

**Judgment:**
Compliant

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**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

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

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

**Findings:**
The designated centre is a three bedded bungalow on the outskirts of a town in Co. Westmeath. It consists of a sitting room, kitchen/dining room, utility room, main bathroom and en suite. Each of the residents will have their own bedroom and the third bedroom is utilised as a staff office and for staff completing sleepover shifts. The statement of purpose and function of the designated centre states that individuals with high physical dependency needs cannot be supported as the centre’s physical layout inhibits the use of hoists or specialised aides. The inspector determined that this is accurate based on the size of bedrooms, bathrooms and as the external grounds consist of gravel and uneven steps. The en suite consists of a toilet, hand basin and shower. The bathroom consists of a toilet, hand basin and bath. Whilst the bath had a shower hose in place, there was no shower curtain or facility to place the shower head on the wall. Therefore it can only be utilised as a bath, limiting the choice available to the resident who will be utilising the room.

The inspector determined that on the day of inspection the house had suitable heat, light and ventilation. The centre was also decorated and well maintained with the communal areas reflecting that this will be the home of the potential residents. There was sufficient furniture and fittings in each of the rooms, with bedrooms containing a bed, wardrobe, bedside locker and chest of drawers. One of the bedrooms did not have a bed in place as the resident is choosing to bring their own bed on admission. The kitchen contained all of the necessary equipment required for it to be an operational kitchen.

The external grounds were large and well maintained. The person in charge discussed with the inspector the plan to develop the external grounds to include areas for the residents to participate in horticulture.

**Judgment:**
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The centre has policies and procedures in place relating to health and safety. The designated centre had a centre specific statement which outlined the roles and responsibilities of management, staff and visitors. There was also a risk management policy in place. Efforts had been made to commence a risk register which addressed both the communal hazards within the designated centre and hazards which may affect individual residents. The assessments included the measures in place to control the risks. However the inspector identified some hazards which had not been identified, for example behaviours that challenge and the storage and administration of medication were omitted. The designated centre is also located on a busy road. This was not assessed. There were material data sheets available for all chemicals stored in the designated centre. There was also a system in place for regular health and safety audits to be completed by the person in charge.

The organisation has policies and procedures in place regarding the prevention and control of infection. There were procedures in place for the appropriate laundering of clothes including those that are soiled. The safety statement stated who the relevant professional in the organisation is who staff can contact for advice and support pertaining to infection prevention and control. There was a colour coded cleaning system in place to assist with preventing cross infection. There was personal protective equipment available for staff and a cleaning schedule in place.

As part of the application to register the provider was required to submit confirmation from a suitably qualified person with experience in fire safety design and management to confirm that the designated centre was substantially compliant with all of the statutory requirements relating to fire safety and building control. The inspector reviewed the systems in place for the management and prevention of fire. There was a fire panel which consisted of two fire zones, which had been serviced at appropriate intervals. All fire equipment was maintained and serviced at appropriate intervals. There were two fire exits which were identified with appropriate signage and there was emergency lighting. Potential residents had personal evacuation plans in place and a fire drill had been conducted with one resident who was evacuated within an appropriate time frame. There was a fire assembly point which was easily accessed. The designated centre had emergency plans in place that addressed the actions to be taken in the event of fire, flooding and electrical failure. Staff had received training in the prevention and management of fire.
Judgment:
Non Compliant - Minor

**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:**
There was an organisational policy and procedure in place regarding the protection of vulnerable adults which was dated April 2013. Whilst the policy demonstrated the types of abuse and the actions to be taken by staff. It did not reference the statutory requirement for the organisation to notify the Authority of any allegations or suspicions of abuse within three working days. The policy referenced the designated officer responsible for investigating any allegations or suspicions of abuse. There is also a deputy indentified. All staff identified to work in the designated centre had received training in the protection of vulnerable adults.

There was a policy in place for supporting residents who exhibit behaviours that challenge which was created in April 2014. The policy outlines the procedures and supports available for residents and staff. The person in charge stated that they are proactively aiming for a restraint free environment.

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

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
As stated previously, the inspector reviewed assessments which had commenced regarding the social participation, education and employment needs of residents. There was also evidence that the person in charge had commenced sourcing the opportunities available within the local community to commence meeting the needs of the residents.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
Each of the potential residents currently has a general practitioner. The person in charge verbally assured the inspector that the residents will continue to have access to their general practitioner. It is proposed that each resident will have an annual review with their general practitioner to ensure that they maintain the best possible health or sooner if the need arises. They general practitioner or other relevant clinician will be involved in the personal plans of residents and relevant interventions will be documented to inform staff of the supports that residents require to have their health needs met on a daily basis.
Potential residents also have access to relevant Allied Health Professionals. It is proposed that these supports will remain.

It is proposed that the menu will be decided by residents on a weekly basis. The inspector reviewed photographs which will be utilised to obtain residents' choices. Assessments will be conducted of the likes and dislikes of residents. It is also proposed that a process of food sampling will occur to widen the variety of food available to residents. The menu will then be reviewed by a Dietician. The person in charge stated that snacks will be freely available and residents will be supported to make healthy choices. Residents will be supported to complete the weekly shop with staff. The person in charge also stated that it is intended to make links with local slimming clubs to assist residents in maintaining a healthy weight if required.

**Judgment:**
Compliant

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### Outcome 12. Medication Management

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The organisation has written operational policies and procedures relating to the ordering, prescribing, storing and administration of medication to residents. Medication will be stored in a secure location with one member of staff holding the keys on each shift. The policy outlines the procedures in place for returning any unused or out of date medication to the pharmacy. The inspector reviewed training records of staff and identified one staff due to be employed in the designated centre had not completed training in the safe administration of medication as of the day of inspection.

There were no prescription or administration records available as of the day of inspection as no residents were residing in the designated centre. The policy stated that prescription sheets should be legible, indelible and contain the date of prescription, the signature of the prescriber and have the name, date of birth, gender, weight and any known allergies of residents. It further states that the name of the medication, the route of administration, the dosage and the times of administration should be clearly stated and records of administration should correlate with the prescription sheet.

The person in charge stated that it is proposed that residents will collect their own medication from the pharmacy. Medication audits will be conducted on a monthly basis by the person in charge. The policy also stated the process involved in reporting a medication error and the learning that can occur following same.
Judgment: Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme: Leadership, Governance and Management

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

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

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

Judgment: Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme: Leadership, Governance and Management

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

Findings:
As stated previously the person in charge facilitated the inspection. The inspector was assured that the systems that the person in charge proposes utilising to monitor the consistency and effectiveness of the service offered will be robust. The process of monthly audits and regular staff supervision are proposed to identify any factors which may inhibit the positive experience of residents and the safety and quality of service.

The organisation has a clearly defined management structure in place which identifies the individuals responsible to ensure that the statutory requirements are met. The person in charge demonstrated sufficient knowledge of their statutory responsibilities and of legislation. The person in charge has the relevant experience and qualifications as required by the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Judgment:**
Compliant

**Outcome 15: Absence of the person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

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

**Findings:**
As the designated centre is not yet operational there has been no period for longer than 28 days in which the person in charge was absent. The person in charge demonstrated knowledge of the requirement to notify the Chief Inspector in the event of this occurring. There are two individuals identified as deputy persons in charge in the event of the person in charge being absent. They were different from the individual originally identified in the application to register. The applications regarding the change in personnel were in process as of the day of inspection.

**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:
The inspector reviewed a sample roster for the designated centre and was satisfied that the relevant number of staff will be available to support residents achieving their personal plans based on the information provided in the Statement of Purpose and Function of the designated centre. There is a clear system in place regarding the financial resourcing of the designated centre and the responsibility of the service provider and the resident. Residents will also have access to their own transport. There was no evidence to suggest that the designated centre would not be resourced effectively once operational.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
As stated previously the inspector reviewed a sample roster and was satisfied that there would be sufficient staff available as per the Statement of Purpose and Function of the designated centre. The staff will be rostered from both permanent employees of the designated centre and by staff employed by an external agency. The person in charge assured the inspector that agency staff would not complete lone working without a full induction following the organisational policy and completing support shifts with regular staff. The person in charge will then complete an assessment of competency.

The organisation has an agreement in place with an external agency to ensure that all agency staff have the appropriate vetting and training prior to working in the designated centre. The inspector completed an additional field day in the head office of the organisation to review staff files and was satisfied that all staff had the requirements as set out in Schedule 2 of the regulations. Permanent staff due to commence work in the designated centre had received the relevant statutory training and additional fire training was due to be completed specific to the designated centre by the end of October 2014. The person in charge stated that any additional training needs required would be identified through the monthly audits and staff supervision meetings. As stated in Outcome 12, one member of staff had yet to complete training in relation to safe administration of medication as of the day of inspection.
There was a policy in place regarding the recruitment of staff and the person in charge stated that they were satisfied that they were actively involved in the recruitment of staff for the designated centre.

**Judgment:**
Non Compliant - Minor

**Outcome 18: Records and documentation**
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**
Use of Information

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

**Findings:**
The inspector confirmed that the majority of policies and procedures as stipulated in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were present in the designated centre. There was an absence of polices relating to communication with residents and provision of information to residents. It was not possible for the inspector to determine their effectiveness in practice as the designated centre was not yet operational.

The person in charge was aware of the requirements of Schedule 3 and the inspector reviewed the sample directory of residents. There were systems in place to ensure that records as required by Schedule 4 will be maintained and the person in charge was aware of the requirement to maintain a record of all incidents requiring notification to the Authority.

As stated previously the inspector reviewed a sample roster and determined that as the roster was not written in the twenty four hour clock it did not adequately inform of the actual times of the day that staff are on duty.

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

**Judgment:**
Non Compliant - Minor
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiriosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004212</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>30 September 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 November 2014</td>
</tr>
</tbody>
</table>

Requirements

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

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Each potential resident had a contract in place however in one instance the contract was signed by the person in charge and the area manager which is not appropriate.

Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
resident, or their representative where the resident is not capable of giving consent, the
terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
- Contact has been made with a social worker who will act as a representative for the
  individual in question.
- The social worker will make arrangements to review and sign the contract of support,
care and welfare on behalf of the individual who is being admitted to the Designated
Centre.

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

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**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:**
A risk management policy in place but some risks in the centre had not been assessed.

**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:**
- The organisation’s risk management policy “Policy and guidance on the management
  of risk individual service user” includes hazard identification and assessment of risks.
- The organisation’s document entitled “Risk management policy: Overarching
  framework” specifies how all of the elements of the risk management policy fit
together. The overarching framework details the role of the Safety Statement, Location
Specific Safety Statement, Policy and guidance on the management of risk individual
service user and the various risk registers (local, regional and organisational).
- Local hazards are identified via the location specific safety statement and are profiled
  and risk rated in the local risk register.

**Actions Planned:**
- The Person in Charge will undertake a review of the location specific safety statement
  and the local risk register to ensure that all potential hazards throughout the designated
  centre have been identified and risk assessed in line with the organisation’s policy. All
  outstanding assessments required will be completed by the 21st November 2014.

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

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One member of staff had not completed training in relation to the safe administration of
medication.
**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
- The staff member in question is currently on a waiting list to attend the required training in the administration of medication and will attend same by the 31st January 2015.
- The staff member in question will not be rostered to work alone in the location until this training has been completed.

**Proposed Timescale:** 31/01/2015

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### Outcome 18: Records and documentation

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<tr>
<th>Theme: Use of Information</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no policy relating to communication with residents and the provision of information to residents.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
- The organisation’s policy document “Protocol for Communication with Residents” is in place. Date action completed: 2nd September 2014
- Where possible the provision of relevant accessible information is provided to individuals as per the designated centre’s Statement of Purpose and Function document.
  - Actions planned:
    - The person in charge will undertake briefing session on the policy with all staff members within the designated centre. Date for completion: 1st December 2014.

**Proposed Timescale:** 01/12/2014

<table>
<thead>
<tr>
<th>Theme: Use of Information</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a staff roster available but as it was not recorded in the twenty four hour clock it was unclear the actual times of the day that staff were to be present.

**Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for
inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
- The staff roster has been revised and is recorded in the twenty four hour format.
- All future rosters will be recorded in the twenty four hour format.

**Proposed Timescale:** 12/11/2014