## Health Information and Quality Authority Regulation Directorate

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

<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-0004077</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Muiriosa Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Brendan Broderick</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 November 2014 09:15</td>
<td>18 November 2014 16:30</td>
</tr>
<tr>
<td>19 November 2014 09:15</td>
<td>19 November 2014 13:00</td>
</tr>
</tbody>
</table>

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

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

**Summary of findings from this inspection**

This was the first inspection of this designated centre which is operated by Muiríosa Foundation. The centre is made up of two units that offer individualised support to two residents. Both units have their own staff team, and are managed by the same person in charge. The inspector found that the service on offer to residents was lead by the needs and preferences of the residents. One staff was available to support each resident at all times, which ensured ample staffing for social activation, experiencing new opportunities, and individualised supports which were tailored to the residents needs.
The inspector found evidence of a high level of compliance with the Regulations and Standards in all eighteen outcomes inspected, and determined that residents received a tailored support service that was empowering them to live their lives as fully as possible. Feedback from relatives commended the support given to residents by the person in charge and the staff teams. Staff were observed to know the residents very well, and could read the body language and expressions of residents with ease. The inspector found that each interaction between staff and residents were seen as opportunities to improve skills or social abilities and to work towards the great vision as outlined in residents' personal plans. There were strong governance systems in place to ensure all risks were being assessed, managed and reviewed often to ensure residents were safe, but encouraged to challenge themselves and take opportunities to explore their abilities.

The positive findings from this inspection are outlined within the body of the report, under the relevant outcome heading. As no areas for improvement were identified by the inspector, there are no actions to be addressed.
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 residents were consulted with about how the centre is planned and run. The inspector reviewed minutes of meetings held with the staff and each resident, which were in an accessible format with photographs and pictures. These meetings ensured residents were encouraged to participate as much as possible about the running of their home. The inspector determined that these meetings were creating positive interactions for residents, and were used as a skills teaching exercise as well as information gathering. The inspector found evidence of family involvement for all aspects of care and support, and this was also reflected in relative questionnaires.

As each resident had their own home, own bedroom and one to one support of staff, their privacy and dignity was promoted at all times. Information was stored securely, and staff were respectful of speaking about the residents' needs or supports in front of the person. The inspector found that staff ensured residents' dignity was upheld through the inspection process, by planning for the visit and guiding the inspector on how best to interact with the resident to ensure the least disruption was caused.

The inspector reviewed documentation in relation to residents' daily lives, and found that staff encouraged the residents to make as much choice as possible in their day to day routines. Choice making was being promoted through skills teaching with the use of pictures and photos. Where residents were not able to make clear choices, staff had a program of detailed activity sampling offered to residents, and recorded the reaction and response to each new experience as a way to determine choice and control. The inspector was satisfied this staff were empowering residents to take control and have choice in their lives through this tailored, person centred approach.
The inspector was satisfied that there was a system of recording and responding to complaints in the designated centre, which was guided by the organisational policy. The local manager was the appointed complaints officer for all local complaints. The inspector reviewed the complaints log and found no complaints had been made in relation to the two units. Relative questionnaires reflected this positive finding also. The inspector reviewed records of any comments and compliments made in relation to the centre, and found very positive things had been said about the care delivered to residents from their families.

The inspector determined that residents' belongings and finances were protected in the designated centre by robust systems. There was a policy in place to guide staff on this, and the inspector found that it was being followed in practice. Each resident required support with managing their finances and this support was offered by their families. The person in charge had transparent accounting systems in place for protecting residents local spending for day to day items and daily living expenses. There was clear and evident communication between families and the person in charge in relation to supporting residents with their finances.

Overall the inspector determined that residents were treated with dignity and respect, their rights were promoted by the staff team, and residents and families were consulted about all aspects of care, support and the running of the centre.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspector found that residents were assisted and supported to communicate at all times, in a way that was suitable to their abilities. Residents living in this centre communicated non-verbally, and in ways unique to them. The inspector found clear guidance in the residents' files on how each resident communicates. For example, the use of a tool to measure the normal facial expressions of a resident, and how they would present if upset or in pain. Each person centred support plan also outlined how residents communicate, their likes and dislikes and their unique personalities.

Both units of the centre had access to television, telephone, radio and internet.
Information on residents' health or medical conditions were compiled together in a photographic and easy read folder, which could be used as a skills teaching exercise with residents. For example, to outline what to expect when you attend a medical appointment, what the professional will look like, or uniform they will wear. Staff had included photographs of each residents' GP, doctor's receptionist and other personnel that they might meet while attending an appointment. This was used with residents to prepare them for what to expect, and reduce anxiety. The inspector found evidence of positive outcomes for residents through staff promoting communication in this way. For example, a resident who had historically refused to have her blood pressure monitored, had recently had this done. This was facilitated through ongoing role play over a number of weeks, and staff communicating with residents in a person centred and individualised way.

**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 families were actively encouraged to be involved in residents' lives in the designated centre. There was clear evidence of ongoing communication with families around the care and support of residents. Families were invited to attend the planning meetings for residents "person centred support plans", but were also in constant contact with the person in charge and staff team over the phone and email. Residents visited their families regularly over the weekends and during holidays. One resident had recently been supported to develop a new friendship with a resident of another centre. Staff had supported the resident to invite this lady to spend some time with her out in the community. This was a positive relationship for the resident who lived alone, and spent a lot of time with staff.

The inspector was satisfied that residents were supported and encouraged to be active in their local communities. As each resident had one staff to support them at all times, residents' daily routines were centred around getting out to enjoy community based activities, in line with their individual preferences and desires. The inspector found evidence of a wide variety of activity sampling, as previously mentioned under outcome 1, to determine residents' preferences for a meaningful day. For example, going for walks in local parks, watching local sports matches, going to the cinema, beauticians, hairdressers, using the library and availing of public transport. The inspector found that
every opportunity was taken by staff to provide skills teaching to enable residents to maximise their independence and be active citizens in the community. For example, one resident was being supported to attend mass, and had trialled out numerous different churches in the surrounding area to find the one that she liked the best. The inspector found that the staff team were putting in continuous efforts to sample a wide variety of different activities and different venues, to continue to challenge residents to meet their full potential, and to find a daily routine most suitable to their interests.

Judgment:
Compliant

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

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

Theme:
Effective Services

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

Findings:
The inspector was satisfied that residents’ admissions were in line with the criteria as set out in the statement of purpose. The services offered to residents were extremely suitable to meet their needs.

The inspector reviewed contracts of care that were signed off by, or on behalf of residents. The inspector found that each resident has an agreed written contracts in place which dealt with the support, care and welfare being offered, and clearly outlined any costings and terms and conditions.

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 determined that the social care needs of residents were being assessed and planned out in the designated centre. There was an effective system of assessment in place to ensure residents’ social care needs were identified, and evidence that these needs were planned for and met. A person centred plan was in place for each resident, which the inspector found to be easy to read and contained photographs individual to the resident. Family members had been consulted and involved in the development of residents' plans and goal setting. There was a mixture of short term and long term goals in place for residents, which clearly linked to the overall desire of each resident for their lives. For example, one resident’s long term goal was to visit a relative in America. The short term goals that had been worked on and achieved all related to developing the skills necessary for this to one day happen. There was evidence that the resident had visited the airport numerous times over a number of weeks in preparation and this resident had recently returned from a very successful short holiday to the UK by flight. This was planned to be further explored for the resident over the next year, to eventually build up to being able to tolerate and enjoy a long flight.

As well as the person centred plan, each resident had a full care plan which included all aspects of daily living. The inspector was satisfied that there was a system in place to ensure residents' health, social and personal needs were identified, and addressed through a well documented planning process. The inspector found that assessments and plans were reviewed and updated as required.

The inspector found that residents were encouraged and empowered to be social in their local community, and to have active social lives. As mentioned in previous outcomes, activity sampling for a variety of community based activities were underway, and evidence of the staff team constantly seeking new experiences for the two residents.

The inspector reviewed transition plans that had been put in place for the two residents prior to moving into the centre and found them to be comprehensive, person centred and consisted of a multidisciplinary approach. This had ensured a safe and planned transition had been experienced for the two residents.

Judgment:
Compliant
### Outcome 06: Safe and suitable premises

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

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

**Findings:**
The inspector found that the design and layout of the centre was suitable for its stated purpose and met the residents’ needs in a comfortable and homely way. The designated centre was made up of two units located a number of kilometres apart. Each resident lived alone at present, with the support of the staff team. Each unit had a well equipped kitchen with dining facilities, laundry facilities, outdoor space and adequate private and communal spaces. Each resident had a single bedroom decorated to their individual wishes and preferences. The inspector found that each unit was unique to meet the specific needs of the resident. For example, the creation of a multi-sensory room was underway in one unit for a resident, and other multi-sensory equipment had been purchased. Furnishings and decor were specifically chosen to meet the assessed needs of each resident, with input from allied health care professionals were necessary. For example, the floor coverings in one resident’s home were chosen without certain patterns to avoid any anxiety for the resident.

The inspector was satisfied that the two units were both homely, comfortable and decorated nicely to meet the individual needs of the residents. The inspector determined that the premises met the requirements of Schedule 6 of the Regulations.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The inspector evidenced that the health and safety of residents, visitors and staff was promoted and protected in the designated centre. The inspector found that there was a good culture of health and safety, and documentation was clear to show ongoing review. The inspector found that health and safety checks were carried out on a daily and weekly basis in the centre. There was a safety statement in the designated centre. All staff had up to date training in fire safety and evacuation by a suitable professional.

The inspector determined that there were adequate precautions to prevent and detect fire in the designated centre. The inspector reviewed documentary evidence to show that the fire detection alarms were routinely serviced and checked, along with fire fighting equipment, in line with requirements. The units were not fitted with an emergency lighting system. However, torches were in place at various points around the building and incorporated into the evacuation plan. There was a system in place to ensure that torches were functioning as required. Each location had an emergency box, with additional torches, blankets and flasks that could be used in an emergency, or should the power or heating fail to operate. The inspector also found that there was a clear emergency plan written up to deal with any adverse event.

The inspector found that there was a strong system in place to identify, assess and manage risk in the designated centre from both an environmental and clinical perspective. There was an active risk register which showed the inspector how all risks in the centre were assessed and outlined the control measures that had been put in place to reduce or alleviate the risks. Clinical risks were well identified and managed by the staff team, were necessary. The inspector found evidence that families were consulted with, along with allied health care professionals (if necessary) when assessing risks for residents. The inspector found that the staff team supported residents to try new experiences, and challenge themselves in new environments and situations, in order to maximise their independence and lead more fulfilling lives. A robust system of assessing and managing potential and real risks in the centre, facilitated this, and ensured positive outcomes for residents.

Judgment:
Compliant
Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The inspector found that residents living in the centre were safeguarded and protected from harm in the designated centre.

There was a policy in place on safeguarding and protection of vulnerable adults, which had clear guidelines for staff on how to identify and report suspicions or allegations of abuse. This policy was used in conjunction with a second policy based on the national guidance "Trust in Care" which dealt with allegations against staff members.

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and discussion with the person in charge, there were certain restrictive practices in place in one location of the centre. One resident had limited access to the fridge and certain presses in the kitchen. On discussion with the person in charge, and through viewing documentation, the inspector was satisfied that the person in charge was promoting a restraint free environment. The resident's limited access to the fridge and certain presses in the kitchen, were to support her obsessive compulsive tendencies, and this was clearly outlined in the behaviour support plan. This limited access was evidenced as enabling the resident to reduce anxiety, and to participate more fully in preparing meals, and taking an active role in her own home.

The inspector reviewed the policy entitled "Listening and responding to individuals who demonstrate behaviours of concern", and found that the policy offered clear guidance to staff. Through reading the positive behaviour support plans for residents the inspector determined that there was a positive and consistent approach to supporting residents in this centre. Staff had good access to a wider team of professionals to ensure plans were created in line with appropriate advice. For example input from the psychiatrist, psychologist and the behaviour therapist. The inspector reviewed resident files and found that staff were documenting and analysing any behaviour that was out of the ordinary for residents, and tracking patterns to ensure they were actively responding to their needs.
The inspector reviewed practices in relation to the protection of residents’ finances as discussed under outcome 1, and found a transparent system in place in the designated centre to safeguard residents' money on site.

From reviewing the training records, the inspector found that staff had received training in safeguarding and protection. This was updated every two years in line with the centre’s own policy.

**Judgment:**
Compliant

---

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
The inspector was satisfied that a clear record of all incidents were maintained and were required had been notified to the Chief Inspector within the time frame. All quarterly notifications had been submitted as required. The inspector noted a low incident rate in the designated centre.

**Judgment:**
Compliant

---

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

**Theme:**
Health and Development

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

**Findings:**
The inspector was satisfied that residents were offered ample opportunity for new
experiences and social participation, suitable to their age, interests and abilities. As mentioned in previous outcomes, activity sampling was how staff ascertained what new experiences residents enjoyed. Over the two days of inspection, one resident was supported in her own car to attend a formal day services setting operated by Muiriosa Foundation. From this setting, a wide variety of activities, outings and events were taking place. The second resident was supported to take part in meaningful activities through an individualised service which was run by her familiar staff, based from her home.

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:
The inspector determined that residents were supported on an individual basis to achieve and enjoy their best possible health.

Access to allied health care professionals was timely, and appropriate referrals and treatment were sought to meet residents’ health care needs. For example, resident files displayed evidence of access to the occupational therapist, dietician, General Practitioners, psychiatrists and dentists. There were clear plans in place to ensure any medical visit or check was well thought out and prepared, to reduce anxiety for residents. For example, the local GP surgery was supportive in "setting the scene" for residents’ visits, and assisted staff in any way they could to ensure the visit was a success. Skills teaching was carried out at every opportunity to support residents to have the best possible health. One resident had a rummage box which had different medical equipment in it for her to explore in order to reduce any fears for future appointments. Both residents had person centred folders with a wide variety of health information in relation to their conditions, or any medication they may be on. The inspector found that these were photographic, and individual to each resident, and were used as a tool to once again prepare residents for any medical visit or intervention. This person centred approach to promoting health care, ensured residents were availing of important health checks that historically had not been able to happen.

The inspector found that there was good selection of meals available to residents in the designated centre suitable to their individual requirements and likes and dislikes. The inspector found that where advice had been sought by allied health care professional, it
had been documented and catered for in line with the support plan. For example, the advice of a private dietician in relation to a particular diet plan for a resident was being stringently adhered to and documented. This was being followed by all staff, and was proving highly successful in reducing discomfort for one resident. Relative questionnaires also praised the staff in relation to this.

**Judgment:**
Compliant

---

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

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

**Findings:**
The inspector found that residents were protected by the designated centre's policies and practices in relation to medication management. Clear assessments were in place to determine the level of support required by a resident in relation to their medication. Residents in this location required support of staff, but were encouraged to take control as much as possible. For example, one resident was given her tablet into her hand to put it in her mouth herself.

There was an organisational policy for medication management in place which was based on national guidelines. The inspector was satisfied that there was a clear system in place in relation to the prescribing, ordering and disposal of medication. Residents had a pharmacist of their choice available to them, and were encouraged to visit their pharmacist each week to collect prescriptions.

Medication was stored appropriately and discreetly in the centre. Information on each residents' medication was in an easy read and pictorial format.

**Judgment:**
Compliant
Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that the statement of purpose was written in line with the requirements of the Regulations, and the services outlined were reflected in practice.

Judgment:
Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

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

Findings:
The inspector identified that there were effective management systems in place. The inspector found that there was a clear management structure in the designated centre, and organisation. The person in charge reports directly to the local manager, who reports to the area director, who was currently acting as provider nominee. Once the role of Director of Nursing / regional director was filled, this person would take on the role of provider nominee. The inspector found that there were clear lines of authority and accountability for the staff working in the centre. There was clear communication in place in the centre, with staff meetings held regularly with the person in charge and local manager. All identified persons in charge for this area met on a monthly basis with the senior management. The two staff who deputised in the absence of the person in...
The inspector was satisfied that the person in charge met the requirements of the Regulations. The person in charge was a clinical nurse manager. The person in charge had been in post in this centre since 2009. The person in charge was also responsible for one other designated centre which had recently been inspected, and was also found to have a high level of compliance across all outcomes. The inspector observed that the person in charge was well known to residents, and a consistent presence across the two units. There was strong oversight and leadership in place in the centre. The inspector was satisfied that the person in charge was ensuring effective governance, operational management and administration of the two designated centres.

There was a system of audit and review put in place in the designated centre by the person in charge and other Muiríosa Staff. A full review of the quality of service offered in the centre had been carried out in October in line with the Regulatory requirements.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that there were suitable arrangements in place to manage the centre in the absence of the person in charge. To date, the person in charge had not taken an absence of 28 days or more. However, she was aware of her regulatory requirement to notify the Chief Inspector of any proposed absences of this length. The inspector found that each unit of the centre had a staff member identified as a deputy to the person in charge. This person would act up for any short term or long term absences of the person in charge.

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

The inspector reviewed the petty cash practices, and found that utility bills for the centre were managed through the central head office, along with a fuel card for the service vehicle. The only budgeting required by the person in charge and the staff team was in relation to buying groceries and household products each week. The inspector was satisfied that there was ample resources to ensure a varied diet for residents. The two units were resourced sufficiently with heating, lighting and furnishings as mentioned under outcome 6, with internet available and cable television. Each unit of centre had its own car available.

#### 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:
The inspector reviewed training records for staff working in the centre, and found that all staff had up to date training in the mandatory training areas. For example, fire safety, prevention of abuse and safe administration of medication. Staff had received
additional training suitable to the needs of residents in this particular location. For example, autism awareness. The inspector was satisfied that the training provided to staff was updated regularly.

The inspector spoke with the person in charge and reviewed documentation, and found there to be an evidenced system of supervision and performance review in place in the designated centre for all staff.

Staff files were not reviewed as part of this inspection. However, a full review of staff files took place on 18 September 2014 in the providers head office. An inspector was satisfied that the majority of staff files that were reviewed on this date contained the required information and met the requirements of the Regulations. An inspector reviewed a cross section of organisational staff working in different roles within the organisation and from all designated centres in the area. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker, and relief and agency staff. The inspector found good practice regarding the maintenance of staff records which met the requirements of the Regulations.

The inspector was satisfied with the staffing levels in the designated centre. Each resident had one to one staffing in their home, and as evidenced across all outcomes inspected, this was resulting in positive experiences for residents, and ensured they were maximizing their potential. There were no volunteers working in the centre at present. However, the person in charge had placed an advertisement for a volunteer who would meet residents personality and interests.

**Judgment:**
Compliant

---

**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

**Findings:**
The inspector found that there were systems in place to maintain complete and accurate
records. Documentation in relation to the care and support offered to residents was organised, and ensured the needs of residents were clearly addressed and met. Documentation was easy to retrieve, clear and up to date. Documents relating to residents’ plans and health needs were pictorial and photographic, and aimed at assisting residents to understand their content.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, as required by Schedule 5 of the Regulations.

Staffing records were maintained as required and outlined under outcome 17 Workforce, and the inspector found that appropriate insurance cover was in place for the designated centre.

**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:**

Louise Renwick
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority