## 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>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004081</td>
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<tr>
<td>Centre county:</td>
<td>Kildare</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>Gary Kiernan</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>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>09 December 2014 10:30</td>
<td>09 December 2014 19:30</td>
</tr>
<tr>
<td>10 December 2014 15:00</td>
<td>10 December 2014 17:00</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

This monitoring inspection of a designated centre operated by Muiriosa was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

The inspector found that residents received good quality support and care which was focussed on supporting residents to live independent lives of their choosing. There was evidence of a high level of compliance with the Health Act 2007 (Care and
Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Evidence of this was reflected in a range of positive outcomes for residents.

The requirements for the role of person in charge were fully met. The person in charge had good systems in place for overseeing and managing the centre. The person in charge was supported by a strong staff team who had the required knowledge and experience to support and enable residents to achieve their individual goals.

Residents were treated with respect and were consulted about the operation of the centre. Residents were also consulted about the development of their personal plans which were regularly reviewed. The health care needs of residents were met by means of regular nursing assessments, regular access to the general practitioner (GP) and a range allied health professionals.

Systems and procedures were also in place for the safe management of medications. Appropriate protection and safeguarding systems were in place to protect resident from the risk of abuse. Residents were supported to actively participate in their local community and to develop and maintain relationships with friends and family.

Some areas of improvement were identified. While many areas of good practice were demonstrated in relation to the use of PRN “as required” chemical restraint medications, some further improvements were required. The requirement for the provider to carry out unannounced checks on the quality and safety of care was also identified as an area for improvement.

These matters are discussed further in the report and in the action plan at the end 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:
Effective systems were in place for consulting with residents and residents had a say in the running and operation of the centre.

Residents’ had regular weekly meetings and record of these was maintained. The inspector read a sample of the minutes of these meetings and found that they were used to consult residents and to consult them about their routines and activities for the week. Residents views were listened to and issues raised at these meetings were promptly acted upon by the staff. The inspector noted that residents had requested new blinds and changes to the menu and this had been promptly attended to. Residents told the inspector that staff respected their wishes and supported them in their preferred weekly routines. The inspector observed the staff and residents communicating freely and openly with staff in both sites which make up the designated centre.

Residents’ political and religious needs were respected. The person in charge had ensured that each resident was registered to vote. Some residents had voted in recent elections. Residents’ religious beliefs were respected and promoted. Residents told the inspector that they received support to attend religious services of their choosing.

The inspector found that the staff in the centre had a positive attitude towards the management of complaints. The person in charge and other staff members told the inspector that they viewed complaints as an opportunity to introduce improvement. The complaints procedure was displayed in a prominent position in both locations which make up the designated centre. The procedure identified complaints officer and the process to follow for appeals in an easy to understand format. Residents told the
inspector they could freely raise any issue of concern with the person in charge or any member of staff.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 02: Communication</strong></th>
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<tr>
<td>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.</td>
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**Theme:**
Individualised Supports and Care

<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<tbody>
<tr>
<td>This was the centre’s first inspection by the Authority.</td>
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<table>
<thead>
<tr>
<th><strong>Findings:</strong></th>
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<tbody>
<tr>
<td>Residents were supported and assisted to communicate in accordance with residents’ needs and preferences.</td>
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Residents in the centre were supported to communicate. Staff responded to each resident in a personalised way in accordance with their needs. Residents’ communication needs were identified in the personal planning documentation and supports were put in place as required.

Easy to read versions of documents such as residents’ guide and statement of purpose had been developed for residents. A very good pictorial list of resident’s property was maintained for some residents. Work had also been carried out to modify some residents’ personal plans, using pectoral formats, in accordance with their needs and preferences. A visual food planning folder had also been developed in order to facilitate residents to make choices regarding the menu and plan the grocery shopping. Residents told the inspector that they found this very helpful.

Residents had access to television, radio, social media and internet. The majority of residents had their own mobile phones and were provided with support and skills training to use them, where required.

<table>
<thead>
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<th><strong>Judgment:</strong></th>
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<td>Compliant</td>
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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:**
Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit once this was agreed with other residents. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. Residents told the inspector about their weekend trips away and holidays with family members. Care plans were in place to support this process and residents told the inspector about their families and proudly showed the inspector numerous pictures of their visits with them.

Residents participated in their community in a number of different ways, for example, residents described their trips to local restaurants, cafes and the cinema. Residents regularly attended local events and concerts and showed the inspector pictures which they had taken at these events. Residents said that staff members were available to them when they needed support for any outings.

**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 admissions process was appropriately managed. Written agreements dealing with the service to be provided to residents were in place.
There had been no recent admission to the centre and the majority of residents had lived in the centre for a considerable number of years. There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre.

Each resident had a signed written agreement in place dealing with the service to be provided to the resident in accordance with the requirements of the Regulations.

**Judgment:**
Compliant

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### 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

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

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

**Findings:**

The inspector found that residents’ wellbeing and welfare was promoted through a high standard of evidence based care and support.

The arrangements to meet each resident’s assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found personal plans were developed to a high standard and were focussed on improving the quality of residents’ lives. Residents’ individual goals and aspirations were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The personal plans which had been developed were person centred and were based on multi-disciplinary assessment carried out in accordance with the requirements of the Regulations. The inspector found that there was multi-disciplinary input in the care of residents as required in areas such a physiotherapy and behavioural support.

Residents’ personal plans identified health and social care needs, goals and aspirations and provided detailed guidance on how to meet these needs. All care plans were based on detailed assessments and the plans were updated in response to any changes in the
Resident’s condition. Resident’s files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships. Residents kept a copy of their personal plans in their bedrooms and a number of the residents proudly showed the inspector their plans which had been colourfully illustrated with photographs and pictures in bright folders.

Residents described busy daily routines which involved attending day care services, walking groups, horse riding and work based activities. Residents said that staff members supported them to pursue work based activities and one resident described being supported to seek new employment opportunities.

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 premises met the needs of the residents who were living in the centre at the time of inspection.

Both houses which make up this centre were located a short drive outside an unban centre in Kildare. The premises consisted of two spacious, detached houses which were located within a short drive of each other. One of the houses, which was for four residents was a two story building while the other house was a bungalow and was for two residents. Both houses were situated on their own grounds with ample outside spaces, including gardens, patio area and vegetable patch.

Both houses had fully equipped kitchens and separate laundry and utility areas. The main living rooms in both houses were spacious and comfortably furnished in a warm and inviting way. Christmas decorations and Christmas trees had been put up in accordance with residents’ preferences.

Residents had access to suitable private space. The centre was decorated in accordance with the choices and preferences of the residents. A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents’ preferences. Residents had
personalised their rooms with their own furniture, pictures and personal belongings. Suitably accessible toilet and bathroom facilities were provided. The person in charge was in the process of organising some adaptations in response to an assessment which the occupational therapist had carried out. The inspector found that these adaptations, when completed, would make the centre more accessible for all residents.

A good standard of hygiene was noted and there was appropriate heating, lighting and ventilation.

**Judgment:**
Compliant

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**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:**
There were systems in place to promote and protect the health and safety of residents, visitors and staff.

The inspector found that systems were in place for the prevention and detection of fire. Regular fire drills were carried out and staff told the inspector that they were used as opportunities for learning or both staff and residents. Fire drills were also carried out at night and the inspector noted that where issues were identified as part of these drills they were followed up and corrective action was put in place. Good documentation was maintained in relation to each drill. The inspector found that residents were aware of the fire evacuation procedures and some of them were able to describe the procedures involved.

The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding many aspects of fire safety. Fire orders were displayed and outlined the fire procedure for each location. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. The i-house fire officer also visited the centre regularly and carried out documented fire safety checks. The smaller of the two housing units, which was for two residents, did not have a hard wired emergency lighting system. However, the issue had been risk assessed and alternative procedures were put in place.
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 and other staff were very aware of risk management procedures in the centre. Risk assessments were carried out for any identified risks in the centre and a local risk register was maintained and was regularly updated by the person in charge.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records which were maintained. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge. A health and safety audit had been carried out in November 2014. This audit covered areas such as floors, the work environment and waste management. No significant areas for corrective action were identified.

There was also an emergency plan which guided staff regarding incidents which might require evacuation and safe alternative accommodation.

**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 provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. The use of PRN “as required” medication was identified as an area which required improvement with regard to documentation.

There was a policy on the protection of vulnerable adults in place. Staff members spoken to by the inspector were knowledgeable regarding the contents of this policy. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated. Residents told the inspector they could confide in the staff if they concerns about any issues.
The inspector observed staff interacting with residents in a respectful, warm and caring manner and all communicated with ease. Staff had been provided with training in the management of behaviours that challenge and there were systems in place for the management of these behaviours if they arose. Residents had access to appropriate allied health professionals such as the psychologist or a councillor, in the event that they needed this. The staff could also access the psychologist or any member of the behavioural support team in the event that they had any queries or were concerned about a resident. However, there were no residents with acute needs in this area at the time of inspection.

A restraint free environment was promoted by staff in the centre. The inspector, that appropriate restraint assessment had been carried out for a resident who was using a bedrail. The inspector reviewed the arrangements for overseeing and managing any forms of PRN “as required” medication which could be considered a form of chemical restraint. The inspector found that staff were very aware of the requirement to only use these medications under controlled circumstances and to eliminate or avoid their use where possible. The inspector reviewed the medication records of a resident who had been prescribed PRN chemical restraint when undergoing clinical procedures such as having bloods taken. The records showed that there had been a significant reduction in the frequency of administration of this medication. The staff attributed this reduction to a range of interventions such as distraction with a favourite toy. However, the inspector found that the use of these alternative interventions was not consistently demonstrated for all occasions when these medications were used. The inspector also observed that a restraint assessment, involving the multi-disciplinary team had not been carried out in accordance with national policy and evidence based practice. The person in charge undertook to address this.

Systems were in place to protect residents from financial abuse and to promote independence in this area. Some residents had their own bank accounts and managed their money independently. In the case of residents who required assistance there a clear and accountable system for checking transactions which were made on behalf of residents. Receipts were maintained and staff members signed where transactions were made on behalf of residents. Skills training was carried out with residents with regard to money in order to promote independence. The person in charge assessed each resident’s ability to manage money with the aid of a “Financial Decision Making” assessment tool on a regular basis.

**Judgment:**
Non Compliant - Minor

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

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
Systems and practices were in place to promote residents’ quality of live and this included opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and employment. Some residents were participating in paid employment at the time of inspection. Residents did various short courses in areas such as fashion and baking and pursued these interests in their spare time. For example, a number of residents liked to bake and staff worked with the residents to develop this interest and skill. Residents showed the inspector pictures of cupcakes which they had made and also showed the inspector Christmas cakes which they had made and decorated themselves.

Residents had a busy schedule of activities each week. Residents attended various classes and activities associated with art, horse riding and walking. A record of each resident’s participation in activities was maintained and was reviewed by the inspector. Residents told the inspector how much they enjoyed these classes and educational opportunities.

Residents described going on holidays and also for weekend trips away. A number of residents were saving money for their next weekend trip away. Regular shopping trips, concerts and visits to local restaurant and coffee shops were also important to the
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:**
Residents received good support to achieve and maintain health.

There was good access to the general practitioner (GP) and allied health professionals. Residents told the inspector that they were happy with their GPs and could see them whenever they wished. The inspector reviewed the appointment record for each resident and observed that they were regularly seen by their GP. There was also good access to the allied health professionals such as the dentist, optician, psychologist and speech and language therapist (SALT) as required.

Care plans were in place to address the health care needs of the residents. For example, in the case of a resident who had epilepsy the inspector observed that a care plan had been put in place and staff were knowledgeable with regard to the instructions set out in the care plan. Staff members spoken to by the inspector were knowledgeable regarding the steps to take in the event of an epileptic seizure.

Measures were in place to meet residents’ food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents preparing and enjoying wholesome and freshly prepared meals during the inspection. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate. Mealtimes were flexible and fitted around resident’s social and work life. Residents stated that they were happy with the food which was prepared in the centre and it included treats such as occasional takeaways.

Staff weighed residents frequently and in the event that there were any concerns about significant weight fluctuations referrals were made to the dietician. The nursing staff also carried out a range of health screen assessments in areas such as nutrition, skin integrity and falls in order to identify areas for support or intervention. Any changes in residents’ condition or health care needs were documented and care plans were drawn up.
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 centres’ policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. Staff had received training and regular audits were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents’ prescriptions was carried out. The inspector reviewed the records of a medication error and found evidence of good practice which included thorough follow up by the person in charge. Action was taken to prevent reoccurrence the event was used a positive leaning opportunity for all the staff.

Residents were promoted and facilitated to take responsibility for their own medication where possible. This system was based on regular assessment and residents showed the inspector how they locked away their medications and medication records safely in their bedrooms.

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:
There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

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:
There was an effective management structure in place which supported the delivery of safe care and services. However, the requirement of unannounced checks on the quality and safety of care was identified as an area of improvement.

The inspector found that the arrangement for the post of person in charge met the requirements of the Regulations. The person in charge had the required experience and had a number of qualifications which were relevant to the role. She was a registered nurse and attended a range of continued professional development training in areas such as health services management, the management of epilepsy and infection control. During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She knew the care needs of the residents and demonstrated a clear commitment to improving the service offered to these residents on an ongoing basis.
The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place and the inspector was shown a sample of these. The person in charge stated that this system was operating effectively and provided a framework for identifying training needs.

There were systems in place for monitoring the quality and safety of care. The person in charge and her staff carried out a range of audits and checks in areas such as care planning, medication, health and safety and finances. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies were promptly rectified and addressed by the person in charge. A detailed monthly report was also compiled and was used to gather data and identify any performance issues in relation to areas such as first aid checks, staff training, fire safety and resources.

The inspector saw that there was a system to carry out checks on the quality and safety of care provided to residents; however, this system required improvement. For example, while a recent unannounced visit had been carried out, a satisfactory record had not been maintained of this activity. The visit record shown to the inspector did not detail what aspects of quality and safety had been assessed and what the results were. The inspector was also concerned that the visit had been carried out at a time when residents were not present in the centre. The inspector found that this did not meet the requirement for an unannounced of check on the quality and safety of care provided to residents.

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 provider had appropriate contingency plans in place to manage any such absence.
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 meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped kitchens and laundry areas. Equipment and furniture was provided in accordance with residents’ wishes. Maintenance requests were dealt with promptly. The person in charge had the Authority to authorise additional staff hours as required. A car was not provided to each house which made up the centre.

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 numbers and skill mix of staff were appropriate to the assessed needs of the residents.
The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid, medication management and food safety. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff and the person in charge had used the staff meeting to provide training regarding these documents.

The requirement to assess recruitment and vetting documentation for staff and volunteers was assessed as part of another inspection of a Muiriosa designated centre and was found to be met.

**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:**
Records and documentation were securely stored and the required policies were in place.
The inspector read the residents’ guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of appropriate insurance cover was in place.

**Judgment:**
Compliant

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**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:**

Gary Kiernan
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

<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-0004081</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 December 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14 January 2015</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 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate restraint assessment and documentation was not in place regarding the use of PRN (as required) chemical restraint.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
The Person in Charge to ensure all staff are familiar with the interventions in place to reduce the use of PRN chemical restraint and to ensure all staff are consistent with this approach. Interventions in place are documented in the individual’s personal plan.

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

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**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 requirement for an unannounced check on the quality and safety of care required improvement.

**Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
The provider nominee will ensure an unannounced check on the quality and safety of care will be conducted on a six-monthly basis.

**Proposed Timescale:** Ongoing