### Centre name:
A designated centre for people with disabilities operated by Muiriosa Foundation

### Centre ID:
OSV-0004086

### Centre county:
Laois

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Muiriosa Foundation

### Provider Nominee:
Brendan Broderick

### Lead inspector:
Julie Pryce

### Support inspector(s):
None

### Type of inspection
Announced

### Number of residents on the date of inspection:
10

### Number of vacancies on the date of inspection:
0
About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
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>
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<tr>
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<td>27 November 2014 11:00</td>
<td>27 November 2014 18:00</td>
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<td>28 November 2014 10:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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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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**Summary of findings from this inspection**

This inspection of a designated centre operated by the Miuriosa Foundation was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. This was the second inspection of the designated centre and there had been significant improvements since the last inspection, for example, in the areas of personal planning and risk management.

The centre comprises two houses in the same community which accommodate ten residents. As part of the inspection, the inspector visited the both houses and met
with residents, family members and staff. The inspector observed practices and reviewed documentation such as policies, personal plans, and accident and incident records. The inspector also reviewed questionnaires completed by relatives of the residents.

Some areas for improvement were identified, for example in the recording of implementation of personal plans and in the documentation of positive risk taking. These are further discussed in the body of the report and addressed in the action plan at the end of the report.
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were structures in place to promote the rights of residents, for example, an accessible document outlining rights had been developed and was used to structure discussions with residents. An independent advocate was available to residents if required, and a picture of this person and their contact details was clearly displayed.

An inventory of possessions was maintained for each resident, and this included photographs of major items.

There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required. The complaints officer was clearly identified, and a photograph was displayed. The complaints log included a description of the complaint, the actions taken and information relating to the satisfaction of the person making the complaint.

There was evidence of the consultation with residents in the organisation of the centre, both houses held regular residents’ meetings, the discussions at these meetings were documented and actions identified in relation to both group issues and individual issues.

Judgment:
Compliant
Theme: 
Individualised Supports and Care

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

Findings:
A communication profile was in place for each resident, they were available in an accessible format and the inclusion of the resident in the development of the profile was indicated by their signature. Staff were knowledgeable in relation to the communication needs of residents, and this was evident in all interactions observed by the inspector.

There was access to appropriate media, including televisions and radios.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme: 
Individualised Supports and Care

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

Findings:
Links had been forged and maintained with the local communities of the houses, for example residents were members of local clubs and availed of local community services.

Visits were welcomed and facilitated, and records were kept of both visits and phone calls with family and friends of residents. Both homes had a small private area available for residents to receive their visitors if they preferred. Where residents wished, their families were involved in their personal plans.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme: 
Effective Services

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

**Findings:**
There were written agreements of care in place for all residents. They included details of the service provided and any charges incurred and had all been signed by the resident.

**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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Significant improvement had been made in this area since the last inspection. Personal plans were now in place for all residents. These plans included assessments and plans around activities of daily living including a detailed communication profile. Goals were set and any progress towards these goals was documented.

However improvement was still required in the monitoring of the effectiveness of care plans. In some cases the implementation of the plans was not recorded so that there was no basis on which to evaluate the effectiveness. In another case, while staff were aware of the changes of a personal plan and the discontinuation of certain strategies, this was not documented in the personal plan.

In addition, while some steps had been taken towards the development of accessible versions of personal plans, for example the communication profile, this was not complete for other aspects of the plans.

There was evidence of a meaningful day for residents, they attended day services or daily activities in accordance with their wishes and assessed needs. Various social activities took place regularly.

**Judgment:**
Non Compliant - Minor
Outcome 06: Safe and suitable premises

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

**Theme:**
Effective Services

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

**Findings:**
The designated centre comprised two houses within a community. The houses were appropriate to meet the assessed needs or the residents both in size and layout and in location.

The houses were well maintained and decorated, furnished in accordance with the needs of the residents and appropriately equipped.

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

**Findings:**
The inspector found that systems were in place for the prevention and detection of fire and the management of emergencies. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. The inspector found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal emergency evacuation plan in place for each resident and all fire safety equipment had been tested regularly. An emergency plan was in place and alternative accommodation had been identified in the event that evacuation of the centre was necessary.

A health and safety audit was conducted monthly and a quarterly and annual review of these audits was conducted by the health and safety committee. Minutes of these meetings were available in the designated centre. There was both an organisational and a site specific safety statement in place.

Improvements had been made in the management of risk since the last inspection. Risk
assessments in relation to self medication were now comprehensive. There were risk assessments in relation to various aspects including and environmental risk assessment and a lone worker risk assessment.

However there was no risk assessment in place in relation to significant amounts of money that residents had in their possession for their personal spending, so that consideration of the balance between the promotion of independence and protection of residents had not been documented.

There was a risk register in place and a process for the escalation of any risks which could not be managed locally.

An improvement had also been made in the management of accident and incident recording in that the section detailing the necessary actions to prevent recurrence of an incident was now kept on site for staff to refer to for guidance and learning.

**Judgment:**
Non Compliant - Minor

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**Outcome 08: Safeguarding and Safety**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents.

All residents had a detailed intimate care plan in their personal plans.

There was a financial decision making assessment in place for each resident. Residents were all supported by staff to manage their own money. All expenditure was checked either by two signatures or by a receipt and a signature, and all balances checked by the inspector were correct.

However, several residents had significant amounts of money which was recorded as ‘to purse’ for their personal spending which was unaccounted for, as discussed under Outcome 7.
### Judgment:
Compliant

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

#### Theme:
Safe Services

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

#### Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding certain incidents.

#### Judgment:
Compliant

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

#### Theme:
Health and Development

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

#### Findings:
There was evidence that residents had a meaningful day and social activities in accordance with their needs and preferences. Goals were set with residents and progress towards these goals was monitored.

Residents had access to community facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

#### Judgment:
Compliant

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

**Findings:**
There were several processes in place to ensure that residents’ healthcare needs were being met. For example, appropriate healthcare assessments had been conducted and health checks were conducted at regular visits to the General Practitioner. Residents had access to other healthcare professionals including a dietician, speech and language therapy and the local pharmacist. There was also an out of hours GP service available.

Improvements had been made in the healthcare plans of residents since the last inspection. Healthcare plans were now in place for all the aspects of care examined by the inspector. These plans were now unambiguous and included sufficient detail as to guide staff.

The inspector was satisfied that an adequate and nutritional diet was available, where required in consultation with the dietician and the speech and language therapist. A sufficient record was kept to indicate a well balanced diet. Residents were involved in the choice of all their meals and snacks and a written protocol was in place to ensure choice. The kitchens were well stocked and residents had access to snacks and drinks.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**

_Each resident is protected by the designated centres policies and procedures for medication management._

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were systems in pace to ensure the safe management of medications and improvements had been made since the last inspection. There was now a local protocol in place to guide staff in the management of medication, and there were now protocols in place to guide staff in the decision making in relation to ‘as required’ (PRN) medications.

Prescriptions contained all the details required by the regulations, administration sheets were well maintained and all stock of medications was correct.
Judgment: Compliant

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

Theme: Leadership, Governance and Management

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

Findings: The Statement of Purpose included all the requirements of the regulations and adequately described the service provided in the centre.

Judgment: Compliant

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

Theme: Leadership, Governance and Management

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

Findings: The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She was aware of her responsibility in relation to staff awareness of the regulations and held structured discussions with staff in relation to them. There was evidence of strong leadership skills, for example, as evidenced by the significant improvements which had been made since the last inspection.

The provider had conducted unannounced visits to the designated centre as required by the regulations and the annual review of the safety and quality of care and support was
available to the inspector. This document outlined an action plan, identified the person responsible for each action together with an expected completion date and included a section on the monitoring of the progress of required actions.

Other audits conducted by the person in charge included a medication management audit, a monthly health and safety audit and an environmental audit.

There were regular meetings of the persons in charge of the organisation and the line managers. These meetings were minuted and identified actions were monitored. There was also a house staff meeting held every two months. These meetings were also minuted but the agreed actions were not monitored or discussed at the subsequent meeting.

**Judgment:**
Non Compliant - Minor

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

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. No such absences were anticipated.

**Judgment:**
Compliant

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### Outcome 16: Use of Resources

> The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that the designated was sufficiently resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.
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<th><strong>Judgment:</strong></th>
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**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of the residents. The importance of familiar staff to the residents had been accommodated, even where relief staff were needed.

Staff training was up to date in various areas according to the assessed needs of the residents. Staff files now contained all the requirements of schedule 2 of the regulations.

A system of staff appraisal had been introduced which identified areas of strength and goals for staff members.

**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):**

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

**Findings:**
All policies required under Schedule 5 were in place. All records in relation to residents and general records required under Schedule 4 were also in place.

Judgment:
Compliant

## Closing the Visit

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

## Acknowledgements

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

**Report Compiled by:**

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

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<td>Date of Inspection:</td>
<td>27 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 January 2015</td>
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Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence of the implementation of some aspects of personal plans and therefore the assessment of effectiveness.

Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure:
1. That the implementation of goals are documented in the personal plan
2. That the evaluation of the effectiveness of these goals, taking account of changes and new developments are recorded accurately.

Proposed Timescale: 13/01/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all aspects of personal plans were available in an accessible version.

Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure:
1. Regular monitoring, evaluation and updating of all personal plans. Proposed timescale: 13/1/15.
2. That the entire personal plan is made accessible for the resident. Proposed Timescale: 16/2/15.

Proposed Timescale: 05/02/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all risks were assessed.

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

Please state the actions you have taken or are planning to take:
The Registered Provider will liaise with the Person in Charge to conduct risk assessments and develop local protocols on the management of individuals personal finance records.
Proposed Timescale: 09/01/2015

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:
There was not always evidence of monitoring the service provided.

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

Please state the actions you have taken or are planning to take:
The Registered Provider has liaised with the Person in Charge who has introduced a standard agenda for meetings to include agreed actions and matters arising from previous minutes.

Proposed Timescale: 07/01/2015