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

**Centre ID:** OSV-0003754

**Centre county:** Kildare

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

**Registered provider:** Muiriosa Foundation

**Provider Nominee:** Margaret Melia

**Lead inspector:** Conor Brady

**Support inspector(s):** None

**Type of inspection**

<table>
<thead>
<tr>
<th>Details</th>
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<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
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<tr>
<td>6</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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
From: 03 February 2015 09:30 03 February 2015 18:00
To: 04 February 2015 09:30 04 February 2015 16:30

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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<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 13: Statement of Purpose</td>
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Summary of findings from this inspection
This designated centre comprised of two locations providing residential and short term respite services for residents with varying degrees of intellectual and/or intellectual and physical disabilities. The inspector found that this nominated designated centre provided services for up to 6 residents across the two locations.

As part of the inspection, the inspector visited both locations and met with residents and the staff members. The inspector observed practices and reviewed documentation such as policies, procedures, personal plans, care plans, accident and incident records, auditing documentation, meeting minutes, contract for provision of
services, medication documentation and resident's financial records (and the management systems of same). The inspector met with a family member as part of this inspection. The inspector also reviewed questionnaires completed by relatives of the residents.

The inspector found that both locations differed in purpose and function, however this had been discussed extensively with the provider both prior and following inspection. The designated centre comprised of one very large and purposely designed premise which provided full-time residential care for 5 residents. In addition, there was a separate respite property that provided short term respite (approx. 6 days per annum) for one resident only.

The inspector found that there was evidence of very good practices in a range of areas, and found a number of areas to be in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. This was reflected in a number of positive outcomes for residents. The inspector found that the person in charge presented as a suitably qualified and very competent individual and was appropriately aware of her regulatory responsibilities.

However, the inspector also found evidence of further improvements required to bring this centre into full compliance with the Regulations. It must be noted that the majority of improvements required related to the short term respite services' level of compliance with the Regulations. For example:

- Staffing Levels
- Governance and Management (Respite)
- Performance Management/Supervision of Staff
- Risk Assessment and Auditing (Respite)
- Safe and suitable premises (Respite)
- Records and Documentation (Respite)

All improvements that were required are discussed in the body of 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.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td><em>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.</em></td>
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**Theme:**
Individualised Supports and Care

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

**Findings:**
Overall the inspector found that there were very good practices in place to ensure the preservation of privacy and dignity for residents. The inspector found evidence of appropriate consultation with residents and resident's families regarding the provision of care.

The inspector observed that, staff knocked on the doors of residents’ rooms before entering and spoke respectfully and appropriately to residents at all times throughout the inspection. Residents presented as very comfortable with the staff supporting them. For example, staff presented as very aware of residents specific needs and were observed supporting residents at all times with dignity and respect. Each resident had their own space and parts of the designated centre were specifically modified for resident's sensory needs.

The inspector found that resident's finances were respected and managed appropriately with residents and their families. Financial decision making assessments were in place and signed. The inspector found that resident's rooms and personal possessions were respected. A list of possessions was in place for each resident and this included a photographic inventory of resident's belongings. The inspector noted residents rooms in parts of this designated centre were individually designed to an exceptionally high standard.

The inspector found 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. A complaints log was kept which included evidence of actions being taken by
the service in response to complaints. This area was also discussed with a family member who had a concern/complaint in process and was aware of the complaints process.

There was evidence of the inclusion of residents in the organisation of the centre, they were consulted both individually and as a group via residents' meetings. Minutes of these meetings were kept and were available to the inspector. As the majority of residents communicated non verbally staff knowledge of residents and advocacy were very important in this designated centre. The inspector found good practices in this regard.

The inspector found that resident's rights, choices, dignity and consultation were well maintained in the designated centre based on this inspection.

**Judgment:**
Compliant

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**Outcome 02: Communication**

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Overall the inspector found communication systems in place to facilitate resident's communication needs. The inspector noted communication plans were in place for each resident and resident's communication difficulties were assessed appropriately and care planning guided practice. Staff presented detailed knowledge of each individual's communication needs, and the inspector observed this in interactions between residents and staff. This involved good knowledge by staff of resident's non verbal communication such as facial expressions, gestures, sounds and body language. The inspector found residents had access to Speech and Language Therapy (SALT) and found evidence of assessment led practice regarding communication. The inspector found pictorial aids of pertinent information for residents, for example, pictures of staff on duty and the food menu. The inspector found the person in charge and staff knew residents very well and communicated effectively with residents.

**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 the residents were supported to develop and maintain links to their family and wider community.

The inspector found that the staff in the designated centre were aware of community integration and residents participated in activities such as swimming, shopping, social outings and sporting activities. The inspector noted efforts on the part of staff to ensure residents maintained links with their surrounding community. For example, residents knowing their neighbours through gardening activities.

Regarding family and personal relationships, the inspector noted efforts on the part of the staff to create and maintain resident’s relationships with their loved ones. For example, facilitating family visits and contact at every opportunity to do so. Residents were observed to have regular contact with their families. The person in charge highlighted an appropriate 'open door policy' with families and family members were observed visiting the centre on inspection. The inspector saw that residents with family abroad were facilitated to maintain email/electronic contact designated centre.

**Judgment:**
Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
Overall the inspector found that admission and discharge policy, procedure and protocol were appropriate within the designated centre. The inspector found that residents had tenancy agreements and written contracts regarding the provision of services in place.
The inspector found transparent criteria regarding the conditions of resident’s tenancy and the contract for provision of services for residents were in place and signed by residents and/or residents’ family/advocates.

**Judgment:**
Compliant

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

**Theme:**
Effective Services

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

**Findings:**
The inspector found that the resident’s wellbeing and welfare was maintained to a good standard in this designated centre. The inspector saw evidence of social care needs being met for residents and a good standard of individual assessment was observed. The inspector found good evidence that there were appropriate arrangements in place to meet the resident's assessed needs.

The inspector found that residents partook in social outings that reflected their needs, interests and capacities. The inspector found the residents had good opportunities to partake in suitable activities such as attending day services, going out for meals, meeting family, going bowling, swimming, gardening and going for walks. The inspector found creativity and innovation regarding activities for residents whereby the person in charge and staff had facilitated the residents (some with significant support needs) to partake in canoeing and ice-skating which took careful planning and work on behalf of all involved. The inspector also saw good evidence of residents facilitated to be involved in the Special Olympics.

Regarding individualised assessment and personal planning the inspector found a good standard of personal plans, care plans and person centred support plans in the designated centre. For example, the inspector found plans reviewed were clear and accurately maintained, updated and reviewed. Plans were multidisciplinary with residents having access to SALT, Nutritionist, Physiotherapy, Occupational Therapy and Complimentary Therapy on a regular basis. The person in charge was very aware of residents care planning and was consistently monitoring the effectiveness of same via appropriate auditing systems.
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:
Overall the inspector found that improvements were required in the respite location in this designated centre to meet the requirements of the Regulations.

The inspector noted that the residential house in this designated centre was designed and finished to a very high standard. This was a very large country dwelling on private grounds. Each resident had their own room decorated to a very high standard and there was ample space throughout the centre to fully meet the high support needs of residents and the requirements of the Regulations. The inspector found there had been an elevator installed for residents mobility needs in this centre and the design, lay out and location of the designated centre was to an exceptional standard. Residents rooms were individually designed with sensory and relaxation areas throughout the house for residents to avail of.

However the inspector noted considerable variance in the standards of premises in the other location of the designated centre. This centre was being used as a day service also and at the time of inspection was also being used as an emergency respite location for another designated centre. The inspector found that this rented premise required further work to meet the requirements of the Regulations. For example, radiators and door saddles had been taken up/removed and the décor/refurbishment of some works were unfinished and incomplete. Storage was found to be minimal within certain parts of this centre with one room locked and the inspector was informed on inspection this room were used by the landlord for storage. The inspector could also see the resident had been disrupted due to a lot of change in this part of the designated centre. For example, her bedroom had been considerably altered. However the residents room was meeting the residents needs and the inspector was informed that the room was only used for residential purposes for 6 nights of the year.

Judgment:
Substantially 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 found that there were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and systems were operating regarding the management of risk. However further improvement was required regarding the implementation of risk management policy in all parts of the designated centre.

The inspector found that the person in charge had good auditing systems in place however these were not implemented in all parts of the designated centre. For example, auditing the implementation of risk management was being fully adhered to and implemented by all staff in one location but not in the other location. The person in charge had very good systems in place regarding the maintenance and review of risk in one location however it was evident the same level of risk management had not been afforded to the respite service.

The inspector found good systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge and staff. The inspector found there was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation. The person in charge demonstrated a good aptitude for risk management and ensuring risk was assessed in a balanced and proportionate manner. The person in charge accepted that the respite service had only recently become her responsibility and accepted she had not yet had systems fully in place.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition, regular fire drills were carried out and documented. The person in charge highlighted a strong understanding of this risk and showed the inspector evidence of action learning following evacuation drills by changing practices from using a fire chair to fire evacuation mats for residents with mobility support needs. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

**Judgment:**

Substantially 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 the provider had measures in place to protect residents from harm and the risk of abuse.

The inspector found that the person in charge and staff were knowledgeable about the different forms of abuse and had undergone protecting vulnerable adults training. The inspector found staff knew how to document and respond to allegations of abuse and the mechanisms associated in reporting abuse (as outlined in organisational policy).

The inspector found detailed induction and supervision provided regarding the safe provision of personal and intimate care. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse from a policy perspective. The inspector found policies on protecting vulnerable adults were in place and the person in charge was aware of her reporting responsibilities. The inspector found that there were transparent arrangements in place regarding the management of resident finances which were supported by appropriate organisational policy. Resident’s account balances were checked and were correct and co-signed by staff members. The inspector found that staff were knowledgeable in terms of the safeguarding and safety needs of all residents.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
### Findings:
The inspector found that while a record of all incidents occurring within the designated centre was appropriately maintained it had not at all times been appropriately notified to the Chief Inspector.

The person in charge presented as aware of her regulatory responsibilities regarding notifications however all quarterly notifications for the designated centre had not been reported/returned to the Chief Inspector as is a requirement under the Regulations.

### Judgment:
Non Compliant - Moderate

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<th><strong>Outcome 10. General Welfare and Development</strong></th>
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<td>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.</td>
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**Theme:**

Health and Development

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

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

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**Findings:**

Overall the inspector found that the residents had good experiences and that staff ensured the residents were engaged in activities suitable to their preferences, wishes and capacities.

The inspector found that some residents attended day services while other residents were activated from the designated centre and had transport in situ. The inspector found that residents routines were very much 'choice' based and staff were observed supporting residents to make choices on inspection. The residents were observed to enjoy a good quality of life with a variety of activities available to them. The inspector reviewed personal plans, person centred plans and progress notes and found that residents partook in activities based on preference and capacities. The inspector found that this designated centre provided a good standard of care to the residents and staff demonstrated a very good knowledge of the residents they provided care for.

**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):
This was the centre’s first inspection by the Authority.

Findings:
Overall, the inspector was satisfied that the residents were supported on an individual basis to achieve best possible health.

The inspector found appropriate access to General Practitioner (GP), Dentist, Specialist Medical Care, SALT, Physiotherapy, Nutritionist, and Chiropodist. The inspector found that health plans and recording of same was well maintained in the resident's files and that health plans were regularly reviewed, updated and guided practice. For example, the resident’s needs were reviewed and monitored and any required medical or clinical intervention was sought/provided. The inspector found staff were knowledgeable regarding individual residents health needs. The inspector found that staff were continually working to meet residents physical and mental health needs. For example, a resident had recently been fully reassessed from a healthcare perspective by the provider due to a recent hospital admission. The inspector viewed resident’s appointments calendar which corresponded with progress notes documenting all clinical/medical interventions with residents.

Regarding food and nutrition, the inspector found appropriate knowledge of food and nutrition was evident amongst staff. Choice was facilitated through knowledge of resident’s likes and dislikes, dietary needs and the rotation of menus. The inspector observed the residents having choice at meal times and receiving very good support in a dignified and respectful manner. The residents diet was carefully monitored to ensure specific health needs were being promoted. The inspector found assessment led practice regarding residents with very specific dietary needs and clear protocols being adhered to regarding residents at risk of aspirating.

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 appropriate arrangements in place regarding medication management. All staff employed in the centre were trained in the safe administration of medication. A medication management policy was viewed by the inspector in the
designated centre. The person in charge had good local systems in place to ensure medication practices, recording and storage was professional and adhered to regulatory requirements. The inspector found a nursing staff on duty at inspection time who demonstrated very high levels of competence throughout the inspection regarding medication practices within the designated centre.

Medications were dispensed from the pharmacy in blister packs to promote the correct administration. A clear description of each medication was provided on the blister pack to ensure that staff could recognise the correct medication to be administered. The receipt of medication was being recorded and medication was stored appropriately in secure locked cabinets. The general practitioner had signed the prescribing sheet for each medication, and the prescription included clear directions to staff on the dose, route and times that medication should be administered. PRN medications (medications that are administered as required) were recorded on the prescription sheet and these included the maximum dose that should be administered in any 24 hour period. There were clear guidelines and protocols regarding the usage of PRN medications and this was monitored and audited by the person in charge and clinical support. The inspector observed medications administered appropriately whilst on inspection and found staff to be professionally knowledgeable in the area of medication management. Clear protocols regarding epilepsy medication was in place with care planning and administration protocols in place.

The inspector noted clear protocols regarding the reporting and management of medication errors and found evidence of learning and root cause analysis of incidents completed by the person in charge.

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 a written statement of purpose that described the services provided in the designated centre. The inspector found that services and facilities outlined in the statement of purpose reflected the care provided and the diverse needs of residents. The inspector highlighted that the age profile highlighted in the Statement of Purpose may need to be amended to ensure full compliance to the Regulations.

**Judgment:**
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:
Over the course of inspection and during discussion with the person in charge, the inspector found that the designated centre was managed by an experienced, qualified and suitable person. The inspector found good examples of the person in charges involvement in the operational governance, management and administration of the designated centre. However further improvement was required regarding the person in charges management of the respite location of this designated centre. In addition, supervision and performance management arrangements were not yet in place for all staff members in the designated centre.

The person in charge was a qualified Social Care Worker who worked full-time in the management of the designated centre and was supported by a team of staff. The person in charge had good experience in the area and was supported in her in role by the Area Manager. The person in charge reported directly to an Area Manager who in turn reported to the Area Director. The person in charge stated structured management meetings occurred with her line manager and there were also additional meetings for peer learning. The person in charge stated she had daily contact with her own manager and said she had good support systems in place. The inspector was satisfied that good lines of communication and support existed between the person in charge and the provider’s management structure. The inspector found good evidence on inspection of team meetings and open communication channels between the staff team and the person in charge. The person in charge demonstrated a good knowledge of legislation and was appropriately familiar with the requirements of the Regulations.

The inspector found the person in charge demonstrated a very good aptitude for the management of the centre and was very knowledgeable regarding the assessed needs of the residents. However while the inspector found a good standard of management and auditing within the residential location, this was not evident in the management arrangements of the respite location of this designated centre. This was particularly notable in terms of risk management, care planning, auditing tools and effective monitoring of records and documentation in the respite location.
The inspector found these areas were not managed to an appropriate standard as per the Regulations. In addition, the inspector noted that all staff had not yet undergone supervision/performance appraisal. For example, only a very limited number of staff had been met by the person in charge and appraised regarding their role.

**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 inspector was satisfied that there were appropriate arrangements in place regarding the absence of the person in charge. There was a deputy person nominated in both locations. As outlined under Outcome 14, the inspector found the respite location required further improvements in terms of governance and management. The inspector found that a local manager had responsibility for the designated centre in the case of the person in charge’s absence. In addition, the person in charge highlighted that the area and regional directors as persons assuming overall governance and management responsibility for periods of prolonged absence of the person in charge. The inspector found there were no absences by the person in charge requiring notification to the Chief Inspector.

**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 the designated centre was resourced to ensure the effective
delivery of care and support in accordance with the statement of purpose.

The inspector found that the designated centre had funding and transport resources in place to meet the assessed needs of the residents. The inspector found the provider was committing that resources were needs based. However resident's needs were changing at the time of inspection. For example, one resident's healthcare needs were considerably changing and being reassessed in this centre. The inspector noted issues regarding staffing and premise but these matters will be discussed under Outcomes 6 and 17 respectively.

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:
Overall the inspector found that there were experienced staff on duty and a good skill mix existed to meet the assessed needs of residents in the designated centre. The inspector found a good continuity of care provided to residents and noted the provider had some good practices regarding recruitment, training and managing staff in place. However the inspector found that the staffing numbers in this designated centre were not sufficient to meet the assessed needs of all residents. In addition, further improvement was required regarding the performance management and supervision of all staff in the designated centre.

The inspector found that one resident who was clearly assessed as requiring two staff members support for manual handling/moving and personal care and who was also recently risk assessed as a high risk of aspirating, did not have appropriate supervision due to current staffing levels. For example, when staff were assisting other residents with personal care this resident is not being supervised. This resident's needs were continuously changing due to his medical needs and required several emergency admissions to hospital as a result of same. The provider stated they were reviewing same. However based on evidence on this inspection staffing levels were found not to be fully meeting this resident's assessed needs.

Regarding Schedule 2 (Staffing Records), a full review of staff files took place in the providers head office (on a previous inspection). The inspector was satisfied that the
majority of staff files that were reviewed contained the required information and met the requirements of the Regulations. The inspector reviewed a cross section of organisational staff working in different roles within the organisation. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker. The inspector examined staff files from all designated centres within the area. As part of this inspection the inspector also reviewed staff files for relief and agency staff. The inspector found good practice regarding the maintenance of staff records to meet regulatory requirements.

The inspector viewed some documentation and evidence of supervision/performance conversations having commenced with staff in line with organisational policy and regulatory requirement. However the majority of staff had not been performance appraised or formally supervised by the person in charge. For example, the person in charge had never formally supervised any of the night staff. This matter has been discussed under Outcome 14 Governance and Management. The inspector found that one staff member had not yet completed protecting vulnerable adults training, however the person in charge showed the inspector that this staff members training was scheduled on the training plan for the week following inspection.

**Judgment:**
Non Compliant - Moderate

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### Outcome 18: Records and documentation

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

### Theme:
Use of Information

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

### Findings:
The inspector found that there were systems in place to maintain complete and accurate records and the required policies in one location of the designated centre but not in the other. This requires improvement to meet the requirements of the Regulations.

In respect of the residential centre, the inspector found that written operational policies were in place to inform practice and provide guidance to staff and these documents were reviewed and updated. The inspector noted that all policies reviewed met with the requirements of the Regulations. The inspector found that personal information, files and records and other information, relating to residents and staff, were maintained in a
secure and professional manner. The inspector found a directory of residents was maintained by the person in charge and up-to-date. The inspector was satisfied that the required records and documentation relating to the residential location in this designated centre were maintained in a manner that ensured completeness and accuracy.

The inspector found insufficient documentation, policies and management systems of same in the respite centre. For example, out-dated assessments, resident’s plans not appropriately updated and documents referred to in plans that could not be found. In addition, there were not clear policies and protocols regarding the designated centre and there was day services (who also used the centre), emergency respite (from a different designated centre) paperwork and documentation also in the centre with no clear or evident system regarding the centres policies and documentation from a regulatory perspective. The inspector did not find a suitable system in place to ensure the respite centre had the required documentation in place to meet the requirements of the Regulations.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiríosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003754</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>03 February 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 March 2015</td>
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</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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All parts of the designated centre were not found in a good state of repair.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Upgrading of the respite location will take place to include painting and refurbishment. The storage issue will be addressed with the landlord. (Proposed Timescale: 29th May 2015)

With regard to the issue of disruption of the resident this will be resolved on the registration of a new premises, which has been sourced, for MF-039 and following this the original respite service can revert back to its location in CLA6.

Proposed Timescale: 30/09/2015

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:
All locations within the designated centre were not appropriately reviewed regarding the management of risk.

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

Please state the actions you have taken or are planning to take:
The Local Manager will organise for a full review of the risks associated with the respite section of this designated centre and the individual who uses the service. They will ensure that any risks identified, measures will be put in place and implemented by all staff when necessary.

Proposed Timescale: 22/04/2015

Outcome 09: Notification of Incidents
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not Quarterly Notifications received by the Chief Inspector whereby these were required.

Action Required:
Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

Please state the actions you have taken or are planning to take:
The PIC will ensure that all quarterly notifications are submitted as per regulations.

**Proposed Timescale:** 30/04/2015

<table>
<thead>
<tr>
<th><strong>Outcome 14: Governance and Management</strong></th>
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<td><strong>Action Required:</strong></td>
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<td>Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staff numbers in the designated centre were not meeting the assessed needs of all residents.

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

**Please state the actions you have taken or are planning to take:**
The staff complement in this designated centre has been increased so as to ensure the needs of all individuals are met.

**Proposed Timescale:** 09/02/2015

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Schedule 3 records were not sufficient in all parts of the designated centre.

**Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
The Local Manager will ensure that all schedule 3 records will be reviewed, updated and put in place.

**Proposed Timescale:** 22/04/2015

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**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Schedule 4 documents were not sufficient in all parts of the designated centre.

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

**Please state the actions you have taken or are planning to take:**
The Local Manager will ensure that all schedule 4 records will be reviewed, updated and
put in place.

**Proposed Timescale:** 22/04/2015