# 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 Muiríosa Foundation</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002743</td>
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<td>Centre county:</td>
<td>Offaly</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Muiríosa Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Heather Hogan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>1</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</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: 10 February 2015 09:30  To: 10 February 2015 20:30
From: 11 February 2015 09:30  To: 11 February 2015 16:30

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

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Summary of findings from this inspection
This designated centre comprised of one location providing short term respite residential services for 42 people with varying degrees of intellectual and/or intellectual and physical disabilities.

As part of the inspection process, the inspector met with residents, staff members and reviewed information provided by resident's family members. The inspector observed practices and reviewed documentation such as policies, procedures, personal plans, accident and incident records, auditing documentation, meeting minutes, contract for provision of services, medication documentation, resident's financial records, fire and evacuation procedures and staff training records and
personnel files.

The inspector found that there was evidence of 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. However, the inspector also found evidence of further improvements required across a number of outcomes to ensure this centre's compliance with the Regulations.

The inspector was concerned regarding the safeguarding of residents. During the course of the inspection a resident disclosed to the inspector of an allegation of physical abuse that allegedly took place within the designated centre while the resident was on respite. The inspector was gravely concerned that on review of the documentation it was apparent that this alleged incident had been disclosed 10 months previously but there was no evidence that it had been appropriately investigated or followed up.

In addition to the above, the inspector noted improvement was also required in the following areas to ensure regulatory compliance.

- Governance and Management
- Risk Assessment and Auditing
- Policy Implementation
- Incident and Accident Reporting
- Performance Management/Supervision of Staff
- Records and Documentation

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.

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:
Overall the inspector found that there were practices in place to ensure that resident's rights, dignity and consultation needs were met.

Residents presented as very comfortable with the staff supporting them. For example, staff presented as very aware of residents specific needs and were observed treating residents with dignity and respect throughout inspection.

The inspector found that resident's finances were respected and residents were very much utilising this centre as short term respite so finance management was reflective of this. The inspector found that resident's rooms and personal possessions were of a suitable standard. There were two twin rooms however screening was in place and residents who came in on respite had a choice regarding the shared rooms. For example, residents who were friends sometimes requested to share. One resident informed the inspector how she liked to share with her friend when coming in to respite.

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 and families. A complaints log was kept which included evidence of actions being taken by the service in response to a complaint. The person in charge was very aware of the families using the service and the inspector saw evidence of good management of complaints.

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.
The inspector found that resident's rights, choices, dignity and consultation were maintained in the designated centre for residents and families utilising this respite service.

**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. A communication plan was in place for each resident and resident's communication difficulties were assessed, documented and guided practice.

The inspector found residents utilised this service for respite and therefore assessments and access to services was predominantly managed by families. However the inspector found residents were supported in the area of communication within the designated centre. The person in charge stated the majority of residents using the service communicated verbally but highlighted supports available for residents who communicated non-verbally also. There was pictorial representation of pertinent information for some residents, for example, pictures of staff on duty, the food menu and areas of interest. The inspector found that residents had access to appropriate communication media such as television, radio and newspapers/magazines. The inspector found on-going dialogue with families regarding resident's assessed and communication needs.

**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 cinema, going to the pub, football matches and meals out. The inspector noted efforts on the part of staff to ensure residents enjoyed their respite stay and participated in activities pursuant with their needs, wishes and preferences. The inspector reviewed personal plans for a number of the 42 individuals who use the services and saw efforts on behalf of the provider to match certain residents for respite who had similar interests in certain activities.

Regarding family and personal relationships, as this was a respite designated centres liaising with residents families was an on-going process. The inspector noted efforts on the part of the person in charge, social worker and staff to create and maintain relationships with residents families regarding the respite service provided. For example, facilitating family visits to the centre, family meetings and meeting the families and residents in their own homes. The inspector reviewed feedback questionnaires from a number of families that were complimentary of the services provided in this 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. However the inspector found that the residents reviewed on inspection did not have any written contracts regarding the provision of services in place. The person in charge informed the inspector that approximately 50% of residents did not yet have a written contract in place. While the inspector found evidence of efforts made on behalf of the provider seeking this information from families for some residents this needs to be improved to meet the requirements of the Regulations.

Judgment:
Non Compliant - Moderate

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:
Overall the inspector found that residents social care needs were being met in this designated centre to a good standard. In addition, individual assessment and personal planning was found to be of an appropriate standard and sufficiently detailed in terms of the provision of respite care within the centre.

The inspector found each resident had a respite book which categorised progress notes of all respite stays in the centre. The inspector found detailed personal plans regarding residents like/dislikes, specific needs, dietary needs, mobilising support needs and behavioural support needs (where applicable). The inspector found evidence of resident’s participation in their plans and some residents wrote parts of their own plans. Resident’s families were also found to be part of the personal planning process and clearly contributed to planning. A number of resident’s care plans and personal plans were reviewed and were found to meet the requirements of the Regulations.

Judgment:
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 the location, design and layout of the designated centre was suitable for its stated purpose and met resident's individual and collective needs in a comfortable way. The inspector found appropriate support equipment available for residents that was maintained and in good working order.

The respite house was located in a quiet estate and was a property on long term lease from the Health Service Executive (HSE). The inspector found the premise to be suitable to the residents needs. Rooms were decorated to an acceptable standard and the house was clean and generally well presented. There was an issue highlighted to the inspector regarding the ceilings requiring attention and correspondance was seen from the HSE regarding this matter. Following this ceiling work the premises was to be painted according to the person in charge. Overall the inspector found the décor and design of the centre to be of an acceptable standard. The inspector noted appropriate numbers of bathrooms and assistive equipment such as hoists and specialist toileting chairs available for residents who required same. The inspector found the centre clean, warm and homely (insofar as possible) throughout the inspection process.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The inspector found that there were some systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and some systems were operating regarding the management of risk. However further improvement was required regarding the full implementation of risk management policy and the review of incidents and accidents within the designated centre.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The person in charge had implemented some good processes regarding the management of risk such as an updated risk register. The inspector found positive measures implemented by the person in charge regarding risk assessment for the centre which were found to be proportionally assessed and reviewed. For example, the risk assessment of some resident's behaviours of concern and risks associated with some resident's epilepsy. The inspector found evidence of some good risk auditing in place. However the inspector also found instances whereby auditing clearly made findings that were not followed up. For example, regarding learning from incidents and accidents. The inspector saw some positive examples whereby the person in charge had acted very clearly to respond to incidents and other examples whereby incidents were not reviewed or managed appropriately.

The inspector found 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 inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order.

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. However the inspector found that where risks were clearly assessed and identified in this area, clear protocols were not put in place to deal with this risk. For example, one resident was risk assessed as she would not vacate the premises for evacuations (fire drills). While this issue was risk assessed, there was clear evidence of fire drills taking over 10 minutes whereby this resident would not evacuate. There was no clear or appropriate corrective action or guidance in place for staff as to how to manage this issue.

Judgment:
Non Compliant - Moderate

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 was very concerned that the systems in place regarding the detection, response and management of allegations, disclosures and incidents of suspected abuse were ineffectual.

During the course of the inspection, a resident disclosed to the inspector an incident of alleged abuse. On review of the documentation it became evident that this allegation had been disclosed by the resident 10 months prior. However, the inspector was extremely concerned to find no evidence of an investigation or follow up on that disclosure. The inspector found that neither staff nor management worked in accordance with organisational (Safeguarding/Protecting Vulnerable Adults Policy) or national policy in this instance. In addition, neither staff nor management applied their training in the area of safeguarding vulnerable adults in the detection, prevention and response to abuse. On review of staff training records and on interviewing staff members, the inspector found that all staff had undergone recent training in this area and presented an understanding of the types of abuse and the importance of reporting same. However the findings of this inspection demonstrated this training and staff understanding was not implemented to practice. The inspector discussed in detail the disclosure with the person in charge and provider and required them to conduct a full investigation into the matter. The inspector was informed of a number of measures that were taken by the provider to ensure all residents were safe and protected before the inspection finished.

Regarding the management of behaviours that are challenging and positive behavioural support, as this centre was a respite service these issues were primarily dealt with outside this designated centre. For example, clinicians linked directly with residents families and/or day services. This designated centre provided short term respite stays for residents and was therefore very much set up for this purpose. The inspector did see guidance for staff in terms of the assessed needs of residents with such behaviours who required specific behavioural supports. For example, behavioural support plan guidance. The inspector found that the designated centre was not a restrictive environment by design. The inspector found that some resident's had been assessed for use of bed rails and the occupational therapist and person in charge had explored alternatives and were continuing to do so as per regulations. In addition, the inspector found that behaviours of concern (and associated medication) were monitored by a consultant psychiatrist in consultation with a behavioural support team.

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

**Theme:**  
Safe Services

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

**Findings:**  
The inspector was not satisfied that all incidents occurring within the designated centre were appropriately logged, maintained and where required, notified to the Chief Inspector. This has been discussed in Outcome 8.

**Judgment:**  
Non Compliant - Moderate

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

**Findings:**  
The inspector found that the residents and families using this respite centre had generally good experiences and that residents were engaged in activities suitable to their preferences, wishes and capacities.

In examining a sample of the 42 individuals using the service, the residents appeared to enjoy the respite services they received and the person in charge highlighted how respite services have evolved to be needs based. For example a social programme had developed for residents who sought more community activation and involvement. The inspector found that residents partook in a variety of activities while on respite such as eating out, cinema, shopping, going to the pub and community activities. The person in charge ensured that residents of similar interests and profiles came in to respite at similar times to ensure everyone got the most from respite. The inspector noted instances of appropriate supports for residents with higher support needs availing of
respite. For example, residents with significant physical disabilities.

**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:**
Overall, the inspector found that the residents were supported on an individual basis to achieve best possible health. However as this was a respite location, residents healthcare needs were met by their families/primary carers.

The inspector found residents healthcare needs were recorded on their care plans and residents with specific support needs in terms of epilepsy or dietary needs were clearly recorded and documented. The respite service would not admit residents who were unwell as this was a short term respite centre. The inspector found resident's health was promoted through the encouragement of balanced diet and activities depending on individuals assessed needs. The inspector found that residents had 'Hospital Passports' containing healthcare and medical information should residents require medical attention while on respite.

Regarding food and nutrition, the inspector found evidence of resident's likes and dislikes, dietary needs and communication of same recorded in residents care plans. The inspector viewed the rotation of menus, picture and prompt based menus that were accessible to residents to promote choice. The inspector observed a resident had ordered a pizza delivery on the evening of the inspection.

**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 some 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 inspector found some minor improvement was required to meet the requirements of the Regulations.

The inspector found that as this was a respite centre residents brought medication in/out of the designated centre on a regular basis. The inspector found protocols in place regarding the admission of resident's medication and clear protocols regarding the prescription and safe administration of resident's medications. Residents' medication was checked and recorded on admission to ensure residents assessed needs could be met for the duration of their respite stay. However the inspector found instances whereby residents were written up for 'as required' (PRN) medications but these medications were not available or admitted with the residents on admission to the designated centre. This practice was not in line with organisational policy and staff were in a position whereby they did not have medications that may be required to be administered to residents. The person in charge informed the inspector this was not an issue for the majority of residents and informed the inspector of efforts made to ensure all families sent in resident's medications.

**Judgment:**
Substantially 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 found that the numbers of residents that could be provided with respite in the statement of purpose differed from the information provided in the provider's application to register the designated centre. This matter was amended and proof of same was sent to the Authority following the inspection.

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:
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. However the inspector found that given the failings identified on this inspection, particularly in relation to Outcome 7 and 8, that the governance and management systems in this designated centre required significant improvements to meet the requirements of the Regulations.

The person in charge was a qualified nurse who works full-time in the management of three designated centres and is supported by a team of staff in each centre. The person in charge had undertaken postgraduate qualifications in child and adolescent psychiatry and in management. The person in charge reported directly to an Area Director who in turn reports to the Regional Director. The person in charge demonstrated good knowledge regarding the residents and families who utilised this designated centre for respite and had some good systems of auditing in place. For example, the updating and review of care planning documentation. The person in charge had managed the designated centre for over 10 years.

However as outlined in Outcomes 7 and 8 the inspector did find substantive failings on behalf of the provider and the person in charge regarding the effective review of
incidents and accidents and in particular a disclosure of alleged/suspected abuse in the designated centre. The inspector found that this did not provide adequate systems to ensure that all aspects of care provision in the centre were being effectively monitored to ensure the services provided were appropriate and safe. As outlined earlier in this report, a serious incident was found to be inappropriately reported, recorded, reviewed and this matter was signed off by members of management without adequate and appropriate review. This incident occurred when the person in charge was on a period of leave which also highlighted issues regarding governance and management deputising arrangements in the designated centre.

The inspector found that while the provider had undertaken auditing of the designated centre, the findings of these audits had not been acted upon. For example, an annual audit conducted in October 2014 highlighted concerns regarding risk assessment and the review and learning from adverse incidents. However there was no follow up action from this audit. Furthermore another provider audit action plan (September 2014) highlighted that accidents and incidents were to be reviewed at team meetings and recorded in the minutes. The inspector reviewed the team meeting minutes and found that this was not taken place in the designated centre. This demonstrated while the provider was completing audits as required by the Regulations, they were clearly not acting upon the findings of their own audits. In addition, the inspector found that not all staff had opportunities to engage in performance appraisal. This is discussed further in Outcome 17 (Workforce).

Judgment:
Non Compliant - Major

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

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found there were no absences by the person in charge requiring notification to the Chief Inspector. The inspector found evidence of ineffective governance and management during one absence by the person in charge. This has been discussed in the previous outcome.

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 this centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

The inspector found that the centre had sufficient staffing numbers, transport for residents and facilities to provide care for the residents who availed of short term respite at this location. The inspector noted efforts made on the part of the person in charge to make the respite service welcoming for residents with specific needs and liaising with families to facilitate special requests where possible.

**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 appropriate staff numbers to meet the assessed needs of residents in the designated centre. The inspector found continuity of staffing provided to residents.

Regarding Schedule 2 (Staffing Records), a 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 re-visited the providers head offices and reviewed a number of staff files as part of this inspection. The inspector found staff files reviewed met the requirements of the Regulations regarding Schedule 2 information and staff training.

The inspector viewed documentation and evidence of supervision/performance conversations having commenced with most staff in line with organisational policy and regulatory requirement. The inspector found that the person in charge had line management responsibility for all staff, however, all staff had not yet completed performance management in terms of their role in the centre. This matter has been discussed under Outcome 14 (Governance and Management) and actions associated with this outcome in the Action Plan.

Judgment:
Compliant

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

Theme:
Use of Information

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

Findings:
The inspector found that there were some policies and protocols in place in the designated centre. However further improvement was required to ensure the implementation of organisational policies and in particular that complete and accurate records were being maintained, reported and reviewed in the designated 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. For example, Schedule 5 policies were reviewed. The inspector noted that all policies reviewed met with the requirements of the Regulations. However all policies were not implemented. For example, the prevention, detection and response to abuse policy was not used by staff. The inspector found that personal information, files and records and other information, relating to residents were secured appropriately. The inspector found a directory of residents was maintained by the person in charge and up-to-date. As this was a respite service there were a number of residents using this service on a regular basis.

As discussed in previous outcomes there was clear evidence that the recording, documentation and review of matters pertaining to incidents and accidents/alleged abuse occurring in the designated centre were not being recorded in line with the Regulations (Schedule 3 and Schedule 4). In addition, the inspector was not satisfied that the required records and documentation relating to the designated centre were maintained in a manner that ensured completeness and accuracy. For example, the inspector found that by reviewing progress notes regarding a significant incident involving one resident in the designated centre that the incident/accident reporting was not fully accurate, factual or appropriate. In addition, not all required information and documentation sought regarding incidents with residents were made available to the inspector on this inspection. The inspector was informed that behavioural incident forms relating to a specific incident that were requested by the inspector, ‘could not be found’.

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

Centre name: A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID: OSV-0002743
Date of Inspection: 10 February 2015
Date of response: 24 March 2015

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All residents did not have a written agreement regarding the provision of services in place.

Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
The PPIM will contact the families of individuals who have not the capacity to sign their own service agreement and seek for their immediate return.

**Proposed Timescale:** 29/05/2015

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

**Theme:** Effective Services

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The review systems regarding incidents and accidents were not robust.

**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 Area Director will ensure that all incidents and accidents are reviewed on a monthly basis to ensure follow through until closure. This will include the formulation of action plans as required. The Area Director will give feedback to the PIC who in turn will discuss any learning arising for the incidents/accidents at their team meetings.

**Proposed Timescale:** 18/03/2015

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**Theme:** Effective Services

The **Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were not clear protocols regarding the evacuation of all persons in the designated centre.

**Action Required:**
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
The person in charge has sought advice from the fire officer and a clear written protocol regarding the evacuation of the individual will be drawn up. A series of role play situations will be carried out with this individual to ensure familiarity and comfort with the protocol.
Proposed Timescale: 10/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Organisational practices did not ensure all residents were protected from all forms of abuse.

Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The Person in Charge will schedule a number of information sessions to highlight awareness among staff of all organisational policies to safeguard individuals. Protection of Individuals will be an agenda item on all team meetings at the designated centre in order to ensure continued awareness.

Proposed Timescale: 29/05/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no appropriate investigation of incidents whereby a resident was allegedly harmed.

Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
The person in charge will ensure that following any incident, allegation or suspicion of abuse that it is reported immediately to her or her deputy and the organisation’s Trust in Care policy and procedure in line with national policy will be implemented immediately.

Proposed Timescale: 12/02/2015
## 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:**
Failure to notify instances of alleged, suspected or confirmed abuse of a resident.

**Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will ensure that all notifiable events are reported to HIQA as per the Statutory Notifications Guidance for registered providers and persons in charge of designated centres.

**Proposed Timescale:** 12/02/2015

## Outcome 12. Medication Management

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all medications prescribed for and therefore required by residents were present in the designated centre.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
1) Provided by the individual and his/her family at time of admission
2) Reviewed by staff on duty at time of admission to ensure that sufficient supplies of medication are provided for the duration of the individual’s admission.

**Proposed Timescale:** 10/04/2015
<table>
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<tr>
<th>Outcome 14: Governance and Management</th>
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<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management systems were not found to be effectively monitoring the safety of all residents.

**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 Person in Charge will conduct a quarterly audit of all incidents, accidents and allegations to ensure safeguarding of all residents and follow through on all actions arising from this audit.

**Proposed Timescale:** 24/04/2015

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<th>Theme: Leadership, Governance and Management</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The annual review of the quality and safety of care and support in the designated centre while completed was not acted upon.

**Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
The registered provider: The PPIM will review all actions arising from audits with the Person in Charge to ensure follow through.

**Proposed Timescale:** 29/05/2015

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<th>Theme: Leadership, Governance and Management</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all staff had being performance managed in accordance to their professional responsibility.

**Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to
support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**
The person in charge has agreed a date to complete performance management with one staff who has not been performance managed.

**Proposed Timescale:** 10/04/2015

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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:
All policies were not being implemented by staff in this designated centre.

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

**Please state the actions you have taken or are planning to take:**
The person in charge will carry out an overview of relevant policies to all staff in the designated centre to ensure their correct implementation.

**Proposed Timescale:** 29/05/2015

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All information pertaining to residents involved in incidents whereby the resident suffers abuse or harm was not being appropriately maintained in 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 Person in Charge will ensure that all documentation pertaining to individuals is fully completed in an accurate and timely manner. All records are now stored in a safe and secure manner. The PPIM will audit this on a quarterly basis.
**Proposed Timescale:** 29/05/2015  
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The reporting and recording of incidents, accidents and allegations of suspected abuse was not in accordance with organisational policy or the Regulations.

**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 PIC will undertake to carry out a number of information sessions with all staff in the centre to give an overview of the Policy on Upholding the Dignity and Welfare of Service Users and Procedure for Managing Allegations of Abuse against Staff Members so as to ensure they are aware of their role and responsibilities.

**Proposed Timescale:** 29/05/2015