<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-0004085</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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<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>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Type of inspection</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>14</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: 27 January 2015 09:30
       28 January 2015 10:30
To:    27 January 2015 18:30
       28 January 2015 19:30

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

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

This designated centre comprised of four units all providing residential services for residents with varying degrees of intellectual and/or intellectual and physical disabilities. The inspector found that this designated centre provided residential services for up to 18 residents across the four locations.

As part of the inspection, the inspector visited all locations and met with residents and the staff members. The inspector observed practices and reviewed documentation such as policies, personal 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 also reviewed questionnaires completed by relatives of the residents.

It became apparent over the course of inspection that one location that was part of this designated centre was very different in its purpose and function to the remainder of the designated centre locations. The residents who were supported in this location had differing levels of care, supervision and support needs than in the other locations inspected and this was reflected to the provider at the preliminary feedback meeting following inspection.

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 to bring this centre into full compliance with the Regulations. For example:

- Governance and Management
- Individualised Assessment and Care Planning
- Risk Assessment and Auditing
- Performance Management/Supervision of Staff
- Safe and suitable premises
- Policy Implementation
- 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 the preservation of privacy and dignity for residents.

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 were aware of residents specific needs and were observed comforting residents who were distressed. This was evident in interviewing staff regarding residents behavioural support needs, observing staff support such residents and reviewing resident’s care planning documentation in relation to their assessed needs.

The inspector found that resident's finances were respected in the majority of cases, however there was one resident who did not have any access to their finances and this was an issue for this resident. Having requested further information regarding this, the inspector was provided with information which demonstrated the past and on-going efforts being made by the provider to address this issue on behalf of the resident. 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 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 a complaint.
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.

**Judgment:**
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
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 and guided practice. Staff presented detailed knowledge of each individual’s communication needs, and the inspector observed this in interactions between residents and staff.

The inspector found residents had access to Speech and Language Therapy (SALT) and found evidence of assessment led practice in the area of communication. There was a folder available with accessible relevant information. There was also pictorial representation of pertinent information for some residents, for example, pictures of staff on duty, the food menu and areas of interest. Some personal plans reviewed were visually inviting and accessible for the residents. The inspector found that residents had access to appropriate communication media such as television, radio and newspapers/magazines. Residents spoken to informed the inspector that they are very happy with how they are spoken to and communicated with by staff. The inspector observed that staff had good rapport 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 cinema, football matches and meals out. The inspector noted efforts on the part of staff to ensure residents maintained links with their surrounding community and residents' spoke to the inspector about activities they enjoyed doing.

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. The inspector reviewed feedback questionnaires from a number of families that were complimentary of the services provided in this designated centre.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
Overall the inspector found that admission and discharge policy, procedure and protocol were appropriate within the designated centre. However as highlighted in the summary and under Outcome 13 (Statement of Purpose), the inspector found that this designated centre consisted of units with very different specific care and support needs. The inspector found that the majority of 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 most residents.

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 in this designated centre. The inspector saw evidence of social care needs being met for some residents. There were some appropriate arrangements in place to meet the resident’s assessed needs however, these were not always clearly outlined in the resident’s individualised personal plans. The inspector found variance in this area across the designated centre units which required improvement to meet the requirement of the Regulations.

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 friends and family and going bowling. Some residents informed the inspector they were happy with their social lives and the activities they were involved in.

The inspector found that all plans in the designated centre were not comprehensive or effectively reviewed in the designated centre. Regarding individualised assessment and personal planning, the inspector found variance in the standard of personal plans, care plans and person centred support plans in the designated centre. For example, the inspector found that some plans were clear and accurately maintained, updated and reviewed. However, the inspector also found resident plans that were not clearly maintained or reviewed. The inspector noted plans with outdated goals, plans not updated and plans that did not appropriately reflect resident's needs, wishes and preferences. In addition, some plans reviewed contained little evidence of resident involvement. Staff knowledge on the implementation of the providers standard operating procedures and the Regulations regarding individualised assessment and personal planning required improvement.

Judgment:
Non Compliant - Moderate
**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 this designated centre to meet the requirements of the Regulations.

The inspector noted in one unit there was a very strong smell of kerosene and found evidence of a previous leak in auditing documentation reviewed. The inspector found the condenser boiler was on the wall outside the utility room. This boiler had interconnecting pipes coming into the utility room. The smell of kerosene was so strong a maintenance person was called immediately. According to the maintenance person the condenser boiler exhaust was blowing fumes into the utility room. The inspector requested a carbon monoxide alarm be fitted immediately. This was done and the inspector observed same. The exhaust on the condenser boiler was also appropriately moved/modified by the maintenance person. The person in charge acted quickly and appropriately to address this matter on inspection.

The inspector noted considerable variance in the standards of premises across the four units. The inspector was informed two units were rented properties (HSE) and an engineer’s report confirmed that further work was required to ensure the ceilings met with fire safety regulations. However in following this issue up, the inspector was furnished with correspondence stating the premises is not considered 'potentially dangerous' having requested same.

The inspector found that one premises was purpose built and was maintained, decorated and equipped to a very high standard. Residents had their own rooms and this centre was homely, spacious and well maintained. However, other units in the designated centre were not as well resourced or maintained. The inspector found certain units that required further painting to the interior and exterior and internal décor such as kitchen units, doors and skirting boards in need of repair. One centre in particular was in a poor state and required painting and decoration. This premises was not homely and was very bare in terms of furnishings, pictures and home accessories. The inspector was informed this premise would be completely updated and improved following the completion of the pending ceiling works.

**Judgment:**
Non Compliant - Major
**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 some systems were operating regarding the management of risk. However further improvement was required regarding the implementation of risk management policy and some staff members understanding of the assessment and management of risk.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge had some auditing systems in place however these required further detail. For example, auditing the implementation of risk management protocols in the centre as per the risk rating matrix and also to ensure policy was being fully adhered to and implemented by all staff. The inspector found instances whereby care planning risk analysis assessments differed from the actual risk assessments and management plans. This was observed in the area of falls and behaviours of concern risk assessment documentation inspected. The inspector found that some behaviours of concern had not been fully or appropriately risk assessed and incident reporting protocols around same were not robust. The person in charge put some measures in place regarding this issue on inspection.

The inspector found a variance in staff understanding of risk assessment and risk management protocols across the units in the designated centre. However the inspector found that control measures and corrective actions had been taken in most cases despite risk assessments not being completed 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 found that systems were in place for the prevention and detection of fire required some improvement. 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 inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. However, as highlighted in the previous outcome, there were issues in one premises with the condenser boiler that were recorded in an audit but clearly not appropriately followed up. In addition, the inspector found that one emergency light required a maintenance
check and this was completed while inspection took place.

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 found that the provider had measures in place to protect residents from harm and the risk of abuse. However as highlighted in the previous outcome the lack of formal risk assessment in all areas requiring same and reporting of incidents required some improvement.

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 staff were knowledgeable in terms of behaviours that challenge/of concern and were appropriately equipped to manage same. The inspector found that one resident who displayed behaviours of concern had a detailed behavioural support plan. This resident however did not have risk assessment in place as part of his plan and a more robust reporting of this resident’s ‘risk’ behaviours was required as these behaviours correlated to the safety of the resident and the safety of others. It became
apparent on interviewing staff that an alleged incident was not followed up on in full. The provider/person in charge indicated this matter had not been reported to them by staff. The person in charge informed the inspector that appropriate reports of these behaviours will be immediately sent to the behaviour support team.

**Judgment:**
Substantially Compliant

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

**Theme:**
Safe Services

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

**Findings:**
The inspector was satisfied that a record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief Inspector.

The person in charge was fully aware of her regulatory responsibilities regarding notifications and had a list of all notifiable events. The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
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 residents attended day services from the designated centre and had transport in
Situ. Some residents were 'retired' and activated from the designated centre. One resident discussed her routine with the inspector which was very much 'choice' based. The residents were observed to enjoy a good quality of life with a variety of activities available to them. For example, art, walking, drives, shopping, social outings and photography. Residents told the inspector they enjoyed their service and liked bowling and spending time with their friends and families. The inspector reviewed 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 good knowledge of the residents they provided care for.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 11. Healthcare Needs</strong></th>
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<tr>
<td><em>Residents are supported on an individual basis to achieve and enjoy the best possible health.</em></td>
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**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 (referral made), Hospital/Specialist, Behavioural Support Team 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. 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 resident having choice at meal times and receiving good support in a dignified and respectful manner. The inspector joined residents for dinner (at the resident's request) which was a pleasant homely dining experience. The residents diet was carefully monitored to ensure specific health needs were being promoted.

**Judgment:**
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 was a qualified nurse and the inspector found that 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 some minor improvement was required to meet the requirements of the Regulations.

Medications were dispensed from the pharmacy in blister packs to promote the correct administration. A clear description of each medication is 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.

The inspector noted an instance whereby an administration sheet had not been dated so it was unclear when medication had been administered. In addition, the inspector found confusion with some staff members regarding medication error reporting protocols and ambiguity as to where this information is recorded and reported.

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. However, as highlighted in the summary, it became evident that one of the four units that made up this designated centre was substantially different in its purpose and function to the remaining services. The inspector found that services and facilities outlined in the statement of purpose while reflecting the care provided and the diverse needs of residents, ultimately was attempting to capture very different care needs under one purpose and function as one designated centre. This issue was discussed with the provider at preliminary feedback in terms of the proposed make up of this nominated designated centre.

**Judgment:**

Non Compliant - Moderate

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**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found that the person in charge was qualified and knowledgeable regarding her role. However, due to the short period the person in charge was in situ, the designated centre makeup and the person in charges responsibilities for the management of other designated centres, there were a number of areas required improvement. The inspector found that the operational governance and management of this nominated designated centre required further 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 assumed the position following the recent departure of the previous person in charge. The person in charge informed the inspector that a clinical nurse manager supported her in managing two units in the designated centre. The person in charge reported directly to an Area Director who in turn reports to the Regional 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 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 while very experienced and familiar with the organisation was new to the role of person in charge of this particular designated centre. This had an impact of the effectiveness of governance and management arrangements within the designated centre. This became apparent when inspecting the auditing documentation of the designated centre. For example care planning and risk assessment/management were not sufficient. While the person in charge had some good auditing in place further improvement was required in this area. This is discussed in Outcome 7. In addition, the person in charge was not attending all staff meetings or performance managing all staff in the designated centre. The inspector found that the clinical nurse manager who supported the person in charge seemed to be the predominant manager in two of the units in the designated centre from a governance, management, administration and operational perspective. Some staff identified this person as the person they would ‘report to’ as opposed to the person in charge. The inspector found this to be disjointed from an operational governance and management perspective.

The inspector found that the registered provider had not provided this nominated designated centre with effective governance and management arrangements. The inspector found:

- The person in charge was attempting to manage multiple designated centres and units and was recently given the nominated designated centre as an additional role. The inspector found that the person in charge was not fully involved in the effective management and governance of this designated centre.
- The nominated designated centre make up was not appropriate.
- The systems in place regarding the effective monitoring of services provided was inconsistent across all locations as evidenced in the variance in care planning, risk management and records and documentation in this centre.
- The governance systems regarding management of staff, performance appraisal and supervision were insufficient in the designated centre.
- The inspector reviewed provider audits completed, which outlined some corrective actions and changes. However the inspector also found areas that had been audited but
not appropriately followed up. For example, premises, risk management and care planning.

The registered provider informed the inspector (at preliminary feedback) that they were very aware of the deficits and that the previous person in charge's departure had not been foreseen.

**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. The inspector found that a local manager assumed local responsibility for the designated centre in the case of the person in charge's absence. The person in charge informed the inspector that she was also assisted in the running of two units by a clinical nurse manager. The role of person in charge was recently vacated and the person in charge was given responsibility for the centre for just over a month. In addition, the person in charge highlighted that her local manager and 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 not appropriately resourced in all areas to ensure the effective delivery of care and support in accordance with the statement of purpose.

The inspector was informed by the person in charge that the designated centre had funding and transport resources in place to meet the assessed needs of the residents. The inspector found this to be the case regarding resident's transport needs. However, given the failings identified regarding this nominated designated centre make up (as outlined in Outcome 13), the facilities (as outlined in Outcome 6) and governance and management (as Outlined in Outcome 14) demonstrates that further resourcing is required to ensure all parts of the designated centre are appropriately equipped to meet the needs of all residents.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**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 and skill mix 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 professional practices regarding recruitment, training and managing volunteers/students in place.

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 documentation and evidence of supervision/performance conversations having commenced with staff in line with organisational policy and regulatory requirement. However a system of
performance management had not been engaged in with all staff. The person in charge stated that she did not have supervisory/performance appraisal responsibility for all staff. This matter has been discussed under Outcome 14 Governance and Management.

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 policies and protocols in place in the designated centre. However further improvement was required to ensure complete and accurate records were being maintained in all units 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. 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 were secured appropriately. The inspector found a directory of residents was maintained by the person in charge and up-to-date. 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 variance across the units in the standard of records and documentation. For example, care plans, person centred plans, progress notes and risk assessments. All residents records were not maintained in a manner that ensured completeness and accuracy in all units of the designated centre.

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-0004085</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 January 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 April 2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All personal plans were not appropriately reviewed.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
The person in charge will:
1. Schedule a plan for review of all personal plans in the designated centre.
2. All personal plans in the designated centre will be reviewed and a comprehensive assessment of the health, personal and social care needs of each resident will be completed.
3. Schedule a six monthly review of all personal plans or more frequently as required to reflect changes in need and circumstance

**Proposed Timescale:**
1. 17/04/15
2. 26/06/15
3. 18/12/15

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans did not all demonstrate consultation and resident involvement.

**Action Required:**
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
The person in charge will:
schedule a meeting with each resident, his/her family and keyworker and will seek input from the relevant members of the multi disciplinary teams to ensure that a comprehensive assessment of health, personal and social care needs of each resident is carried out to ensure that this information is incorporated into each resident’s personal plan.

**Proposed Timescale:** 26/06/2015

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal plans were not all accessible to residents.

**Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.
Please state the actions you have taken or are planning to take:
The person in charge will ensure that all Personal plans will be made accessible to residents.

Proposed Timescale: 26/06/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not effectively monitored.

Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
The person in charge will:
1. Schedule a plan for review of all personal plans in the designated centre.
2. All personal plans in the designated centre will be reviewed and a comprehensive assessment, of the health, personal and social care needs of each resident will be completed.
3. Schedule a six monthly review of all personal plans or more frequently as required to reflect changes in need and circumstance

Proposed Timescale:
1.17/04/15
2.26/06/15
3.18/12/15
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All plans were not set out in a manner that promoted accountability so as residents objectives were accurate and appropriately followed up.

Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
The person in charge will:
1. Schedule a plan for review of all personal plans in the designated centre.
2. Ensure that following the review of all personal plans in the designated centre all
recommendations are recorded and will include: the rationale for any such proposed changes, names of those responsible for pursuing objectives in the plan, agreed timeframes.
3. Schedule a six monthly review of all personal plans or more frequently as required to reflect changes in need and circumstance

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
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</thead>
<tbody>
<tr>
<td>1. 17/04/15</td>
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<tr>
<td>2. 26/06/15</td>
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<tr>
<td>3. 18/12/15</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> All parts of the premises in this designated centre were not in a good state of repair internally and externally.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> 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.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>1. The Operations manager has been in consultation with the HSE regarding their two properties and the identified fire upgrade works will be completed by the HSE following a tendering process in line with public procurement procedures. The person in charge:</td>
</tr>
<tr>
<td>2a. On completion of the fire upgrade works, in both of the HSE properties, will agree a plan for painting and decoration to be completed.</td>
</tr>
<tr>
<td>2b. Will arrange for furnishings and accessories in one house in the designated centre [as identified in the report] to be purchased.</td>
</tr>
<tr>
<td>2c. Has prepared a schedule of work in one other house within the designated centre i.e. for painting/decoration to be completed.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong></td>
</tr>
<tr>
<td>1. 30/09/15</td>
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<tr>
<td>2a. 31/10/15</td>
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<tr>
<td>2b. 24/04/15</td>
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<tr>
<td>2c. 01/05/15</td>
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</table>

<table>
<thead>
<tr>
<th>Theme: Effective Services</th>
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</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> All parts of the premises in this designated centre were not suitably decorated or maintained.</td>
</tr>
</tbody>
</table>
Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
1. The Operations manager has been in consultation with the HSE regarding their two properties and the identified fire upgrade works will be completed by the HSE following a tendering process in line with public procurement procedures.
The person in charge:
2a. On completion of the fire upgrade works, in both of the HSE properties, will agree a plan for painting and decoration to be completed.
2b. Will arrange for furnishings and accessories in one house in the designated centre [as identified in the report] to be purchased.
2c. Has prepared a schedule of work in one other house within the designated centre i.e. for painting/decoration to be completed.

Proposed Timescale:
1. 30/09/15
2a. 31/10/15
2b. 24/04/15
2c. 01/05/15

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:
There was not a robust system of assessment, management and review of risk in all units of the designated centre.

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 person in charge will complete a robust review of risk in all units of the designated centre.

Proposed Timescale: 22/05/2015

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff reporting systems did not ensure all incidents were appropriately reported,
recorded and reflected in behavioural support planning.

**Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**
The person in charge will:
1. Schedule a refresher training programme for all staff within the designated centre on the policy on 'Listening and Responding to Individuals who Demonstrate Behaviours of Concern' (2014). This policy includes guidance on reporting and recording incidents.
2. Schedule a refresher training programme for all staff within the designated centre on report writing.
3. Include a review of accident/incident reports and behaviour recording reports as an agenda item on all staff team meetings.

**Proposed Timescale:****
1. 15/05/15
2. 15/05/15
3. 20/03/15

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**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:**
Medication administration records and staff knowledge of protocols required further improvement.

**Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
The person in charge will:
1. Provide refresher training on the Policy & Procedure on Medication Management (2014) to staff in all units of the designated centre.
2. Arrange for monthly audits of medication management systems to be completed in all units of the designated centre.

**Proposed Timescale:**
1. 15/05/15
2. 27/03/15
### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not appropriately reflect the differing and specific care and support needs within the designated centre.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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 registered provider will:
1. Submit an application of variance in registration for the units within the current designated centre to the Health Information and Quality Authority
2. Re-submit statements of purpose and function to reflect the differing and specific care and support needs within the new designated centres.

**Proposed Timescale:** 26/06/2015

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge was not fully involved in the governance, operational management and administration of all units in the designated centres.

**Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

**Please state the actions you have taken or are planning to take:**
The registered provider:
Has initiated the recruitment for management posts/persons in charge for the designated centre(s) i.e. one post to replace the post vacated by the person in charge [prior to the inspection] and 1 additional management/person in charge post. The recruitment of the management/person in charge posts will ensure the effective governance, operational management and administration of the designated centres concerned.
Proposed Timescale: 12/06/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All aspects of residents care, support and assessed needs were not effectively monitored.

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:
1. The registered provider:
   Has initiated the recruitment for management posts/persons in charge for the designated centre(s) i.e. one post to replace the post vacated by the person in charge [prior to the inspection] and 1 additional management/person in charge post.
The recruitment of the management/person in charge posts will ensure that all aspects of residents care, support and assessed needs will be effectively monitored.

2. The person in charge
   2 (a) Will schedule a plan for auditing each unit within the designated centre to include all aspects of residents care, support and assessed needs.
   2 (b) Will devise an action plan based on the outcomes of the audits in each unit within the designated centre.
   2 (c) Will monitor the implementation of the action plan for each unit within the designated centre.

Proposed Timescale:
1.12/06/15
2 (a) 17/04/15
2 (b) 17/04/15
2 (c) On a monthly basis commencing 27/04/15

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff were not supervised and performance managed in their role.

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 a schedule for performance management of all staff within
the designated centre.

**Proposed Timescale:** 15/05/2015  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
While a person in charge was in place the lines of accountability across units differed in terms of who was actually auditing and supervising staff.

**Action Required:**  
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.

**Please state the actions you have taken or are planning to take:**  
1. The registered provider:  
Has initiated the recruitment for management posts/persons in charge for the designated centre(s) i.e. one post to replace the post vacated by the person in charge [prior to the inspection] and 1 additional management/person in charge post.  
The recruitment of the management/person in charge posts will ensure that there is 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’

**Proposed Timescale:** 12/06/2015

**Outcome 16: Use of Resources**  
**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Resourcing needs further prioritising within this designated centre.

**Action Required:**  
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**  
The registered provider:  
1. Has initiated the recruitment for management posts/persons in charge for the designated centre(s) i.e. one post to replace the post vacated by the person in charge [prior to the inspection] and 1 additional management/person in charge post.  
The recruitment of the management/person in charge posts will ensure that there is 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’.
2. Will provide Resources for upgrading the units within the designated centre as identified under outcome 06
3. Will re-submit an application for variance in registration of the designated centre as identified under outcome 13

**Proposed Timescale:**
1. 12/06/15
2. 31/10/15
3. 26/06/15

### 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 Schedule 3 records and residents information was not maintained to an appropriate standard.

**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:

1. Schedule a review of all personal plans and documentation within all units of the designated centre.
2. Implement a monitoring system to ensure that all personal plans and documentation are maintained to an appropriate standard.

**Proposed Timescale:**
1. 17/04/15
2. 29/05/15