### Health Information and Quality Authority
Regulation Directorate

### Compliance Monitoring Inspection report
Designed 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>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002720</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Muiríosa Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Melia</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<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>0</td>
</tr>
</tbody>
</table>
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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 March 2015 10:30</td>
<td>18 March 2015 18:20</td>
</tr>
<tr>
<td>19 March 2015 12:00</td>
<td>19 March 2015 13:30</td>
</tr>
</tbody>
</table>

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

Summary of findings from this inspection

This was the first inspection of this designated centre operated by Muiríosa Foundation which is based in Kildare. The centre is home to one resident on a full time basis. As part of the inspection, the inspector visited the designated centre and met the resident and spoke with relatives and staff members. The inspector observed some practices and reviewed documentation such as assessments, personal plans, risk assessments and policies and protocols. On the second day of inspection, the inspector attended head office to review staff files.

The inspector found the centre was managed and run by a suitably experienced person in charge who was fully engaged in the management of the designated
centre, as well as supporting the resident during the week. The person in charge had systems of oversight and audit in place to ensure review of all aspects of care and support delivered in the centre. The inspector found that the management structure in place was effective, as evidenced through compliance across all of the areas inspected. Staff members expressed that they felt supported in their roles. Appropriate staff recruitment and supervision was in place. The inspector found that the staffing level on offer in the designated centre was suitable to the assessed needs of the resident.

Overall, the inspector found that the resident received a good quality service in this designated centre. The inspector found a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Two documentation issues were in need of improvement, as addressed in the action plan. The inspector spoke with the resident’s family who expressed satisfaction with the supports on offer in the centre.

The findings from this inspection are outlined in the report under the relevant outcome headings.
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:
The inspector was satisfied that the resident was consulted with and took part in the running of the centre as far as possible. The current resident was present at house meetings, and family members were actively encouraged and involved in planning the service and care provided. This was evidenced through records of minutes, and from discussions with relatives and staff.

The inspector was satisfied that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and the resident. The inspector saw the resident's room and found it had been suitably equipped and decorated to suit individual tastes and interests.

There were systems in place, guided by policies to ensure the personal belongings and finances of the resident were protected. For example, there was a ledger of all property owned by the resident, and a system for managing the resident's finances as will be discussed under outcome 8.

There was a complaints policy in place as required by the Regulations. In practice, the inspector was satisfied that the resident and their relatives were informed of how to make a complaint. There was a photographic display outlining the person in charge as the contact point for local complaints. The inspector reviewed the complaint log and found there to be no open complaints. Family members confirmed that they could easily raise any issues with members of the staff team or management, and that in the past any issues or concerns had been adequately addressed.

The staffing available in the centre ensured that the current resident was supported to
make choices as much as possible, and exercise control over the daily routines. The resident was provided with one to one support during the day and night. Overall, the inspector was satisfied that the resident’s rights, privacy and dignity were promoted, and that the resident and their representatives were consulted and involved in their care and the running of the designated centre in so far as possible.

<table>
<thead>
<tr>
<th>Judgment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant</td>
</tr>
</tbody>
</table>

### 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.*

<table>
<thead>
<tr>
<th>Theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualised Supports and Care</td>
</tr>
</tbody>
</table>

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

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

**Findings:**

The inspector found that the resident was supported to communicate in the designated centre. The inspector found that staff had a very good knowledge and understanding of how the resident communicated, and could clearly outline how the resident displayed different emotions. For example, pain, or distress. This was supported by clearly documented assessments such as communication care plan. The inspector found that there was a plan to expand on the use of photographs and visual timetables for the resident. The inspector saw push button technology for choice making, and the use of a tablet device in place in the designated centre. The inspector was satisfied that there was access to television, radio and wireless internet connection in the centre.

<table>
<thead>
<tr>
<th>Judgment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant</td>
</tr>
</tbody>
</table>

### 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.*

<table>
<thead>
<tr>
<th>Theme:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualised Supports and Care</td>
</tr>
</tbody>
</table>

**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 family were actively encouraged and facilitated to be involved in the resident's life on a consistent basis. The inspector met with the resident's family during the course of the inspection, and found there to be good communication between the staff in the centre, and the resident's family. The resident was supported to visit the family home twice a week, with staffing support provided to assist with this. The resident's family had been involved in the recruitment process for the resident upon opening of the centre.

The inspector found that the resident was supported to make and maintain links with the wider community. The inspector spoke with staff and also found documentary evidence that the resident had been facilitate to enjoy local community events such as parades, local GAA matches and the Men's Shed in the community. These links had brought about positive connections and new experiences for the resident. For example, attending dart's nights. The inspector determined that the resident was being actively encouraged to engage in activities and events within the wider community suitable to the resident's interests and preferences.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
The inspector reviewed the resident's files and found that there was a signed written agreement in place which outlined the terms and conditions of residence, what care and support would be delivered, and any costings associated with all aspects of care. For example the monthly cost of rent and contributions. The inspector was satisfied that these agreements detailed the services to be offered to the resident.

The inspector found that the admissions criteria for this centre was outlined in the Statement of Purpose, and supported by the organisational policy in relation to admissions, discharges and transfers.

Judgment:
Compliant
<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| 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 needs were assessed using a valid tool, and any identified need, risk or wish of the resident had been set out in a clearly documented plan. There were systems in place to ensure both the health and social care needs of the resident were being adequately assessed, planned, met and reviewed as necessary. The person in charge carried out monthly audits on the effectiveness of the overall care and support planning documentation to ensure it was continuously meeting the needs of the resident. These were reviewed by the inspector and discussed with staff and family members during the inspection. |
| The inspector spoke with staff and found that staff had a good knowledge of the likes, dislikes, needs and wishes of the resident, and the supports required across all aspects of their life. The inspector also reviewed progress notes, person centred support plans and care plans and found that the resident was encouraged to take part in new experiences similar to peers. The inspector determined that the resident, although living alone was encouraged to be social as much as possible, and take part in the local community. For example, attending community events such as the men's Shed and local sporting events. The inspector found that the resident was encouraged to take part in some of the daily chores of the home. For example, the resident's dog lived in the centre, and the resident brought him to the dog groomers on a regular basis. |

| Judgment: |
| Compliant |
### Outcome 06: Safe and suitable premises

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

**Theme:**
Effective Services

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

**Findings:**
The inspector found that the design and layout of the centre met the needs of the current resident living in the centre.

This designated centre is a bungalow, which comprises of a large kitchen area, a living room, hallway, separate utility room, bathroom, an activity/ sensory room, staff room, and the resident's large bedroom which has an adapted and equipped en-suite shower and toilet. The inspector found that the centre was warm, bright and nicely decorated, and kept to a very good standard. The centre was clean and had sufficient equipment to assist the resident with daily living. The centre was located within walking distance of the local town. There is a large patio area at the back of the centre.

The inspector was satisfied that the premises met the requirements as set out in Schedule 6 of the Regulations.

**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 was satisfied that the fire detection and alarm systems, fire fighting equipment along with the emergency lighting systems were routinely checked and serviced by a relevantly qualified professional. Records in relation to these routine checks were well maintained. There was clear evidence of a number of fire evacuation drills carried out at different times of the day, to ensure that the staff knew the
procedure in the event of an evacuation. Personal evacuation plans were documented on the resident’s files. Staff could discuss the content of these plans with ease. There was an emergency pack in an easy location for staff to take in the event of the emergency plan needing to be implemented.

The inspector found that risks were well identified, assessed, managed and reviewed in the designated centre. This practice was guided by the organisational policy on risk management, and a local risk register was in place. The inspector found both clinical and environmental risks were well managed and documented in the centre. For example, risk assessments were carried out and reviewed regularly in relation to the risk of malnutrition, risk of skin breakdown and the risk of falls. The inspector observed controls in place to alleviate these risks. The inspector found that the centre responded to any adverse event with a risk management approach, for example carrying out risk assessments following accidents, incidents or near misses.

Documentation and procedures in relation to health and safety, including food safety, infection control, risk management and emergency planning were all in place as required by Schedule 5. The inspector was satisfied that there was clear guidance for staff across all these areas to ensure the health and safety of residents, staff and visitors was being promoted at all times.

**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

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

**Findings:**
The inspector found that the resident living in the centre was safeguarded and protected from harm in the designated centre.

There was a policy in place on safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. An additional policy outlined how the organisation responded to allegations or suspicions against a staff member. The inspector noted that these policies were in need
of review to reflect changes to national policy. The inspector spoke with staff members and found them to be knowledgeable in identifying how the resident would present should they upset, distressed or if something was wrong. From reviewing the training records, the inspector found that staff had received training in safeguarding and protection. Staff confirmed that they had attended this training, and could outline to the inspector what they would do in the event of a suspicion of abuse or harm.

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and through discussion with staff, the inspector determined that the centre was promoting a restraint free environment as far as possible. Certain restrictions were in place to support the resident's safety. For example, the use of a lap belt and the use of a bed rail. The inspector was satisfied that all restrictions were risk assessed, monitored and reviewed on an ongoing basis. There usage was well documented and monitored, and there was clear rational for the use of any restriction.

From discussion with staff and the review of the resident's care plan, the inspector found that the resident did not need any particular supports in relation to behaviour that may be deemed as challenging. There was a policy entitled "Listening and responding to individuals who demonstrate behaviours of concern" in place, and this offered clear guidance to staff should it be needed.

The inspector reviewed practices in relation to the protection of the resident's finances and found an effective system in place in the designated centre to safeguard residents' local spending. However, the inspector found that a system was needed so that the person in charge or resident's representative had clear records to ensure effective oversight of all activity relating to the residents PPA account. This was discussed with the person in charge and provider nominee at the time of inspection, who assured the inspector that future records would clearly outline this.

Judgment:
Compliant

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

Theme:
Safe Services

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

Findings:
The inspector found a system in place to record all incidents occurring in the designated centre. The inspector found that two quarterly notifications had not been submitted for
this centre in June and September of 2014. The provider nominee forwarded these
documents to the inspector the day following the inspection.

The inspector found there to be no other incidents that should have been notified to the
Chief Inspector.

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:**
The inspector was satisfied that the resident was supported to participate socially in
activities suitable to their age, interests and needs. The inspector spoke with staff and
reviewed documentation and found that the resident was provided with suitable
activation in line with their own goals and preferences and relevant to their changing
needs. The resident did not avail of formal day services or employment, but was availing
of individualised support run from the centre, with one to one staffing which ensured
the resident could access any community based activities suitable to their interests and
preferences. For example, attending local GAA matches, being a part of the Mens’ Shed
programme, and trying new activities such as falconry. The inspector determined that
the resident had meaningful activation during the week supported by the staff in the
centre and family.

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:
The inspector was satisfied that the resident was supported to achieve and enjoy their best possible health.

The inspector found that access to allied health care professionals was timely, and appropriate referrals and treatment sought to meet the resident's particular health care needs. For example, the inspector saw evidence of access to General Practitioner, Occupational therapy, Neurology and dietician services. The inspector found that any identified need or risk in relation to health care, had a clearly documented plan in place to show supports required to meet those needs. For example, the resident had weekly visits from the physiotherapist to check respiratory status, there was also a feeding regime put in place by the dietitian to assist staff to support the resident who was on a PEG feeding tube.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
The inspector was satisfied that the resident was protected by safe medication management practices in the designated centre. There were medication management policies in place, along with local procedures and protocols. For example, local guidelines on medication management specific to this centre, and the resident's needs. The inspector found clear information on the side effects of all medication prescribed to the resident.

The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be adequate. Medication was stored securely, and was administered by social care staff. The inspector found evidence staff had received training in the safe administration of medication, and this was routinely refreshed. Staff had also received specific training in aseptic technique to ensure good infection control in relation to the administration of medication by syringe through a PEG tube.
There were written protocols in place for all PRN (as required) medications, and signed by the GP. These outlined maximum dosage in a 24 hour period, and clear rational for their use. There was also clear guidelines on the use of emergency medication for the event of a seizure, and weekly checks carried out by staff on the medication to ensure it was stored correctly and in date.

Overall the inspector determined that the resident was protected by safe medication management practices in the designated centre.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

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

Findings:
The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector was satisfied that this document clearly outlined what services and facilities were on offer to the resident living in the centre. Through observation, the inspector determined that the statement of purpose was a true reflection of the care and support offered to the resident.

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:
The inspector found that there was a clear management structure in the designated centre, and organisation. The person in charge reports directly to the local manager, who reports to the area Director, who had the role of provider nominee. The inspector found that there were clear lines of authority and accountability for the residential staff working in the centre. Staff confirmed that they were clear on these lines of authority. There was clear communication in place in the centre, with staff meetings evidenced on a monthly basis with the person in charge and staff team.

The person in charge worked full time in the centre and had relevant experience and skills suitable to the role. The person in charge could talk with ease about the health and social care support needs of the resident living in the centre. At the time of report writing, the provider had not received proof of qualifications for the person in charge, who had completed a social care qualification in 2010. The provider was currently working on obtaining this from the relevant institute.

The inspector was satisfied that there were effective management systems in place in the centre. There was a system of audit and review put in place in the designated centre, with evidence of ongoing audits completed by the person in charge and staff, to capture key areas of care and support. For example, monthly audits on the effectiveness of the care plans. The findings and action plans of both the provider six monthly inspection, and the yearly audit were reviewed by the inspector. These identified areas of improvement across some outcomes. The inspector evidenced that the action plan generated from these audits had begun to bring about positive changes in the centre.

Judgment:
Substantially Compliant

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 arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of
longer than 28 days at the time of the inspection, and the person in charge and provider nominee were fully aware of the requirements to notify the Authority of any such absence.

Judgment:
Compliant

### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

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

**Findings:**
The inspector found that the centre was adequately resourced with staffing and transport to sufficiently meet residents' assessed needs. The centre was suitable equipped with equipment and facilities to deliver care and support in line with the Statement of Purpose. A wheelchair accessible vehicle was available in the centre.

Judgment:
Compliant

### Outcome 17: Workforce

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

**Theme:**
Responsive Workforce

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

**Findings:**
The inspector determined that there was an appropriate number and skill mix of staff in the designated centre. The centre was staffed with social care workers with access to a staff nurse for guidance or health care advice. The inspector reviewed the staffing roster
and found that staffing levels were suitable for the needs of the current resident. The staffing allocations had been adjusted to suit the needs and routine of the resident. For example, the placement of a second staff for certain periods in the day to assist with personal care. There was also flexibility within the staffing team in assisting the resident while in the family home, to ensure family visits were facilitated.

The inspector found that there was a wide variety of education and training available to staff in the designated centre to ensure they were skilled to meet the needs of residents. Training records determined that staff working in the centre had up to date training in all the mandatory fields. For example, fire safety, the reporting and responding to abuse, manual handling and medication administration. Other training had been delivered to staff to the benefit of residents. For example, aseptic technique. The inspector spoke with the person in charge and staff and reviewed documentation, and found there to be an evidenced system of supervision and performance reviews in place in the designated centre. Any extra training needs or requests could be discussed through these performance conversations.

Staff files were reviewed on the day following this inspection at the provider's head office in Moore Abbey. The inspector was satisfied that the staff files were reviewed contained the required information as outlined in Schedule 2 of the Regulations. The inspector found good practice regarding the maintenance of staff records, and determined that staff were recruited, selected and vetted in accordance with best recruitment practices.

**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 systems in place to maintain complete and accurate records. Documentation in relation to the care and support offered to the resident was
organised, and ensured that identified needs were clearly addressed and met. Documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, as required by Schedule 5 of the Regulations.

Staffing records were maintained as required and outlined under outcome 17 Workforce, and the inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Louise Renwick
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 Muiriosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002720</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>18 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 June 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 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 provider had not gained documentary evidence that the person in charge was suitably qualified.

Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A - The Person in Charge is awaiting the Court of Examiner Hearing in College in relation to ascertaining his results from Year 2 Social Care Studies
B - If this is unsuccessful the Person in Charge has agreed to repeat Year 2 Social Care Studies.

Proposed Timescale: A – 30/06/2015       B – 30/06/2016

**Proposed Timescale:** 30/06/2016

---

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy in relation to Safeguarding and protection of vulnerable adults had not been reviewed and updated to include changes to national policy in December 2014.

**Action Required:**
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
The organisation’s policy will be updated to include national policy guidance as soon as the safeguarding teams have been put in place by the HSE. At the time of inspection the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures was available in the designated centre and this continues to be the case.

**Proposed Timescale:** 31/12/2015