

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0002742
<b>Centre county:</b>	Offaly
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Heather Hogan
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **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:	To:
14 July 2015 10:00	14 July 2015 17:00
15 July 2015 10:00	15 July 2015 14:45

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

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

**Summary of findings from this inspection**

This designated centre comprised of one location providing residential services for 6 people with varying degrees of intellectual and physical disabilities. There was 1 vacancy at the time of this inspection.

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

training records.

The inspectors found that there was evidence of good practices in a range of areas and ultimately found a safe and caring service provided to residents. Inspectors found some areas that required minor improvements in order to achieve full compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. For example, social care assessment, healthcare monitoring and more detailed training in safeguarding and safety. However overall this centre was found to be in substantial compliance with the Regulations.

This centre was inspected as part of a previous monitoring inspection as part of another designated centre, but was subsequently put forward for inspection as a designated centre in its own right. Inspectors found that the provider had improved in areas highlighted in the previous inspection and was providing a good standard of care to residents in this centre.

**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):**

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

**Findings:**

The inspectors found that residents were consulted with and participated in decisions about their care in accordance with needs, wishes and abilities. Residents and families were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected, including receiving visitors in private.

Residents in this centre were found to be communicated with appropriately in a kind and caring manner. Inspectors found staff advocacy on residents behalf was very important in this centre, particularly for residents who did not communicate verbally. The inspectors found staff who presented as very caring and who knew the residents very well. Some residents displayed specific behaviours that meant staff support was very important. Resident meeting minutes were reviewed which took place monthly and included issues such as promoting activities and mealtime choices.

Each resident was enabled to exercise choice and control over his/her life in accordance with individual preferences, abilities and capacities. The person in charge was person centred and articulated the importance of continually ensuring residents were supported in terms of community integration and skills development. The person in charge presented as passionate in her advocacy for residents as did all staff spoken to on this inspection.

There was a complaints procedure found so as each resident, their family, advocate or representative could make a complaint. There were no complaints in the complaints log at inspection time and the inspectors reviewed a number of compliments from residents'

families.

Each resident had their own room and personal space within the designated centre to enjoy privacy. The inspectors found that consultation and residents rights were promoted in this designated centre through on-going interaction by staff, planned programmes and professional staff.

Residents rights, dignity and consultation needs were found to be met in this centre on this inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspectors found communication systems in place to facilitate resident's communication needs.

There was a communication policy in place and personal plans reflected residents' communication needs. The inspectors found residents with specific communication needs were facilitated through assessment led guidance and professional care-giving.

For example, the use of object cues, picture prompts, hand over hand assistance and body-language. Residents who communicated verbally informed the inspector they were very happy in the designated centre and were observed enjoying a good rapport with staff who were familiar to them.

Residents were observed being communicated with in a caring and supportive manner by the staff on duty. Staff presented as knowledgeable of residents communication plans.

The inspectors found that residents had access to appropriate communication media such as television, radio and newspapers/magazines. The inspector found on-going dialogue with families regarding residents' assessed and communication needs.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that residents were supported to develop and maintain personal relationships and links with the wider community in accordance with needs, wishes preferences and abilities.

Families were encouraged to get involved in the lives of residents. Families were invited to communicate and participate with the provision of care to residents. The inspector found family communication was logged and there was clear records maintained around family involvement and contact.

Residents had pictures of family members in the designated centre. Residents were observed to integrate into the community with support. Staff supported residents to attend a local services, socialise in the locality, attend music events and do the house shopping in the local supermarket. The person in charge stated continual work was required to ensure all residents had appropriate access to their community on a on-going basis.

**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):**

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

**Findings:**

All residents had contracts for the provision of services in place and an organisational admissions policy was in place which was reflected in the Statement of Purpose. All residents reviewed had suitable arrangements in place as per organisational policy and regulatory requirements. There was one vacancy in the centre at time of inspection. The admission process was reviewed and found to be known by staff and consistent with the procedure outlined in the statement of purpose.

**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):**

No actions were required from the previous inspection.

**Findings:**

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs were clearly and accurately set out in an individualised personal plan, that reflected resident's needs, interests and capacities. Personal plans were found to be drawn up with the maximum participation of each resident. Inspectors found some minor improvement was required in the area of detailed goal setting with set timelines and reviews in residents personal plans.

The inspector reviewed a number of personal plans which contained up to date care plans for all aspects of service provision and care for residents. Residents were found to have good and active social experiences in this centre. For example, comedy shows, music events, dog racing and horse racing. Residents attended day services and participated in daily and weekly activities. Inspectors observed residents being treated very well in this centre throughout inspection.

In discussing social care needs, the inspectors found that residents enjoyed going on outings and had plans in place that were kept in their rooms and reflected their interests. The inspector found that residents had busy schedules and good levels of social activities in their lives. The person in charge stated that while new in her role, she

was a keen advocate of ensuring continued goal setting and skill development for residents. All aspects of care were clearly documented in personal plans, updated accordingly and kept under appropriate review.

However the inspectors did find some improvement was required regarding some social goals/objectives for residents that were not appropriately updated. For example, 2013 and 2014 goals on resident's plans that had not been amended and updated with new goals set with clear timeframes and persons responsible identified. The person in charge highlighted this was an area that would be focussed on and improved.

**Judgment:**

Substantially 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):**

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

**Findings:**

The premises of the centre were suitable to meet the needs of residents as outlined in the statement of purpose. Inspectors found that resident's individual and collective needs were provided for in a homely and comfortable way.

The service was provided in a bungalow located in an urban setting. There were sufficient parking facilities at the front of the premises for vehicles and the bus and cars available to residents. The rear of the house contained a large enclosed garden area with an outside table and patio area all of which was available for residents' use.

The interior was appropriately decorated and presented in a homely manner. All residents had their own bedrooms which were personalised with photographs, posters and contained ample storage space. A sitting room was well decorated and homely and residents were observed relaxing in same. A conservatory was at the rear of the premises where some residents enjoyed spending time.

Inspectors found one resident was moving to a more spacious room in the centre at time of inspection and this was being done in a consultative manner with this resident. There was one vacancy in the centre at time of inspection. Inspectors found that there were appropriate kitchen and dining facilities in the centre to meet the needs of residents.

Adequate heating, lighting and ventilation was observed throughout the inspection.

There was a sufficient amount of baths, showers and toilet facilities to cater for all residents needs. A large assisted bathroom was accessible to all residents requiring support and appropriate equipment such as hoisting, shower chairs and a supported bath was provided.

Inspectors saw evidence of on-going maintenance checks and the centre was found to be in a good state of repair.

**Judgment:**

Compliant

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

Overall residents were protected in this centre and there was a good culture regarding the management of risk and the promotion of the health and safety of residents.

Organisational and location specific safety statements were in place. A risk register was also reviewed by inspectors which contained centre specific risks such as manual handling, the use of hoists, oxygen use and chemical agents. Corresponding risks assessments for such risks were also seen by inspectors which had been recently reviewed.

All staff had been provided with manual handling training within the last 3 years and the use of oxygen was appropriately provided for in the designated centre. Inspectors found risk assessments, risk management plans and control measures regarding identified risks such as manual handling practices, safe resident moving/handling, slips, trips and falls. The person in charge and staff were familiar with risks, how to report incidents and how to implement control measures to reduce risk.

Inspectors reviewed the fire register and found evidence of maintenance checks on the fire detection system, emergency lighting and fire extinguishers having been carried out. Fire drills were regularly conducted at varying times of the day and it was noted that recent drills had seen a reduction in the time taken to effect an evacuation.

All staff had undergone fire training and all residents had personal evacuation plans in

place. Staff members spoken to were knowledgeable about the contents of such plans. The designated centre had a recently updated emergency plan which dealt which outlined the actions to be taken for incidents such as fire, electrical failure and a cut in the water supply.

Alternative accommodation and transport facilities were also provided for. There were some minor changes necessary to the centre's emergency plan to ensure that appropriate procedures were followed by staff in the event of an evacuation. These changes were made and evidence of same was provided to the Authority. This ensured all evacuation plans contained sufficient detail to guide staff in the event of an evacuation being required.

**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):**

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

**Findings:**

The inspectors found that the residents living in the centre were appropriately safeguarded and protected from abuse and harm in the designated centre. The inspectors found that there was some improvement required regarding staff understanding of the different types of abuse.

The inspectors found policies 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. Inspectors found there was a reporting system in place to report to a designated liaison person and mechanisms to manage abuse allegations and disclosures if they arose.

However the inspectors found that staff spoken to while familiar with reporting mechanisms and the importance of resident safety, were not fully aware with of the different types of abuse residents were vulnerable to and the exact mechanisms in place to report where and when required. However in discussing this area with staff and the person in charge the inspectors were satisfied that residents were safe and protected

and that this issue could be addressed with more focussed training and local review of newly implemented policy.

There were clear policies in place on the use of restrictive procedures. On review of documentation and through discussion with staff, the inspector determined that the centre was promoting a restraint free environment in as far as was possible. Certain restrictions were in place to support the resident's safety. For example, the use of lap-belts to prevent residents from falling. All restrictions were risk assessed, monitored and reviewed on an ongoing basis. There usage was well documented and monitored, and there was clear rationale for the use of any restriction within the designated centre.

Appropriate training had been completed by staff in the areas of protecting vulnerable adults however as highlighted above this area required some further attention.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed an incidents log within the centre and found that all issues which required notification to the Authority had been done within the required timeframe. The person in charge was also knowledgeable about which incidents required notification.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors were satisfied that the residents were supported to participate socially in activities suitable to their age, interests and needs. The inspectors observed residents, staff and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals and preferences and relevant to their needs.

The inspectors found that some residents attended day services while others had individualised activation programmes provided from their home. The inspectors were satisfied that residents were encouraged to pursue interests and lead fulfilled and meaningful lives in line with their assessed needs. The inspectors viewed a relaxed atmosphere whereby residents were not hurried in the centre and moved at their own pace in terms of going out and attending day services. Residents had choice as to what they did and where they went and had alternative options available if they did not want to attend day services. Residents spoken to were satisfied with arrangements in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health. However some improvement was required in the area of prompt referral to services and effective monitoring of specific healthcare needs.

Residents had clearly documented healthcare plans that demonstrated residents were being supported in their health care needs in accordance with their care planning. The inspector saw that residents had the opportunities to access allied health professionals such as G.P., physiotherapist, dentist, and psychiatry. Residents had access to specialist services and hospital appointments when and where required.

Inspectors found that there were;

- Epilepsy care plans in place.
- SALT recommendations in place.
- Eating, drinking and swallowing care plans in place.
- Resident weight and BMI assessments.
- MUST Assessments and Food and Nutrition Guidance.
- Body Chart/Bruising Assessments.

Inspectors noted a resident (with complex needs) who was very unwell at inspection time was given appropriate care and support. This resident was seen by the GP and required anti-biotics. Nursing and care staff remained with this resident at all times and provided person-centre care and support. A friend of the resident was facilitated to visit to provide further support.

Inspectors found that while there was referrals made to services when required there was one instance of a delayed referral of one resident with dysphagia following a choking incident. Inspectors found that an appropriate view did not take place in a timely way after this event. In addition, inspectors found improvement was required in terms of the monitoring of residents blood pressure recordings and oxygen level checks as these practices were not found to be in line with policy direction.

Regarding food and nutrition residents were observed to be provided with healthy home cooked meals. The inspector discussed meals and food with staff who clearly highlighted that they promoted choice regarding what the residents ate and when they ate. The inspector observed menu choices, healthy eating promotion and residents having the freedom to choose food and access food as they wished. Residents were observed eating healthy meals and the inspector noted residents were provided with wholesome and nutritious food and had ample food, drinks and snacks available.

**Judgment:**  
Substantially 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):**

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

### **Findings:**

Appropriate procedures regarding medication management were in operation within the designated centre. All staff were trained in the safe administration of medication and nursing staff was a continuous feature on the roster in this designated centre.

A medication management policy was in place which outlined the steps to be taken by staff in the medication management cycle. A medication audit had recently been carried out by the person in charge where identified issues were subsequently addressed.

Medication in use was securely stored within the designated centre but adequate provision for the storage of medication to be returned and medication to be refrigerated was not in place during the inspection. This was highlighted during feedback and where the Regional Director representing the provider undertook to address this.

The medication administration records of residents within the centre were reviewed by inspectors. It was noted that some residents had different template documents for such records in place but these documents were accurately maintained and legible.

Inspectors reviewed an incidents log within the centre and found no evidence of a medication error having taken place. Staff members spoken to were familiar with the procedure to be followed in the event of medication error taking place. All staff within the centre had received training in the safe administration of medication. Inspectors found that there were satisfactory PRN (as required) medication protocols in place for all residents.

Inspectors were satisfied that residents were protected by safe practices regarding medication management in this designated centre based on this inspection.

**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):**

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

**Findings:**

The designated centre had a statement of purpose in place which complied with the Regulations. Inspectors reviewed the statement of purpose and noted the regulatory requirements had been met. The statement of purpose reflected the nature of the services, facilities and care provided in the designated centre as is required by the Regulations.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Overall the inspector found that the quality of care and experience of the residents was monitored and developed on an on-going basis in this designated centre. The inspector found that effective management systems were in place that support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability within the designated centre and the organisation.

The inspector found the centre was managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had appropriate experience in a variety of roles and had considerable and appropriate experience in the management of services for people with intellectual disabilities. The person in charge had appropriate qualifications in nursing and demonstrated a good understanding of the Regulations and Standards.

The person in charge was newly appointed and commenced on 26 June 2015 and was completing a detailed induction with local and regional management. Inspectors were satisfied with existing and planned audits carried out in the designated centre in areas such as care planning, healthcare assessments, health and safety and resident finances. The inspector found evidence of unannounced visits and audits and action/work plans devised by the providers management team to improve services in the centre.

The inspector found that the person in charge and persons involved in management had very clear and comprehensive oversight over the level of care provided to residents and were very accessible to residents. The person in charge highlighted various checking systems in place to ensure she was fully aware of the care provided in the designated centre. The person in charge presented as very much an operational manager who was 'hands on' within the designated centre.

The inspector found there were clear lines of authority whereby the person in charge was supported by another organisational manager whom was also present at inspection.

The inspector found that staff were satisfied with structures in place and found clear and accurate rosters, staff training schedules and performance management systems were in place.

Performance management reviews with staff had been conducted by the previous person in the charge. The current person in charge had a schedule for further performance reviews was seen by inspectors for the months ahead.

A series of audits carried out by the previous and current person in charge were read by inspectors. These included areas such as fire safety, health and safety and medication. Such audits identified any issues that required addressing, the necessary corrective action, the person responsible and a timeframe. During inspection it was observed that matters raised in such audits had been addressed.

Minutes of team meetings were also seen by inspectors where issues related to the running of the centre and residents' individual needs were discussed and actioned where necessary.

**Judgment:**  
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):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was deputising arrangements whereby the local area manager would oversee and manage the designated centre in the absence of the person in charge. The inspector found there were no instances whereby the current person in charge was absent for 28 days or more (as she had only recently commenced). The person in charge was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration. The provider had liaised appropriately with the Authority regarding the management of this centre.

**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):**

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

**Findings:**

The inspectors found that the centre was resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The inspectors found that this was evidenced through the positive outcomes for residents such as their quality of life, levels of activity in their lives, and care delivered by staff. The resident's home was well maintained, staffed and transport was available to residents as required. The inspector found that the designated centre was sufficiently resourced to meet the needs of all residents.

**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):**

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

**Findings:**

There was an appropriate number of staff with the necessary skill mix to meet the needs of residents. Inspectors found that staffing, training and recruitment in this centre was of a good standard and met the requirements of the Regulations.

The centre's statement of purpose provided for two staff members to be present in the centre at all times. A review of staff rosters confirmed that this was the case and it was noted that the staffing numbers provided were reflective of residents' needs. Staff members observed during inspection were seen interacting with residents in a warm and

caring manner.

All members of staff had received appropriate training to ensure that the needs of residents were met. Staff members spoken to indicated that they could approach management of the centre for further training should the need arise. As highlighted under Outcome 14 performance management reviews had taken place where training needs were discussed.

Staff files were held centrally by the provider which were reviewed previously by an inspector and found to be in compliance with the Regulations. There were no volunteers working in the designated centre at the time of inspection however there was a C.E. (Community Employment) worker in place who was supervised appropriately.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The required Schedule 5 policies were in place in the designated centres. Inspectors reviewed the directory of residents and found that it contained all the information as required by the Regulations. All documents requested during the course of the inspection, such as visitors' log, staff rosters and residents' care plans were promptly provided. Inspectors found that residents records, plans, assessments and files were appropriately reviewed and maintained in manner that ensured completeness, clarity and accuracy.

**Judgment:**

Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0002742
<b>Date of Inspection:</b>	14 July 2015
<b>Date of response:</b>	10 September 2015

### Requirements

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

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

### Outcome 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 social goals/objectives for residents were not found to be fully up to date in personal plans highlighting clear timelines and person responsible for implementing same.

**Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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 review all PSCP'S with the individual, their family and their keyworker, to update all goals and set specific target dates for achievement. All goals will have appropriate review dates.

The Person in Charge will audit all goals monthly and this is an item on team meetings. Person in Charge has set PSCP training for all staff on 14th September 2015.

**Proposed Timescale:** 30/10/2015

**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:**

All staff were not aware of the different forms of abuse and exact mechanisms in place for reporting same.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**

- The Person in Charge has discussed with all staff at a team meeting on 11th of August 2015 the reporting of all concerns of abuse as per the Trust in Care policy and The Safeguarding Vulnerable Persons.
- Safeguarding will remain an agenda item for all team meetings.
- The person in charge will complete a specific workshop with all members of the staff team on various types of abuse to include scenarios on the various types of abuse in the form of an action learning set.
- This training with specific reference to the various types of abuse will remain agenda item on house meetings to enhance awareness of staff knowledge.
- The Person in charge will provide ongoing review of clinical incidents to ensure that appropriate safeguards are implemented to prevent risks of incidents re-occurring as far as is reasonably possible.

**Proposed Timescale:** 13/10/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

All residents were not provided with timely referral to allied health professionals.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**

The Person in Charge will ensure all referrals will be forwarded in a prompt and timely manner to an appropriate professional as required following an incident that requires assessment.

The Person in Charge will monitor all incidents and take immediate and appropriate action as required.

The Person in Charge has discussed with all staff at team meeting on 11th August 2015 the importance of timely referrals to allied professionals for all incidents that require assessments.

**Proposed Timescale:** 11/08/2015

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no evidence that resident's blood pressure and oxygen levels were appropriately checked and recorded as prescribed.

**Action Required:**

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

**Please state the actions you have taken or are planning to take:**

The Person in Charge will review all health care monitoring needs and set up a health care check list. This will ensure that all health care monitoring are carried out as required and documented in care plans.

The Person in Charge will audit the health care check list on a monthly basis.

**Proposed Timescale:** 18/09/2015

