Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0003957
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Jillian Connolly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	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 10:30	14 July 2015 18:00
15 July 2015 09:30	15 July 2015 17:00

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

The designated centre consists of two community houses located in a town in Co. Westmeath. The designated centre is operated by the Muiriosa Foundation. This inspection was conducted following an application by the provider to register the designated centre under the Health Act 2007. The application was to provide services for seven residents, as of the day of inspection there were six individuals residing in the designated centre.

This was the second inspection conducted in the designated centre. At the time of the initial inspection, the centre consisted of five community houses. However following on from this, the service was re configured which resulted in the two

community houses reported on in this report constructing one designated centre. The centre currently provides services to both children and adults. Whilst the designated centre can provide services to seven residents, due to the individual needs of residents residing in the centre, the occupancy as of the day of inspection was six . The inspector was informed that this would remain as the maximum occupancy for the near future and was clearly stated in the Statement of Purpose of the organisation. As part of this inspection, the inspector followed up on the matters arising from the previous inspection and found that actions had been taken to address the failings previously identified.

The inspection was facilitated by the person in charge. Feedback was provided to the person in charge, area manager and provider nominee at the close of inspection. The inspector met with residents, relatives and staff during the course of the two days. The inspector also observed practice and reviewed documentation. Residents and their families reported satisfaction with the service provided. Relatives were complimentary regarding the staff and stated that they felt their loved ones were safe.

Compliance was identified in thirteen of the eighteen outcomes inspected. Moderate non - compliance was identified in three of the outcomes, medication management, health and safety and risk management (primarily in the area of fire management) and records and documentation. Substantial compliance was identified in the governance and management of the centre and the general welfare and development of residents.

There were nine failings of regulation identified on this inspection, seven of which are the responsibility of the registered provider and two of which are the responsibility of the person in charge.

The action plan at the end of this report identifies the failings and the actions the provider/person in charge is required to take 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.

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):
No actions were required from the previous inspection.

Findings:
The organisation had policies and procedures in place regarding the management of complaints. There was an accessible version of the complaints' procedure located in a prominent position within the designated centre. There was a record of complaints maintained in the designated centre in a secure location. The inspector reviewed these records and was assured that all complaints were managed in line with the policy of the organisation and as required by Regulation 34. The outcome of the investigation was clearly documented inclusive of consultation with the complainant. The person in charge was the complaints' officer and the area manager was the person responsible for ensuring that all complaints were managed in line with regulation. Documented evidence supported that complaints were audited on a monthly basis by the person in charge and a report issued to the area manager. This information was then communicated to the regional director, who is nominated by the provider for the purposes of engaging with the Authority. Relatives who met with the inspector during the course of the inspection stated that they had never had to initiate the complaints' process however felt that if they did have a concern, they could communicate openly with the provider without adverse effect to their loved one.

Residents had access to an external advocate and their details were communicated in an accessible manner to residents. There was evidence that residents had been supported by the advocate if necessary. The inspector observed staff to engage with residents in a respectful and dignified manner. Each resident had their own bedroom and therefore were provided with the appropriate space for privacy if chosen. The inspector confirmed that all personal information regarding residents were stored in a secure location and of the sample of personal files reviewed, the language utilised was respectful and age appropriate. A record was maintained of communication which occurred with each

individual resident regarding the organisation of the centre and decisions regarding their care. Relatives stated that they were informed of all aspects of their loved ones life and were regularly invited to attend meetings however that it was clear at the meetings that the resident had the central role. Relatives further stated that the methods of communication utilised such as pictures facilitated this process to ensure that the engagement was meaningful and plans were led by the wishes of the residents.

Residents were supported to engage in a variety of recreational activities. The inspector noted that the activities provided opportunity for enjoyment and skill building, which promoted the autonomy and independence for the resident. For example, residents were supported to access local amenities independently following a risk assessment and the identification of control measures. Residents' also partook in cookery programmes within their home which was an activity for enjoyment and learning. Residents showed the inspector photographs of them partaking in activities and communicated to the inspector that they enjoyed the activities they took part in.

The centre had policies and procedures in place for the protection of residents' personal possessions. Each resident had a record maintained in an accessible format of their personal belongings. Residents also had their own bank accounts and a review of the documentation associated with residents' finances demonstrated that they were respected and safeguarded.

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:
There was a policy in place as required by Schedule 5 of the regulations for guiding the practice of communication with residents. This policy had been implemented in August 2014. From a review of a sample of personal plans, an assessment had been conducted for each resident in respect of their communication needs and the supports required were clearly documented. This information was informed by the appropriate Allied Health Professional. The inspector observed the designated centre to provide information in a format suitable to meet the needs of residents. Staff were observed to be knowledgeable of the appropriate medium to communicate with residents, inclusive of verbal language, adapted sign language and visual tools. Staff were further observed to provide the appropriate time required for a resident to express themselves utilising

their preferred means of communication.

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 inspector met with a number of family members during the course of the inspection. Family members were positive regarding the service provided to their loved ones and stated that they were always welcome in the centre. The inspector observed that the relatives were comfortable within the environment and that staff were familiar with relatives. The visitors' record maintained and the additional records which documented contact with family further evidenced that there was an open culture of visiting in the designated centre and that maintaining links with residents' families was encouraged by staff. For example, for some residents, goals documented in their personal plan included hosting gatherings within their home for their immediate and extended family.

There was a policy in place for the practice involving visitors to the designated centre which was dated June 2014. The information contained within the policy was in line with Regulation 11. Each of the individual houses within the designated centre had a kitchen/dining room and a sitting room. Each resident also had their own bedroom, therefore there was sufficient space for residents to meet with visitors in private if required.

As stated previously, residents were supported to engage in numerous activities some of which occurred in the wider community. Examples of some of the activities documented were swimming, bowling, shopping and attending religious services in the local community. The inspector also observed residents engaging with neighbours during the course of the inspection.

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):
No actions were required from the previous inspection.

Findings:
There was an organisational policy in place for the admissions, discharge and transfer of residents dated March 2014. This policy informed of the process for individuals who are commencing accessing residential services with the organisation. There was also a regional policy in place which informed of the procedure in place for the admissions, discharge and transfer of residents who reside in the organisation however may move between designated centres operated by the Muiriosa Foundation. This policy was created in June 2015. There had been no admissions to the designated centre since the commencement of regulation in November 2013.

The inspector reviewed a sample of written agreements between the resident/their representative and the registered provider. The agreement adequately outlined the terms in which the resident shall reside in the designated centre. The agreement also stated the fees to be charged and the services provided. It also clearly stated the instances in which additional charges may occur. For example, for specialised equipment if not within the service level agreement with the Executive. Minors residing in the centre also had a written agreement in place which clearly stated that no fees would be incurred by minors until they reach the age of 18.

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):

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

Findings:
There were two matters arising from the previous inspection which was conducted in July 2014. The first failing identified was that the plans of care in place did not reflect the limitations in meeting the personal goals of residents due to staffing levels. The second matter arising was that the personal plans in place for minors did not reflect the developmental needs of children. The inspector reviewed a sample of personal plans on this inspection and found that action had been taken to adequately address the failings of the previous inspection.

In one of the community houses, there had been an increase in staffing levels and one resident had been discharged from the designated centre. Therefore staffing limitations did not impact on the implementation of personal plans and attainment of individual goals. In the second community house there had also been an increase in staffing levels, and the inspector found that individuals were supported to engage in the activities of their choosing. The questionnaires submitted to the Authority by five relatives all stated that there was sufficient staff. The inspector also reviewed the personal plan in place for minors and identified improvements had been made as regards to ensuring they were informative of the developmental needs of children.

Residents had an assessment in place of their health and social care needs. This assessment informed the plans of care in place which identified the interventions/supports residents required to ensure that their needs were adequately met. In conjunction with this, there were also risk assessments completed to ensure that the appropriate control measures were in place for the interventions/supports identified. Of the sample of files reviewed, the inspectors found that the appropriate information was utilised in the plan of care. However improvement was required in how the information was documented and presented. The inspector at times found the information to be repetitive which increased the volume of information. This reduced the effectiveness of ascertaining the supports the resident required within a reasonable time frame.

Alongside the plan of care for residents, each resident had a person centred plan. This plan was informed by a meeting which included the resident, staff and their circle of support, such as family members. The vision for a resident was identified, residents' likes and dislikes were also identified. From this goals were derived. Goals include short term events such as celebrating a specific special occasion such as a birthday. Long term goals were also developed which encouraged developing relationships and skill building. There was evidence of progress towards goal attainment and the persons responsible for supporting the resident to achieve the goal was also documented. The personal plans also contained pictorial evidence of goal progress and attainment. As stated previously family members spoke to inspectors regarding the planning meetings and stated that they found that the process of the meeting was resident focused and conducted utilising the appropriate communication aides specific to the needs of the resident.

The inspector reviewed a sample of information regarding the service provided to children and found that improvements had been made in respect of reflecting

developmental stages of children in their personal plans. The inspector discussed with the person in charge the plans to further develop the plans for children to ensure that they were reflective of the educational attainment targets and promoting socialisation with peers. There was evidence that there was strong communication between the school and the residential setting, and there were elements of working towards the same goals i.e. cooking. However there was an absence of reference to other elements such as the numeracy and literacy skills of children. The person in charge stated that this would be further explored on the commencement of the new school year.

Of the plans reviewed, inspectors were assured that the appropriate professionals had been involved in informing the interventions and supports required. The plans were also reviewed at a minimum annually or sooner if a change in need was identified.

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

Findings:
The designated centre consists of two community houses located within close proximity to each other in Co. Westmeath. Each of the houses have five bedrooms. There is an en suite for one bedroom in each house which is utilised by staff as a sleepover room/office. There is a main bathroom in each of the houses and a separate toilet room. One of the community houses has an additional shower room. Each house has a kitchen/dining area and separate sitting room. One of the community houses has a separate utility area.

Each of the residents have their own bedroom and the inspector observed them to be decorated in a manner which was reflective of the individual living there. There was appropriate provision of an area for minors which was decorated in line with their interests. The inspector observed the houses to be clean and suitably decorated with appropriate heating, lighting and ventilation. The main bathroom had been renovated following the inspection in July 2014 and the paintwork had been updated and flooring repaired which was a matter arising.

A limitation in one of the houses was that to access the communal area of the kitchen

and living room, visitors were required to pass the bedrooms of residents. However, the inspector observed at all times for the bedroom doors to remain closed and family members confirmed that this was standard practice within the centre.

There were appropriate cooking facilities and facilities to launder clothes. The inspector observed that residents were supported to launder their own clothes with support of staff.

There was appropriate facilities for the disposal of waste and as of the day of inspection there was no requirement for the disposal of clinical waste. In the main, the centre was appropriately adapted to meet the needs of residents. There was an identified need of handrails for one resident due to their mobility needs and risk of falls. The inspector reviewed documentation which confirmed that the appropriate assessments had taken place and that the adaptations would be in situ one week following the inspection. The inspector reviewed the records which evidenced that equipment was maintained by the appropriate qualified person.

There were external grounds in both houses which were secure and well maintained.

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:
The organisation had policies and procedures in place for the management of the health and safety of residents, staff and visitors. The inspector reviewed the risk management policy which included all of the items as required by regulation 26. There was a risk register in place which identified hazards within the centre which presented a risk to individuals or collective groups of individuals. The inspector found that the control measures in place were implemented in practice and reduced the risk present. There was a monthly health and safety audit completed in the centre.

The inspector reviewed the systems in place regarding the management and control of infection. There were appropriate systems in place to ensure appropriate cleaning of the centre inclusive of colour coded equipment to reduce the risk of cross infection. There was also a colour coded system in place for the preparation of food. As of the day of inspection there were no clinical needs in the centre which required the implementation of the policies. The inspector observed appropriate guidance in place within the centre

for the laundering of clothes and other items.

An inspection had been conducted in one of the houses within the designated centre by an external provider sourced by the provider in respect of fire safety. The inspector reviewed the report and found that twenty five actions had been identified with specific time frames for completion. The inspector reviewed evidence that supported that the provider was in the process of completing the relevant works to ensure compliance. However, the inspector found similar deficits in the second community house which had not been reviewed by an external consultation, this included the following:

- No self closers on doors inclusive if kitchen, living room and bedrooms
- Final exit doors where key locked internally
- An absence of directional signage from the corridor outside of bedrooms

The inspector reviewed the records of the maintenance of fire equipment inclusive of the fire alarm system, emergency lighting and fire extinguishers. Each was serviced at appropriate intervals by a person with relevant expertise. There was also records maintained of staff ensuring general housekeeping was adhered to in respect of fire safety such as checking that fire exits were kept clear at all times. There were clear procedures in place which were displayed to demonstrate the actions to be taken in the event of discovering a fire or hearing the alarm. An assessment had also been completed and a personal evacuation plan completed for each resident. The inspector reviewed the records of training and confirmed that all staff employed in the centre had the relevant training in the prevention and management of fire. There was also records maintained of monthly fire drills which demonstrated that in the absence of the above mentioned control measures, the procedure was for complete evacuation as opposed to horizontal evacuation. The drills demonstrated that all residents could be evacuated with the support of one staff within two minutes which is in line with best practice. Residents also demonstrated to the inspector their knowledge of the procedure to be followed in the event of an evacuation.

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):

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

Findings:
The centre had policies and procedures in place for the protection of vulnerable adults and children. The policy had been revised and came into effect as of the day of inspection to ensure that it incorporated the 'Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures' which were published by the Health Service Executive in December 2014. All staff employed in the centre were trained in the policies specific to both adults and children. An action arising from the previous inspection in respect of the centre was that adults and minors were residing in the designated centre and the inspectors were not assured that the appropriate assessments had occurred to ensure that the children and adults were safeguarded. Therefore there were inadequate control measures at this time. There was also evidence of an absence of staff training for some members of the team in July 2014. As a result an immediate action was issued and a regulatory meeting was held in the Authority with the Chief Executive Officer and the provider nominee. Appropriate action was taken at that time and as of this inspection, the inspector found that it remained. Staff were knowledgeable of the different forms of abuse and of the actions to be taken in the event of an allegation or suspicion of abuse. There was evidence that incidences were preliminary screened to ascertain if the policies and procedures were required to be initiated. As of the day of inspection, there had been no allegations or suspicions of abuse documented.

Inspectors reviewed the systems in place for the safeguarding of residents' finances and were assured that the appropriate mechanisms existed. A monthly audit was also conducted by the person in charge in respect of same as an additional safeguard.

There were also policies and procedures in place for supporting residents who exhibited behaviours that were challenging. For residents who required support in this area, there was a behaviour support plan in place which outlined the proactive and reactive strategies that staff could implement. Staff had the appropriate training and none of the strategies documented would be that of a restrictive nature. There was a record maintained of all restrictive interventions. All interventions were aids and appliances which were utilised as a safeguarding measure or as a therapeutic measure. The appropriate assessments had been completed by the appropriate professional for each.

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):

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

Findings:
There was an accident and incident log maintained in the designated centre. The inspector reviewed same and confirmed that the appropriate notifications had been submitted to the Chief Inspector within the appropriate time frame as required by Regulation 31.

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:
As stated in Outcome 5, the inspector found that involvement in the local community and skill development was a prevalent part of the service provided to the residents within the designated centre. The inspector observed that enhancing the ability of residents and promoting independence was a primary focus of the goals of each resident. This included developing their skills within the home and local community. There were policies in place for the education, training and development of residents. There was also a policy in place regarding the education of children. The inspector reviewed this policy and identified that improvements were required as it did not outline the procedures in place to ensure that the educational needs of children were met. The inspector found that whilst there was strong communication between the school and the centre improvements were required to ensure that a robust assessment was in place to establish educational goals of children.

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

Findings:
The inspector reviewed a sample of residents' personal plans and found that the health care needs of residents were met. Residents had regular access to their general practitioner. There were assessments conducted for residents in order to create a baseline to guide staff on the needs of residents. These included the assessment of pain. There was also adequate referrals to Allied Health Professionals and timely assessment post referral. The recommendations resulting from these assessments were transferred into residents' care plans. As stated in Outcome 5, improvement was required in the structure and layout of care plans as at times it was challenging to ascertain within a short time period the actual interventions a resident required. Residents who had a diagnosis of epilepsy had appropriate plans of care in place.

There were policies and procedures in place to guide staff on ensuring that the nutritional needs of residents were met. Each resident had an assessment completed and there was evidence that residents' weights were recorded at appropriate intervals. Residents who required modification of food also had the assessment and guidance from the appropriate Allied Health Professional. Menu planning was conducted with residents on a weekly basis utilising the appropriate communication aids. The person in charge subsequently reviews the menu to ensure that it consists of a balanced diet. Staff was able to inform the inspector of the appropriate interventions to ensure that residents were supported to have the appropriate diet such as a high fibre or low fat diet. However as stated in Outcome 18, improvements were required in the records maintained in respect of this. The inspector observed a mealtime and found it to be a pleasant and social experience. There were sufficient staff to meet the needs of residents and residents were supported to actively participate by setting the table or loading the dishwasher post the meal.

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

Findings:
The inspector reviewed the documentation in place regarding the management of medication. There was a policy in place which was dated August 2014. Of the sample of prescription and administration sheets reviewed, the inspector determined that improvements were required in order to ensure that the information was accurate and reflective of the actual practice. For example, each prescription sheet contained the relevant information inclusive of the name, date of birth, name of the general practitioner and if the resident had any allergies. The name of the medication, dose and time of administration was also documented. Each medication was individually signed by the prescriber.

The designated centre utilises compliance aids as part of their medication system. Medication is received on a monthly basis from the pharmacy. All staff administering medication had completed the appropriate training. There was an administration sheet in place for each specific time of day. Therefore if a resident was prescribed medication for 9.00 hours, 16.00 hours and 21.00 hours, there were three separate administration sheets. The name of each medication to be administered at that time was also on each sheet. However there was no additional space for staff to comment i.e. if the medication was not administered at exactly the same time each day or if a medication was withheld or refused that staff could comment.

The administration sheet was also used for staff to document the receipt of medication from the pharmacy. However as there were three administration sheets staff were signing for the receipt of the same medication three times. The inspector also completed a random spot check of the number of medications in each blister pack and identified one blister pack which contained one more tablet than prescribed. Therefore in the previous month there had been one more tablet received however this had not been pre identified by staff on receipt of the medication. The inspector determined that this reduced the effectiveness of the system. The inspector queried the action that would be taken when this had been discovered and was assured that staff had the appropriate knowledge to ensure that there was no adverse effect to a resident.

Judgment:
Non Compliant - Moderate

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:
As part of the application to register the designated centre, the provider was required to submit a Statement of Purpose to the Chief Inspector. This was submitted on the 26 January 2015. The inspector reviewed the document and confirmed that it contained all of the information as required by Schedule 1 of the regulations. The evidence found on this inspection further confirmed that the centre is operated in line with the Statement of Purpose.

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):
No actions were required from the previous inspection.

Findings:
There is a clear management structure in place in the designated centre. The regional director is provider nominee who reports directly to the Chief Executive Officer of the organisation. The regional director is supported by the area manager who has the responsibility for seven designated centres. The person in charge reports to the area manager and has responsibility for two designated centres. The person in charge is required to complete monthly audits which include complaints, finances, medication, restrictive practice and residents' personal plans. From this the person in charge is required to report the findings to the area director who in turn reports to the provider nominee on a monthly basis. There was also an annual review of the quality and safety of care completed by the provider nominee which was completed utilising the framework of the National Standards published by the Authority. A deficit identified in this report was that as there were no residents at home when the review was completed, their views were not incorporated at the time. This had been addressed through the provision of questionnaires to residents and their relatives post the review. The outcomes of these questionnaires however had not been incorporated into the overall review as required by regulation. The cumulative findings of this inspection were indicative that in the main the systems in place were effective, although as stated in Outcome 12, a review was required in respect of medication management due to the failings identified.

The person in charge commenced their post in July 2014. They were formally

interviewed by the Authority on the 24 July 2015 and demonstrated the appropriate knowledge of the regulations and their statutory responsibility. Residents and staff were familiar with the person in charge. Family members stated that they were informed of the commencement of the person in charge and can contact them at any time. As stated previously, the person in charge has the responsibility for two designated centres. There was no evidence on this inspection that this adversely effects the service provided to the residents of this designated centre. The person in charge has the qualifications and skill to manage the designated centre. The inspector was informed that plans were in place to ensure that the person in charge shall have an appropriate qualification in health or social care management at an appropriate level.

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):
No actions were required from the previous inspection.

Findings:
The person in charge had not been absent from the centre for more than 28 days since they commenced their post in July 2014. The provider demonstrated their awareness of the requirement to notify the Chief Inspector as required by Regulation 32 if this were to occur. As part of the application to register the provider had nominated another manager within the service to deputise in the event of the person in charge being absent.

There was also a system in place to ensure that there was always an appropriate member of management available to support staff in the event of the person in charge being absent for less than 28 days.

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):
No actions were required from the previous inspection.

Findings:
The inspector reviewed a sample of rosters and confirmed that the general staffing levels were that as observed during the inspection. As stated previously, each resident had a personal plan in place and there was evidence that residents were supported to achieve their personal goals. There was evidence that staffing levels were increased to support minors during the school holidays. Staff stated that they felt there were sufficient resources. Family members stated that whilst additional staff could be beneficial for residents to be out more, they were satisfied that in the main the needs of their loved ones were met within the allocated resources.

There was a clear allocation of resources specific to the designated centre. Each house had their own transport to facilitate community activities. The inspector confirmed that the facilities and services in the centre were reflective of the statement of purpose.

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):
No actions were required from the previous inspection.

Findings:
The inspector reviewed a sample of rosters, inclusive of those for the week of inspection and confirmed that there was an actual and planned roster in place. As stated previously, the staffing levels as of the day of inspection correlated with the standard staffing levels in the Statement of Purpose and the rosters reviewed. The inspector observed staff to be knowledgeable of the needs of residents and to engage with residents in a dignified and respectful manner.

There was evidence that staff had received the appropriate training pertinent to their

role inclusive of the statutory requirements of manual handling, fire management, protection of vulnerable adults and safeguarding of children and management of behaviours that challenge. There was also additional training in place for the safe administration of medication, inclusive of rescue medication in the event of a resident experiencing a seizure. Training in First Aid, Hand Hygiene and the protection of residents' personal possessions had also been provided to staff.

The person in charge presented documentary evidence of staff supervision and planned dates to ensure that it was standard practice. The format for these meetings included staffs strengths, areas for improvement and key goals or objectives of staff. The inspector reviewed a sample of the minutes from these meetings, inclusive of supervision meetings held by the area manager with the person in charge. The inspector also reviewed a sample of the staff meetings.

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):
No actions were required from the previous inspection.

Findings:
The inspector had completed an additional fieldwork day in the central offices of the organisation and confirmed that all of the items as required by Schedule 2 in respect of staff were maintained.

The matters as required by Schedule 3 and 4 were also maintained in the designated centre. There was a directory of residents which contained all of the information was required by regulation. However improvements were required in respect of the care plans in place for residents to ensure that they were clear and easily accessible. There was also improvements required in documenting the options residents actually chose for meals to ensure that it was transparent and evidenced that whilst a balanced diet was offered, that residents were in receipt of same. As stated in Outcome 12, improvements were also required to the administration records of residents to ensure that they clearly

documented the time of administration of medication and if any deviations from the prescribed time occurred.

All of the polices and procedures as required by Schedule 5 were present. The education policy required review as it did not guide practice. The policy in respect of the creation, access to and retention of records had not been reviewed within an appropriate time frame by the registered provider. However the person in charge had documented as of the day of inspection, that they were assured it remained fit for purpose in the absence of same.

The registered provider submitted evidence of insurance as part of the application to register.

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:

Jillian Connolly
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[1]

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0003957
Date of Inspection:	14 and 15 July 2015
Date of response:	14 October 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 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:
Due to the presence of final exits being locked internally utilising a key as opposed to a thumb turn and an absence of directional signage, there was the risk of an unnecessary delay in the event of an evacuation.

1. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape,

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

including emergency lighting.

Please state the actions you have taken or are planning to take:
Action Completed:
Additional directional signage has been installed in main corridors to indicate escape routes in both properties.

Date of Completion: 16/10/2015.

Action Planned:
Thumb locks to be installed on all external doors of each property to aid prompt exiting during evacuation.

Date for Completion: 1/10/2015

Proposed Timescale: 01/10/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of self closers on doors.

2. Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
Self Closers to be fitted to all necessary internal doors.

Date for Completion: 1/10/2015

Proposed Timescale: 01/10/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an absence of educational goals for minors.

3. Action Required:
Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

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

In consultation with the individual, their family, key worker and school team, the Individual Education Plan was reviewed on the 16th September 2015 to identify appropriate goals required to support the individual's educational needs.

The individual's Person Centre Plan was reviewed to include these goals identified in their Individual Education Plan to ensure consistency.

The Person in Charge discussed the identified goals at the subsequent Team Meeting

Date of Completion: 16/09/2015

Proposed Timescale: 16/09/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required in the medication management practices to ensure that the systems in place were robust i.e. medication signed for as received is present.

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

Please state the actions you have taken or are planning to take:
Actions Completed:
A meeting was held with the Person In Charge, Pharmacist and Staff Team on 10/09/2015. Following this meeting a local protocol was developed to facilitate the correct checking of medication on delivery.

This protocol will be audited monthly and spot checks completed to ensure protocol is effective and adhered to.

This local protocol was discussed at the Staff Team meeting on 16/09/2015

The following control measures are included in the new protocol
•The number of tablets are limited to 3-4 tablets per blister pack to facilitate visual count.
•Medication administration sheet was reviewed and amended to include an additional section for comments for staff to document. i.e. "withheld" / "declined" et cetera.
•Administration template was reviewed and amended to include space for staff to sign

their name and record time of administration.

Date of Completion: 16/09/2015

Proposed Timescale: 16/09/2015

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 views of residents and/or their representatives were not incorporated into the annual review of the safety of quality of care.

5. Action Required:
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:
Action Planned:
The annual review of the quality and safety of care and support in the designated centre will commence in October 2015.

The views of residents and family members will be incorporated. The audits will take place at a time appropriate while taking cognisance of the purpose of the audit and the needs of the residents in each centre.

Date for Commencement: 15/10/2015

Proposed Timescale: 15/10/2015

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 education policy required review to ensure it guided practice.

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

Please state the actions you have taken or are planning to take:
A draft local protocol has been developed to guide staff and enhance communication between the child's school and the residential service.

•Individual Keyworker or Person in charge where appropriate will attend the school meetings relating to the child and their educational goals.

•Goals will be developed within the residential service, while taking cognisance of the Individual Educational Plan and in consultation with the individual, family members and teacher.

•The staff team will ensure good exchange of information with the school through progress notes and written reports.

•The draft local protocol was discussed at a Staff Team meeting on 16/09/2015

Planned Actions:
•The Organisations Education Policy will be reviewed and implemented into practice by 15th November 2015.

Date of Completion: 15th November 2015

Proposed Timescale: 15/11/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy regarding the retention and destruction of records had not been reviewed in three years.

7. 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 Archiving Policy has been reviewed by the regional director and continues to be fit for purpose.

Correspondence in relation to this review has been forwarded to all locations and is located in the Schedule 5 policy folder as of 6th August 2015.

This will be brought to the attention of the staff team by the relevant Person In Charge.

Date of Completion: 6th August 2015

Planned Actions:

•The Organisations Archiving Policy will be reviewed and implemented into practice by 15th November 2015.

Date for completion: 15th November 2015

Proposed Timescale: 15/11/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required to the records maintained in respect of the administration of medication.

8. 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:
Actions Completed:
A meeting was held with the Person In Charge, Pharmacist and Staff Team on 10/09/2015. Following this meeting, the records were reviewed and amended.

•Medication administration sheet was reviewed and amended to include an additional section for comments for staff to document. i.e. "withheld" / "declined" et cetera.

•Administration template was reviewed and amended to include space for staff to sign their name and record time of administration.

The reviewed and amended records were discussed at the Staff Team meeting on 16/09/2015

Action Completed: 16/09/2015

Proposed Timescale: 30/09/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required in respect of the meal chosen by residents to ensure that they are in receipt of a nutritional diet.

9. Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for

inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
Action Completed:
The dietary option chosen by the individual from the menu plan is now documented in the individual's progress notes.

Actions Planned:
Spot checks will be carried out by the Person In Charge to ensure that the choices made by each individual are nutritionally varied.

This requirement will also be discussed at the local team meetings monthly.

Date of Completion: 01/09/2015

Proposed Timescale: 01/09/2015