

**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-0004083
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Josephine Glackin
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<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:
02 November 2015 10:30	02 November 2015 18:30
03 November 2015 10:30	03 November 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 and 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 five residents.

This was the first inspection conducted in the designated centre. 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 and staff during the course of the two days. The inspector also

observed practice and reviewed documentation. The inspector observed that staff were knowledgeable of the needs of residents.

Compliance was identified in eleven of the eighteen outcomes inspected. Substantial compliance was identified in the governance and management arrangements, staff training and documentation. Moderate non - compliance was identified in three of the outcomes. This was due to the premises and improvements required in the plans of care regarding the health care needs of residents. Evidence also supported that there were insufficient resources to meet the social care needs of residents. Major non compliance was identified in Outcome 7, primarily due to the procedures in place for the management and control of infection and the absence of fire doors.

There were four residents present on the day of inspection, with one vacancy. The inspector determined that whilst the premises could facilitate five residents, due to the action required in respect of the current staffing levels, the centre could only support four residents as of the day of inspection.

There were nine failings of regulation identified on this inspection.

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):**

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

**Findings:**

The designated centre had policies and procedures in place regarding the management of complaints. The inspector reviewed the record of complaints maintained in the designated centre and found that they were investigated in line with policy and Regulation 34. There was accessible material located in the designated centre informing residents and visitors of the person responsible for the receipt of complaints.

Improvements were required in the policy regarding complaints as the person named as the complaints officer differed from the signage in the designated centre.

Each of the residents had their own bedroom which facilitated personal activities to be undertaken in private. The inspector observed staff to engage with residents in a dignified and respectful manner. Personal documentation was stored in a secure location.

Assessments had been completed regarding the supports residents required to actively participate in the running of the designated centre and decisions regarding their care. There was evidence of weekly residents' meetings occurring which addressed the day to day operation of the designated centre. There was a clear procedure in place for residents who required decisions to be made regarding their care, inclusive of the named individuals to be consulted. There was evidence that this had occurred when necessary.

The inspector reviewed the system in place for the protection of residents' finances. The practice of the designated centre facilitated that residents' finances were safeguarded. However, improvement was required to ensure that all records pertaining to residents'

finances were maintained in the designated centre as opposed to a central location. Residents had sufficient space to store their personal belongings.

The inspector reviewed the activities that residents' partook in. There was evidence that they were in line with the interest and capabilities of residents and promoted skill building and learning. However, there were inconsistencies in the resources available to support residents to partake in activities. In one instance, additional support hours of one whole time equivalent staff member had been provided to ensure sufficient staff was available to support residents to engage in activities as a group or individual activity. In another instance due to the supports residents required to engage in activities within the wider community, staffing levels did not support that there were sufficient resources to ensure that residents could be supported to engage in activities in line with their interests and capabilities on a consistent basis. This failing is addressed in Outcome 16.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

There was a policy in place regarding communication with residents. Of the sample of residents' personal plans reviewed, assessments had been completed regarding the supports residents required to ensure that their individual methods of communication were understood.

Appropriate Allied Health Professionals had been involved in developing alternative supports such as adapted sign language and pictorial aids. There was also guidance in place to ensure that staff were supported to engage with residents utilising these alternatives.

Efforts had been made to adapt the personal goals of residents into accessible formats such as utilising tablets or pictures. The inspector observed staff to be familiar with the communication needs of residents. The designated centre had the appropriate equipment such as television, radios and telephones.

**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:**

As part of the registration process, family members were invited by the Authority to provide feedback on their experience of the service. Family members stated that they had been invited to visit the designated centre prior to their loved one's admissions. There was also evidence that staff supported residents to visit their family home and that family members were welcome in the designated centre.

The inspector found that in one of the community houses, residents were actively involved in their community inclusive of supporting their neighbours with small jobs. Residents were involved in accessing community amenities and the inspector was informed of various initiatives which had occurred to increase their involvement.

Efforts had been made in the second community house however, the location of the house, the individual needs of residents and resources available did not facilitate the same level of involvement for the residents residing in this house. As stated previously this is addressed in Outcome 16.

**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:**

The Muiriosa Foundation has a policy in place for admissions, including the transfer and discharge of residents which became operational in June 2013. There was a standard operating procedure in place which aimed to guide the practice specific to the designated centre and became operational in June 2015.

The inspector reviewed a sample of the written agreements between residents and the registered provider. The contracts included the terms and conditions in which the residents resides in the designated centre and the fees to be charged. The inspector confirmed that the fees actually paid by residents correlated with the agreements.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector reviewed a sample of personal plans of residents and found that an assessment was completed of both the health and social care needs of residents. Following on from this assessment, there was a plan of care/risk assessment in place for needs identified in the assessment process. In the main, the plans of care were specific and measurable however, improvements were required in respect of health care needs. This is addressed in Outcome 11.

There was a record of participation and engagement maintained which included residents' involvement in their personal plans. Personal goals were in place to support residents in respect of their social care needs and developments and included both short and long term goals. The goals addressed both recreational and skill building activities. Examples included attending religious services, purchasing items required to meet recommendations of Allied Health Professionals, volunteering at the local animal shelter and gardening.

There was evidence of reviews at appropriate intervals to assess the effectiveness of goals, with alterations to the goals based on residents' participation and enjoyment.



Improvements were required to the resources available which is addressed in Outcome 16.

Referrals had been sent to the relevant Allied Health Professionals when additional supports were required and there was evidence that assessments had occurred. Recommendations were included in the personal plans of residents. Adaptations were required to one of the community houses to ensure that it met the needs of a resident following assessment. The inspector was informed of the plans in place to achieve same within a timely manner. This is addressed in Outcome 6.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The designated centre consists of two bungalows. Each house consists of four bedrooms, a kitchen/dining room, a separate sitting room, a utility room and communal bathroom. One bedroom in each house had an en suite. The inspector determined that there was sufficient private and communal space for two residents in each designated centre. There was sufficient heating and lighting available in the centre as of the days of inspection. There was also suitable arrangements for the disposal of waste. Each house had external grounds which could be accessed by residents.

Whilst efforts had been made to personalise the designated centre, improvements were required in the furnishings. For example in the kitchen area, the floor was visibly worn and required replacement. The inspector was informed and reviewed minutes of consultation with residents regarding same which indicated that residents were happy with the arrangement. However, notwithstanding this, the floor was not fit for purpose and presented a hazard from an infection control perspective. The bathroom in one of the community houses also required review as whilst cleaning schedules demonstrated that they were cleaned regularly due to the nature of the flooring they did not present as same.

As stated previously, adaptations were required in one of the community houses following the assessment by an Allied Health Professional. This was due to the risk of

falls. Following a review of the assessment and the day to day supports required for a resident to mobilise freely within their home, the inspector found that the adaptations were necessary. They included;

- alterations to the kitchen floor
- a review of saddle boards
- a review of the flooring in the bathroom

The inspector further found that an improvement was required in the structure of the room staff utilised for sleepover shifts, which is addressed in Outcome 7.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The designated centre had policies and procedures in place which aimed to ensure the health and safety of residents, staff and visitors. There was also a risk management policy in place which contained the items as required by Regulation 26.

There were systems in place for the assessment and management of risk which included an assessment of hazards which pertained to both communal and individual risks. These assessments included control measures in place to reduce the risk. Improvements were required to ensure that the assessments accurately identified the factors involved which created the hazard and the specific control measures in place. For example there was an assessment in place for maintaining the safety of both residents and staff when utilising transport. However, a key element of the need for two staff to support one resident was omitted.

The centre had policies and procedures in place for the prevention and management of infection. The inspector reviewed the policy and spoke with staff in the context of the specific needs of the designated centre and found that the practice did not adhere to policy, inclusive of the absence of certain cleaning products. From a review of the training records not all staff had received training in infection control which impacted on the practice. As stated previously the floor in one house was worn and therefore did not facilitate effective cleaning of same. The inspector observed that there was no door between the en suite facilities and the sleeping accommodation in the staff sleepover room. This does not facilitate effective isolation and cleaning which is not in line with

best practice.

Due to the structure of the designated centre, the inspector found failings in place regarding the prevention and management of fire. Neither of the community house had fire doors in place in necessary areas, therefore there was also an absence of self closers, intumescent seals/cold smoke seals or glass of the appropriate construct in specific areas. The provider had put in measures to mitigate the risk inclusive of equipment such as a fire alarm, extinguishers and emergency lighting. All of which was serviced at appropriate intervals.

Staff had also received training in fire management and there were regular fire drills taking place evidencing that all residents could be evacuated within an appropriate time frame. Notwithstanding these measures, the absence of a protected corridor to evacuate significantly increases the risk of containment in the event of a fire.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The designated centre had policies and procedures in place for the protection of vulnerable adults, which were in line with national policy. Staff had received training in the protection of vulnerable adults and were aware of the actions to be taken if necessary. Family members stated that they felt their loved ones were safe.

There were also policies and procedures in place regarding the supports residents require in the event of exhibiting behaviours that are challenging. Staff had received training in proactive and reactive strategies inclusive of breakaway techniques. Residents who required supports had a plan in place to support same.

The inspector reviewed these support plans and found that the strategies in place had environmental restrictions in place. They had been assessed and documentation supported that they were a safeguarding measure which were utilised for the shortest

period of time. Records were maintained of the times in which strategies were implemented and reviewed to ascertain the effectiveness of said strategies.

The inspector observed staff implementing the strategies during the course of the inspection and found that they were employed in a dignified and respectful manner.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

The designated centre maintained a record of all accidents and incidents which occurred. The inspector determined that the Chief Inspector was informed of all adverse events 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):**

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

**Findings:**

The Muiriosa Foundation had a policy in place for residents' access to training, education and employment. The residents were supported by residential staff in respect of same. As evidenced in Outcome 5, this area was assessed as part of the overall assessment of the social care needs of residents.

The goals in place included both activities internal and external to the centre and promoted skill building and volunteer work. Due to an absence of sufficient resources, the support allocated to support residents was inconsistent. In one community house, the inspector observed residents to be absent from the centre due to participating in community based activities. In the other community house, the inspector determined that there was insufficient resources allocated to support residents with same.

The inspector was verbally informed that the difference in the allocations of resources was that residents declined to partake in activities on a regular basis. However, the inspector found that considering the needs of the residents, supports required by residents and the hours available to offer opportunities for residents, additional support hours were required. This is addressed in Outcome 16.

**Judgment:**  
Compliant

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

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

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

#### **Findings:**

Of the sample of residents' personal plans reviewed, the inspector found that residents had regular access to their general practitioner (GP). Residents were also supported to avail of interventions such as the influenza vaccine as a proactive strategy to maintain their health. Residents' health care needs were assessed utilising standardised tools and the inspector found that there was good access to Allied Health Professionals.

As stated in Outcome 5, plans of care were created to support that residents' health care were met. The inspector found that improvements were required to ensure that they consistently reflected all of the supports residents required. For example, in some instances, plans of care for conditions such as epilepsy were specific and measurable. However, in other instances, plans of care for residents' breathing omitted information such as residents recently becoming acutely unwell with chest infections.

There was also an absence of plans of care for specific needs. One example identified by the inspector was for cholesterol monitoring. The designated centre had recently introduced a standard operating procedure to guide staff on the actions to be taken if a resident became unwell including if prescribed short term medication. This included a baseline observations being obtained and a pain assessment being completed.

Residents had access to Allied Health Professionals in respect of their dietary needs. The recommendations from same were transferred to plans of care inclusive of food modification. Record of the food provided to residents was maintained if applicable and there was evidence of positive outcomes for residents inclusive of necessary reduction in weight.

The inspector observed a mealtime and found that there was sufficient staff available to support residents in line with their needs. There was also sufficient access to food and drink for residents to access in line with their needs.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

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

**Findings:**

The designated centre has policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed the storage of medication and found that it was located in a secure location. Staff had received training in the safe administration of medication. The inspector observed staff administer medication and found that it was administered in line with best practice, promoting the dignity of the resident.

Of the sample of prescription and administration records reviewed, the inspector found that they contained all the necessary information as required. The times of administration correlated with the times prescribed and there was a signature for the staff administering same. Assessments had been completed of residents' ability to self administer. There was a signature of the prescriber available for each medication. Residents were prescribed medication as required such as pain relief. The prescription included the maximum dose to be administered in a 24 hour period and was supported by guidance of the circumstances to be administered. This included reference to the pain assessment tool.

The designated centre had obtained the support of an external pharmacist who conducted audits and completed reviews of residents' medication.

There had been one medication error in the designated centre. The inspector reviewed

the procedure which was followed and found that it was in line with policy. Appropriate actions had been taken such as consultation with a medical practitioner and learning outcomes identified.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

The inspector reviewed the Statement of Purpose of the designated centre and found that it contained all of the items as required by Schedule 1 of the Health Act 2007( Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

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. Residents and staff were familiar with the person in charge. The person in charge has the qualifications to manage the designated centre and has the responsibility for three designated centres. The inspector reviewed the systems in place to ensure that the person in charge could be the person in charge for more than one designated centre. There was no evidence to indicate adverse outcomes of residents as per the cumulative evidence of this report.

The organisation had implemented an out of hours system which ensured that there was a member of the management team available at all times for staff to contact.

The person in charge is required to complete monthly audits which include complaints, finances and medication. 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. At the time of this inspection the review had not been transferred into a report however the inspector was verbally informed that this was in the process of occurring.

**Judgment:**

Substantially Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The person in charge had not been absent from the designated centre for more than 28 days since they commenced their post. Therefore it was not necessary to notify the Chief Inspector as required by Regulation 32. However the registered provider had identified a person participating in the management to deputise in the event of this occurring.



**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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

**Findings:**

As stated previously there were inconsistent resources available within the designated centre primarily in respect of staffing. Each of the houses had access to transport. The inspector also found that there was sufficient funds allocated to ensure that there was appropriate heat, food and light.

The staffing levels in one house consisted of one waking staff member from 07.00 hours to 23.00 hours per week, with a sleepover staff from 23.00 - 07.00 hours. The inspector determined that one staff was sufficient to meet the basic needs of residents within the designated centre. There was approximately 10 hours per week in which there were two staff on duty.

However, the needs of the residents resulted in one resident not having the option to access the local community without their housemate being present. Therefore they were unable to leave the designated centre, if their housemate was being supported on an individual basis to access community amenities.

Having reviewed the personal plans of residents, it was evident that for one resident to achieve their personal goals, the ability of others to achieve same was significantly compromised.

The inspector found in the second house that there was sufficient staff to support residents to meet their personal goals as there was approximately 39 hours a week allocated to the designated centre for this purpose.

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the*

*needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

Inspector reviewed a sample of rosters and confirmed that there was an actual and planned roster maintained. The staffing levels were as stated in the Statement of Purpose of the designated centre and consisted of permanent and relief staff. The inspector was informed of the recruitment process which was being undertaken to address the number of permanent staff. As stated previously, that whilst there was sufficient staff employed to meet the basic needs of residents and to ensure residents were safe, this was not adequate to ensure that residents personal goals could be achieved. This failing is addressed in Outcome 16.

Inspector reviewed the training records maintained in respect of staff and found that all staff, inclusive of those not directly employed by the provider had received the mandatory training. Additional training had also been provided including first aid, hand hygiene, epilepsy awareness. As evidenced in Outcome 7, additional training was required in the prevention and management of infection considering the specific requirements of the designated centre.

There was evidence that staff supervision occurred at regular intervals.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Staff records are maintained in the central offices of the designated centre. As a result the inspector completed an additional fieldwork day to inspect the records as required Schedule 2. Of the sample of files reviewed in respect of staff employed in this designated centre, the inspector found the files to contain the necessary information.

In the main, records as required by Schedule 3 and 4 also maintained within the designated centre. However as stated in Outcome 1, improvements were required in the system for the maintenance of records pertaining to residents' personal finances.

The inspector confirmed the policies as required by Schedule 5 were maintained in the designated centre.

The inspector confirmed that the designated centre is adequately insured against accidents or injury to residents, staff and visitors.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0004083
<b>Date of Inspection:</b>	02 November 2015 and 03 November 2015
<b>Date of response:</b>	18 December 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 06: Safe and suitable premises

**Theme:** Effective Services

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

A review was required of the premises in one of the community houses to ensure that it met the needs of residents who required support with their mobility and were at risks of falls.

#### **1. Action Required:**

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

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

•A review by the person in charge of the individual's Falls Risk Assessment and Management plan was undertaken. Additional interim measures were included to support the individual such as:

1.Promotion of awareness within the staff team of the verbal prompting and the supervision required by the individual to mobilise safely within the location.

2.Encouragement and prompting by staff to the individual to utilise hand and grab rails appropriately.

•The Local Risk Register was also reviewed by the person in charge and the current risk rating for the individual falling within the community house is low, as per Muiriosa Foundation Risk and Individual Service User Policy Guidance, 2015.

•An environmental audit of the premises was undertaken on 9th December 2015 by the operations manager, maintenance manager and person in charge and the following works were identified.

1.Levelling of floor in kitchen and fit wood effect vinyl flooring to the completed kitchen living room area.

2.Remove existing floor covering in bathroom, supply and fit new shower gulley and fit Aquarius Safety Vinyl flooring.

3.Removal of existing saddle boards to all doors throughout the location and replace with flat saddle boards.

4.The identified works will be completed by the 31/03/2016.

**Actions Planned:**

1. The review of the Risk Register will be discussed at the team meeting in January 2016 and remain an agenda item for local staff team meetings for the next three months.

Proposed Timescale: 31/03/2016

**Proposed Timescale:** 31/03/2016

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

**Theme:** Effective Services

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

The risk assessments did not adequately account for all contributing factors and therefore there was an absence of appropriate control measures.

**2. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Actions Completed: 04/12/2015

- The Risk Management Plan in place to support an individual whilst using transport was reviewed on 02/11/2015 and additional control measures identified and added to the plan.
- A Risk Management Plan was developed by person in charge, area director and staff team to minimise risk of cross infection. A local protocol has also been developed to guide staff on appropriate management of infection and the appropriate use of a specific chemical agent.
- The Local Risk Register within the designated centre has been reviewed by the person in charge, and staff team. Additional control measures were identified and added to the Risk Management Plans where required.

All the above actions were discussed at the staff team Meeting on 30/11/2015 and will remain an agenda item for three months.

**Proposed Timescale:** 04/12/2015

**Theme:** Effective Services

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

The practices in place for the effective management of infection were not inline with the policy of the organisation.

**3. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Actions Completed: 04/12/2015

- An Information Session was undertaken with the staff team in relation to:
  - The Standard Infection Control Precautions of the organisation.
- And
- The Cleaning and Disinfection Policy and Procedure of the organisation.
- The information session also included directives in relation to a risk of cross infection and the use of specific cleaning products.
- A Risk Management Plan was developed by the person in charge, area director and staff team to minimise risk of cross infection.
- A local protocol has also been developed to guide staff on appropriate management of infection and the appropriate use of chemical agents within the location.
- A review of the flooring was undertaken by operations manager, maintenance manager and person in charge on 9th December 2015. Works required were identified and will be completed by 31/03/2016.

Actions Planned:

- Infection Control Training has been scheduled for all outstanding staff on the 14/01/2016 and 04/02/2016, within the designated area.
- A new flush sliding door to be fitted on ensuite in staff room.
- Infection control will remain as an agenda item for local staff meetings for the next three months.
- The person in charge will undertake supervision in relation to infection control with individual staff members as required.

**Proposed Timescale:** 31/03/2016

**Theme:** Effective Services

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

Due to the absence of fire doors, there was inadequate measures in place for containment in the event of a fire.

**4. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Actions Completed:

- A meeting was held with operations manager, fire officer and person in charge on 09/12/2015, to develop an action plan to address fire safety within the designated centre.

Actions Planned:

- Fit cold smoke seals on bedroom doors.
- Fit 30 minute fire door with smoke seal on kitchen and sitting room doors.
- Fit new Georgian wired obscure glass on kitchen and sitting room doors.
- Fit new Georgian wired glass over bedroom doors.
- Fit door closures on bedroom doors and electronic door closures on kitchen and sitting rooms doors.
- Fire risk management plan was reviewed to account for the timescale for the planned works.

Proposed date for completion: 01/03/2016

**Proposed Timescale:** 01/03/2016

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Residents' personal plans did not consistently account for all of the health care supports required by residents.

**5. 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 reviewed each individual's care plan to ensure that each health need identified has a monitoring health care template completed.
- A monitoring Health Care template was developed for each individual specific to their relevant health conditions in consultation with the individual, their family and relevant multidisciplinary team members. Each health condition has now been listed as a life event in the individuals care plan and cross referenced.



- Training on the utilisation of the monitoring health care template was undertaken by the person in charge with the local staff team.

The monitoring of the Health Care template was discussed at the last staff team meeting.

Actions Planned:

- The Health Care Template will remain an agenda item for the local staff team for the next three months.

**Proposed Timescale:** 31/03/2016

#### **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:**

Whilst an unannounced inspection had occurred, the findings were not presented in a report which was accessible to residents and/or their families.

**6. Action Required:**

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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

- The findings of the unannounced inspection will be presented in a report which is accessible to individuals and their families.
- Relevant family members will be informed of the report via their family Member's Participation and Engagement Plan.

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

#### **Outcome 16: Use of Resources**

**Theme:** Use of Resources

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

Evidence did not support that there was sufficient staffing in one community house to ensure the personal goals of residents could be achieved.

**7. Action Required:**

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

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

Actions Completed:

- The current staffing levels were reviewed by the person in charge and area director on 11/11/2015.
- An additional nine extra staff support hours have been allocated to support the individuals to participate in community based activities of their choice.

**Proposed Timescale:** 14/12/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was an absence of staff training in respect of infection control.

**8. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

- An Information Session was undertaken with the staff team in relation to the organisations.
- Cleaning and Disinfection Policy and Procedure
- Standard Infection Control Precautions
- This will also form a basis for supervision with staff as required.

Actions Planned:

- Infection Control Training has been scheduled for all outstanding staff within the designated centre.
- Infection control will remain as an agenda item for local staff team meetings for three months or longer if required.

**Proposed Timescale:** 04/02/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Records in respect of all residents' finances were not maintained in the designated centre.

**9. Action Required:**

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

Actions Completed:

- Copies of all the individual's cheque requests are now included in the individuals' financial documents which are retained in the designated centre.
- Detailed records of all personal income and expenditure are accessible to each individual within the designated centre.

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