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-0005047
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:	0
Number of vacancies on the date of inspection:	4

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:
29 July 2015 10:00	29 July 2015 17:30

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

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

Summary of findings from this inspection

This registration was conducted following an application by the Muiriosa Foundation to register a designated centre under the Health Act 2007. The centre is located on the outskirts of a town. The application was to provide services to four individuals, all of whom would be over the age of 18. The Statement of Purpose of the designated centre states that the designated centre provides services to individuals with a diagnosis of a severe to profound intellectual disability and have complex needs inclusive of mobility and sensory needs.

As of the day of inspection four individuals had been identified as potential residents. Each individual currently resides in another designated centre operated by the

provider.

The inspection was facilitated by the person in charge and feedback was provided to the person in charge, provider nominee and area manager. As the centre was unoccupied it was not possible for the inspector to speak with residents or staff. However, the inspector found that considerable work had been done to ensure that the proposed systems that will be in place should facilitate the provision of a safe and effective service. There was evidence that consultation had taken place with the potential residents and their families. Residents had been supported to visit their new home and had the opportunity to spend time with the staff who are due to be employed in the centre.

Of the eighteen outcomes inspected compliance was identified in fifteen. Substantial compliance was identified in the premises. A review was required in the proposed storage of adaptive equipment. Substantial compliance was also identified in Outcome 18, as the policy in respect of the creation, access to, retention of, maintenance and destruction of records required review. Moderate non – compliance was identified in Outcome 7, as a review was required of the means of escape for residents from their bedrooms and in the proposed staffing arrangements to safely evacuate residents.

The action plan at the end of the report identifies the four failings of regulation and the actions to be taken by the provider to achieve 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 organisation has policies and procedures guiding the appropriate practice of the management of complaints. The procedure was displayed in an accessible location in the designated centre. The person in charge will be the complaints officer. There was a folder available which will be utilised for the recording of complaints. The inspector was informed that auditing of complaints will be included in the monthly audits conducted by the person in charge and communicated to the provider nominee. Staff identified to be employed in the designated centre had received training in the management of complaints. The designated centre also has arrangements in place for all residents of the centre to access an independent advocate, this is communicated to residents through the residents' guide and is further displayed in the designated centre on the wall.

The inspector reviewed the proposed storage for personal information of residents and confirmed that it will be stored in a secure location. Residents will each have their own bedroom which will facilitate personal activities to be conducted in private. There was evidence that the residents who are proposed to reside in the designated centre were consulted in all aspects of their transition including choosing the decoration for their own bedroom. Minutes of meetings also demonstrated that family members had been consulted.

The centre had policies and procedures in place for the management of residents' personal possessions, including their finances. The inspector reviewed the proposed system and was assured that it had the necessary control measures in place to safeguard residents' finances.

An assessment had been conducted of each resident who is proposed to reside in the centre. This included the assessment of the residents' likes and dislikes and interests and capabilities. Work had commenced on identifying activities for the residents to engage in both within their home and in the wider community. Families had also been consulted in this regards. Examples of proposed activities included gardening, joining the local tennis club and joining the library. The inspector was informed that twenty hours had been allocated to support staff on a weekly basis to facilitate residents to access activities. The inspector was also informed that it is envisaged that services which residents currently avail of such as complimentary therapy will continue.

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:
The designated centre has a policy in place for the communication with residents which was dated August 2014. The assessment conducted for each resident also included the communication needs of residents and was informed by an assessment conducted by the appropriate Allied Health Professional. There was a television and radio in the centre. One resident will have an additional television in their own bedroom as this is their choice. Arrangements had been put in place to ensure that there would be internet access for residents. The inspector observed information for residents to be in an accessible format such as the proposed weekly menu.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

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

Findings:
There is a policy in place to guide staff on the procedure in place to support residents to receive visitors. The policy was implemented by the organisation in June 2014. The inspector found that the policy was reflective of the requirements of regulation 11. The premises consisted of one living room and a separate kitchen/dining/living space. Therefore there was the option for residents to meet visitors in private if they wished. Furthermore each resident had their own bedroom which was an additional option available. There was a record of visitors in situ on the day of inspection and evidence that it was already implemented in practice as contractors had signed the book.

As stated previously, minutes of meetings were reflective of family involvement in the transition process. The inspector was also verbally informed of plans to source activities in the local community that residents can partake in with younger family members such as bowling.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
There is a policy in place for the admissions, including transfers and discharge of residents. This policy was created in June 2015 and guided practice on residents being admitted or discharged from the organisation. The policy also guided practice on residents transitioning between designated centres operated by the Muiriosa Foundation. The Statement of Purpose states that individuals transitioning will have a comprehensive assessment of need undertaken and that consultation with families will occur. The inspector observed that this had already commenced for the proposed residents who will reside in the centre.

Each proposed resident had a tenancy agreement in place. There was also a written agreement between the resident and/or their representative and the provider. The inspector reviewed a sample of these contracts and confirmed that they contained the terms on which the resident will reside in the centre, the services to be provided and the fees to be paid. There were variances in the amount to be paid by each resident due to their specific needs. From a review of the assessments completed the inspector confirmed the rationale for these variances to be appropriate.

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:
As there were no residents residing in the designated centre, it was not possible for the inspector to review the personal plans of residents. However, the Statement of Purpose and the policy regarding the admission of residents evidenced the provider's knowledge of the requirement to complete a personal plan for each resident within 28 days. The person in charge further confirmed their knowledge of this requirement.

Assessments had commenced for residents who were proposed to transition to the designated centre and included an assessment of both the health and social care needs of residents. For example, the assessment included the medical history of residents and any current clinical needs. The assessment also identified the communication needs of residents, residents' ability in respect to management of finances and the supports residents require to engage in meaningful choice. The inspector was informed that once the centre is operational, personal plans will be created and informed by the assessments.

All potential residents have access to allied health professionals. The inspector was informed that it is proposed that the current arrangement will continue. There was evidence that Allied Health Professionals had been involved in alterations to the designated centre. The inspector met with allied health professionals during the course of the inspection and were informed of their intention to meet with staff and provide training specific to the designated centre in respect of adaptive equipment.

As stated previously, assessments had been completed with potential residents. There was also minutes of meetings which confirmed that family members had been involved. Transition plans had been completed for each resident which outlined the various actions taken to support a positive experience for each resident. There was

photographic evidence of residents visiting their new home. In other instances staff who are due to be employed in the designated centre had visited residents in their current home to build a relationship prior to the centre becoming operational.

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 is a community houses based on the outskirts of a town. The house is a bungalow and consists of a kitchen/dining/living room, a utility room, a sitting room, four bedrooms and a utility room. Three of the bedrooms contain an en suite which have a hand basin and toilet. The fourth bedroom has an accessible shower in the en suite.

The inspector observed the house to be clean and suitably decorated with adequate heating and light. The kitchen and utility room contained all of the necessary appliances. As of the day of inspection, the bedrooms had been painted and beds sourced to meet each of the residents' needs. The inspector was informed that additional furniture would be in place once operational as residents were bringing items such as bedside lockers from their current homes which are also operated by the Muiriosa Foundation.

There were large external grounds which had been adapted to ensure accessibility for residents regardless of mobility needs. The inspector was informed that the garden would be developed once the centre was operational as this was a proposed activity for residents and their family to engage in.

The main bathroom had been fitted with an overhead mechanical hoist and contained the appropriate equipment for residents to be assisted. There was also a Jacuzzi bath which was proposed to be functional and also therapeutic.

One area, which required review was storage of assistive equipment. The inspector was informed that it was proposed that the free standing hoist would be stored in the utility room. However, as of the day of inspection, there were no procedures in place to demonstrate that this was an appropriate option in respect of infection control. In order to transport the hoist from the utility room to the bedrooms and vice versa it would be

transferred through the kitchen which is not best practice.

The inspector was informed that post inspection the person in charge would liaise with the infection control nurse for the organisation to review the proposed system to ascertain the necessary control measures required.

Arrangements had been made for the collection of waste once the centre was operational.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The organisation had policies and procedures in place for the health and safety of residents, staff and visitors. The organisation also has a risk management policy in place which contains all of the requirements of Regulation 26. An assessment of risk had been undertaken by the provider which addressed environmental, operational and clinical risk. The assessment of risk included collective risk to all occupants of the house and individual risks specific to the needs of each potential resident. The inspector was informed that this was a working document and would be reviewed once the centre became operational.

There were policies and procedures in place for the prevention and management of infection. Training had been planned for all staff due to be employed in the centre in respect of infection control prior to the centre becoming operational. The centre had a colour coded cleaning system in place. Staff had received training in food safety and there was also a colour coded system in place for the preparation of food. A stated in Outcome 6, an assessment was required of the infection control procedures to be implemented in respect of the storage of the hoist.

The designated centre had a fire alarm system in place, emergency lighting and fire fighting equipment inclusive of an emergency blanket and fire extinguishers. Records demonstrated that they were maintained by the appropriate professional personnel at the necessary intervals. There was an emergency evacuation plan in place for fire, electrical failure, water failure, major flood and suspected gas leak. Staff proposed to work in the designated centre had received training in the prevention and management of fire.

Personal evacuation plans had also been created for potential residents. However on review of the personal evacuation plans, the proposed staffing roster and the structure/layout of the building the inspector was not assured that in the event of emergency, residents could be effectively evacuated within an appropriate time frame. The centre was divided into three fire compartments, each protected by an automated fire door which would close in the event of the alarm activating. The four bedrooms were located in one compartment. One bedroom had a final fire exit. The only means of escape from three of the bedrooms was by way of the bedroom corridor. This means of escape was not adequately protected with adequate fire construction.

The inspector was informed that the bedroom doors were twenty minute fire doors. The inspector found that there was an absence of intumescent or cold smoke seals on each door. Therefore there was an absence of control measures to keep the bedroom corridor free from smoke in the event of a fire in one of the bedrooms. There was also an absence of self closers on each of the bedrooms doors, therefore requiring staff to shut each individual door in the event of fire potentially leading to an unnecessary delay. The inspector further noted that there was no signage on the corridor guiding individuals to the final fire exit in one of the bedrooms.

The personal evacuation plans of residents stated that two residents required the support of two staff, for one resident it was undetermined the level of support required and one resident required the support of one staff. The proposed roster stated that there would be one staff on duty from 20.00 hours to 08.00 hours. The inspector was also verbally informed that during the day, one member of staff could be at home with two residents (who could be in bed at that time) whilst other residents were engaging in activities in the community.

There was no evidence to demonstrate that the provider had assured themselves that in the event of an emergency, the staffing levels, considering the structure and layout of the building and the needs of the residents, were sufficient to safely evacuate residents. The inspector informed the provider nominee and person in charge of the findings prior to the conclusion of the inspection.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe Services

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

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

Findings:
The centre had policies and procedures in place for the protection of vulnerable adults. The policy had been revised in June 2015 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 due to be employed in the centre were trained in the policies and procedures.

There were also policies and procedures in place for supporting residents who engage in behaviours that challenge. Staff had also received training. The person in charge was aware of the requirement to maintain a record of any restrictive practices which may be utilised in the centre. The registered provider has access to the necessary professional in supporting residents with behaviours that challenge and therefore would be available if necessary.

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):
No actions were required from the previous inspection.

Findings:
There was an accident and incident log maintained in the designated centre. The person in charge demonstrated knowledge of the notifications to be submitted to the Chief Inspector and 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):

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

Findings:
The designated centre had a policy in place for the education, training and development of residents. As stated previously progress was being made to source appropriate opportunities for residents to engage in activities which were meaningful to them in the wider community. The person in charge also communicated to the inspector the plan to support residents to be active participants in the centre and the day to day running of their home, inclusive of skill building.

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:
Each of the residents currently have a general practitioner (GP) and the inspector was informed that it was intended that residents would continue to access their current GP. However, it is proposed that once the residents reside in their new home they will attend another GP practice as opposed to the current practice of the GP visiting them in their current home.

The assessments which had been conducted included the health care needs of residents. The inspector reviewed the skill mix of the staff proposed to be employed in the designated centre and determined that it was appropriate to meet the needs of residents, with the provision of additional training. For example, potential residents were identified as being at risk of aspiration or choking. The residents had been risk assessed however, not all staff had up to date training in basic life support.

The person in charge stated that this would be addressed prior to the centre becoming operational. There were also residents who had a diagnosis of epilepsy. Staff due to be employed in the centre had received the appropriate training.

There were policies and procedures in respect of ensuring the nutritional needs of residents were met. The inspector was informed that there was a dietician available to support the menu choices for residents once the centre was operational. The inspector observed that there was a sample menu available as of the day of inspection which was in a pictorial format. T

here were some of the potential residents who received their nutritional needs via a Percutaneous endoscopic gastrostomy (PEG) tube. The centre had policies and procedures in place regarding same. The inspector was informed that all staff would receive the appropriate training in respect of same prior to the centre becoming operational.

Judgment:
Compliant

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

Theme:
Health and Development

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

Findings:
The organisation had policies and procedures in place relating to the ordering, prescribing, storing and administration of medication which were implemented in August 2014. These policies will guide the practice of the designated centre. A pharmacist has been identified to supply residents with their medications and the inspector was informed that they will also provide support and guidance to both residents and staff.

The inspector was informed that residents will be supported to collect their medication. The inspector reviewed the proposed area for the storage of medication and confirmed that it will be stored in a secure location. There were also facilities for the storage of controlled drugs and a refrigerator specifically for the storage of medication if required.

All staff who were proposed to be employed in the centre had received the appropriate training.

The inspector was informed that medication audits would be conducted monthly by the person in charge to ensure that the practices were safe.

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:
As part of the application to register, the provider is required to submit a copy of the Statement of Purpose to the Chief Inspector. The document submitted contained all of the items as required by Schedule 1. The proposed services described to the inspector and the systems initiated to commence operation of the centre were 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:
The inspection was facilitated by the person in charge. The area manager and the provider nominee were present at the feedback meeting. Each of the pre mentioned had been formally interviewed by the Authority and demonstrated sufficient knowledge of the regulations and their statutory responsibility.

The person in charge has the responsibility for three designated centres. There is a system of delegation in place to ensure that the person in charge can meet their statutory responsibility.

The inspector was informed of the proposed audits to be completed at intervals throughout the year which will ascertain if the services provided are safe and effective.

The inspector was also informed that communication between the person in charge, area manager and provider nominee would be in line with the current systems in place in other designated centres in the region. The rationale for this is that the provider has determined this is an effective system which highlights areas of improvement and accountability.

Judgment:
Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
A person in charge of another designated centre has been nominated as the deputy person in charge in the event of the person in charge being absent for 28 days or longer. As the centre is not yet operational this had not been a requirement to date. However the provider nominee and person in charge demonstrated their knowledge of the requirement to notify the Chief Inspector 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:
The inspector reviewed a sample of rosters and confirmed that the staffing levels will be in line with the Statement of Purpose of the designated centre. As stated previously there will be an additional support hours of 20 hours per week available to ensure residents had the opportunity to engage in activities in line with their interests and capabilities.

However, as evidenced in Outcome 7, evidence did not support that reducing the staffing levels to one staff at any time ensured the effective evacuation of residents in the event of an emergency.

The inspector was informed that the provider was in the process of sourcing a wheelchair accessible vehicle to enable access to the community.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
As stated previously, the inspector confirmed that the staffing levels proposed were in line with the Statement of Purpose. As stated in Outcome 11, the Statement of Purpose was in line with staffing levels on the proposed roster. However, as stated in Outcome 7, there was insufficient evidence to demonstrate that residents could be safely evacuated in the event of an emergency.

The skill mix of staff appeared to be appropriate to meet the needs of the proposed residents once the additional training is completed inclusive of basic life support and supporting individuals who require a a Percutaneous endoscopic gastrostomy (PEG) tube.

The person in charge provided a template document of the process that will be adhered to for the supervision of staff. The organisation had a policy in place regarding the recruitment of staff and the inspector reviewed a copy of the service level agreement between the provider and the agency that at times can provide staff to the organisation. This demonstrated that the provider is assured that the requirements of Schedule 2 are adhered to by the external provider.

The inspector completed an additional fieldwork day in the central office of the organisation to ensure that all of the documents as required by Schedule 2 were maintained in respect of permanent staff.

Judgment:
Compliant

Outcome 18: Records and documentation

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

Theme:
Use of Information

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

Findings:
As stated in Outcome 17, the inspector completed an additional fieldwork day in the central office of the organisation to ensure that all of the documents as required by Schedule 2 were maintained in respect of permanent staff.

It was not possible for the inspector to ensure that the documents as required by Schedule 3 were maintained in the designated centre as it was not yet operational. However the provider had initiated systems to ensure that it would be once operational. For example there was a sample directory of residents.

The documents as required by Schedule 4 were in place, in so far, as the centre was not operational. For example, there were records of the number, type and maintenance of fire equipment. There was also residents' guide present and a copy of the statement of purpose. However it was not feasible, as of the day of inspection for a record of food provided to residents to be maintained.

The inspector confirmed that the policies as required by Schedule 5 were present. However it was not possible for the inspector to determine the effectiveness of same as the centre was not yet operational. The inspector did note that the policy in place for the creation, access to, retention, maintenance and destruction of records had not been reviewed in three years as required by regulation as it was dated March 2010.

The provider submitted evidence that the centre was adequately insured as required by regulation.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0005047
Date of Inspection:	29 July 2015
Date of response:	04 September 2015

Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of evidence to support that the proposed storage for adaptive equipment such as the free standing hoist was sufficient.

1. Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6

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

(Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
The person in charge in consultation with the area director and clinical nurse specialist in Infection Control will develop a written Risk Management Plan to facilitate the efficient and safe storage of the mechanical hoist within the designated centre by 1st September.

Staff will receive refresher training regarding the organisations infection control policy which states the requirement of weekly cleaning of the mechanical hoist. Cleaning of the hoist will be documented and a record of same will be held within the designated centre. The in service training will be completed by 14th September.

The mechanical hoist will be stored in an individuals' bedroom daily when unoccupied and in the sitting room at night. This will be communicated to the staff team prior to the designated centre becoming operational.

Proposed Timescale: 14/09/2015

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 an absence of intumescent seals, cold smoke seals and self closers the bedroom corridor was not adequately protected as a means of escape.

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

Please state the actions you have taken or are planning to take:
A meeting occurred on the 12th August 2015 attended by the following people to discuss the issues the inspection has raised:
•Person in charge
•Deputy person in charge
•Fire officer
•Operations manager
•Architect (involved in the fire certification of the designated centre)

Following the meeting, the required identified actions to ensure that the organisation is in compliance with Regulation 28 "Fire Precautions" of the care and support regulations.

Proposed Timescale: 30/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence did not support that residents could be evacuated in the event of a fire based on their needs and the staffing levels.

3. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
A meeting occurred on the 12th August 2015 attended by the following people to discuss the issues the inspection has raised:
•Person in charge
•Deputy person in charge
•Fire officer
•Operations manager
•Architect (involved in the fire certification of the designated centre)

Following the meeting, the required identified actions to ensure that the organisation is in compliance with Regulation 28 "Fire Precautions" of the care and support regulations.

Planned actions:
The individuals fire evacuation plans will be reviewed by the person in charge, fire officer and manual handling instructor to ensure that the fire evacuation plan for day and night evacuations are accurate and that individuals can be safely evacuated within the required timeframe while having cognisance of other support documentation i.e. care plan and the staff roster.
Date for completion: 14th August 2015

Additional location specific fire training will continue and supervised evacuation drills will commence so as to ensure each individual may be supported to evacuate in a safe and timely manner. Any remedial measures identified will be implemented and communicated to the staff team by the person in charge.
Date for completion: 14th September 2015

Proposed Timescale: 14/09/2015

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 policy in place for the creation, access to, retention, maintenance and destruction of records had not been reviewed in three years as required by regulation as it was dated March 2010.

4. 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:
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. This policy has been prioritised for review by the policy group of the organisation.

Proposed Timescale: 06/08/2015