### Centre Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre name</td>
<td>A designated centre for people with disabilities operated by Muiríosa Foundation</td>
</tr>
<tr>
<td>Centre ID</td>
<td>OSV-0002719</td>
</tr>
<tr>
<td>Centre county</td>
<td>Kildare</td>
</tr>
<tr>
<td>Type of centre</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider</td>
<td>Muiríosa Foundation</td>
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<tr>
<td>Provider Nominee</td>
<td>Margaret Melia</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>Conor Brady</td>
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<tr>
<td>Support inspector(s)</td>
<td>Ciara McShane</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection</td>
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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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: To:
20 May 2016 11:00 20 May 2016 16:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
Background to the inspection
This unannounced inspection was carried out to monitor compliance with specific outcomes and follow up on actions issued on the previous inspection. This was the third inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013.

The previous inspection of this designated centre took place on the 15th and 16th of October 2014 and as part of this inspection the inspector reviewed the actions the provider had undertaken since the previous inspection. All actions highlighted in the previous inspection had been satisfactorily addressed.

How we gathered our evidence
As part of the inspection, the inspectors met with two residents. The residents presented as very content and well cared for over the course of this inspection. Residents communicated with inspectors on their own terms and were observed to be very comfortable with the staff on duty. Staff were found to know residents assessed needs very well. Residents were observed receiving a good quality of care and presented as content and comfortable in their home environment. One resident was observed as very tired over the course of inspection and slept for much of the morning period.
The inspectors spoke with and observed the practice of staff members. There was primarily one staff member on duty however; three staff members were met in total on this inspection. The inspectors observed practices and reviewed documentation such as support plans, medical/healthcare records, a risk register and risk assessments, rosters, complaints, notifications, incidents/accidents, rosters, training records and policies and procedures.

Description of the service
The provider had a statement of purpose in place that clearly explained the service they provided. In the areas inspected, the inspector found that the service was being provided as it was described in that document. The centre provided care for three female residents who had an intellectual disability. Residents were an older profile and had some associated support needs. Two residents had a diagnosis of dementia.

The centre is a detached bungalow located in a modern housing estate in a small rural village. The centre met the resident’s assessed needs in terms of the physical premises and location of the centre.

Overall judgment of our findings
Overall, the inspectors found that issues that were identified on the previous inspection had been satisfactorily addressed by the provider. This provider demonstrated appropriate engagement with HIQA and was found to be delivering a good quality of care to the residents in this centre.

This resulted in positive experiences for the residents, the details of which are described in the report. Good practice was identified in many of the outcomes that were inspected.

The inspectors also found areas that required improvements in accordance with the Regulations and Standards. These areas are as follows:

- Social Care Needs (Outcome 5) - Improvements were required in some residents personal planning in terms of timely review and goals/objectives set for some residents.
- Health, Safety and Risk Management (Outcome 7) - Improvement was required in the provision of emergency lighting.
- Healthcare Needs (Outcome 11) - Improvements were required in terms of health care planning and guidance for some residents regarding specific health care provision.
- Workforce (Outcome 17) - improvement was required regarding the planned and actual staffing rosters in the centre.

All findings regarding compliance and non compliance are discussed in further detail within the inspection report and accompanying action plan.
Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his / her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspectors found that residents social care needs were facilitated within this centre and residents were found to have a good quality of life in accordance with their needs, wishes and preferences. Given the profile of residents it was described as sometimes challenging to encourage high levels of social activation. For example, the residents were quite elderly and two of the three had a diagnosis of dementia. The inspectors found staff knew residents needs very well and were kind, respectful and sensitive in their interactions with residents.

Residents were found to have comprehensive personal plans in place. Individualised assessment and personal planning was in place for each resident. Plans highlighted areas of need and care planning was evident in areas such as resident’s cognitive abilities, maintaining a safe environment, communication, personality, likes/dislikes and physical health. There were good examples of accessible information and plans for residents. For example, residents had personalised life story books, photo books and reminiscence boxes in their bedrooms.

The inspectors observed a staff member working on a personal plan with a resident and updating the residents plan in consultation with the resident on inspection.

Residents attended community day care programmes in their local communities and enjoyed accessing their local community in terms of shopping, attending the hairdressers and going on social outings. Inspectors reviewed photographs of parties and birthday celebrations attended by residents. Other residents attended a day service programme run by the provider.
Inspectors found that while social care plans were in place and goals were being set with residents, this area required further improvement in terms of residents planning. For example, some social goals reviewed were not specific or measurable. In addition some goals were not reviewed within a 6 month period. Inspectors found that this issue had been found in an audit of this area. This required some improvement in accordance with the requirements of the regulations.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors were satisfied that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The inspector found the premises to be bright, clean and well maintained. One resident had moved to a larger bedroom since the previous inspection due to changing needs.

The inspector found that there was:
- adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation.
- rooms of a suitable size and layout suitable for the needs of residents.
- adequate space and suitable storage facilities for the personal use of residents.
- communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents.
- suitable storage.
- ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.
- a separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware.
- baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents.
- suitable arrangements for the safe disposal of general and clinical waste where required.
- adequate facilities for residents to launder their own clothes if they so wish.

The inspectors found the premises to be in accordance with the statement of purpose. The premises were maintained to a good standard both internally and externally.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found that the policies, procedures and practices within this centre ensured that risks were assessed and managed in accordance with the requirements of the regulations and standards. Risks in the centre were found to be identified, assessed and well managed. However, there was no emergency lighting system within this centre.

Inspectors found risk assessments, management plans and protocols in place regarding certain resident behaviours, manual handling, risk of falls, medication management, eating and drinking assessments and the risk of choking and risk assessment around resident epilepsy. Residents had care plans in place regarding specific needs around eating and drinking, epilepsy and maintaining a safe environment. These plans were highly personalised and detailed to reflect exact risks and resident's specific needs, wishes and preferences.

A risk register and restrictive practice register was maintained within this designated centre and reflected the necessary information pertaining to risk identified in the centre. Any area of risk that was identified was found to have a correlating assessment within the resident's individual file.

The risk management policy in place was found to have a cover letter dated 10th May 2016 highlighting the policy was reviewed and due to be updated. This policy was found to meet the requirements of the regulations.

Regarding fire safety the inspectors found that fire equipment, an alarm system and evacuation procedures were all evident in the fire register. There were extinguishers throughout the centre and a fire blanket in the kitchen. Maintenance records indicated appropriate servicing of equipment. Emergency guidance and evacuation plans were in place. There was no emergency lighting system installed in the designated centre.
Judgment:
Substantially Compliant

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Measures were in place to protect residents being harmed or suffering abuse and appropriate action was evident in terms of the provider's policies and procedures to respond to allegations, disclosures or suspected abuse.

The inspector found policy and procedures in place that was in line with national guidance on the safeguarding and protection of vulnerable adults. Allegations were investigated in line with the policy and procedures that were in place and these promoted the protection and safeguarding of residents.

Staff spoken to were knowledgeable regarding the different types of abuse and how to respond to same. Resident's safety was highlighted by staff as the paramount consideration. Reporting and recording procedures were outlined and the recording of allegations, disclosures and body marks was evident in practice within this designated centre. Financial assessments and safeguards were in place to protect residents finances.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that residents were supported on an individual basis to achieve best possible health. There was good access to allied health professionals and evidence of monitoring of residents medical and healthcare needs. However, further improvements were required regarding the provision of some health care planning and also in the recording, monitoring and review of residents dietary and hydration input whereby this had been assessed as required.

Inspectors found that due to the profile of residents in this centre there was varying healthcare needs apparent. Two residents had a diagnosis of dementia and were at different stages and hence had different levels of support needs. One resident was observed in bed and a pressure relieving mattress was in place as were checks to ensure skin integrity was appropriately monitored and personal care was provided by two staff. This resident had just had a massage from her therapist and was relaxing after same in line with the residents preferred routine.

Residents had appropriate health care planning in place regarding catheter care, epilepsy management, eating and drinking and moving and handling/mobility support needs.

Residents had clear calendars of appointments and had good access to allied health professionals such as general practitioner, physiotherapist, speech and language therapist and chiropodist.

Staff were found knowledgeable regarding residents abilities and healthcare needs. Staff were observed as very attentive to residents needs throughout the inspection process.

Regarding food and nutrition the inspector observed residents been offered choice regarding the food they ate and residents were observed eating their meals in a relaxed and homely atmosphere. Residents requiring support with their meals received same in a caring and dignified manner. A resident was observed being well supported and communicated with. The dietary requirements outlined in the residents plan were observed to be adhered to by the staff member on duty. Resident’s weights were found to be monitored and recorded.

Inspectors found that some assessed needs highlighted in residents care plans did not have a correlating care plan in place. For example a resident with mild depression, varicose veins and a resident with osteoporosis. It was therefore not clear how these needs were managed as there was limited or no guidance regarding same.

In addition, further guidance was required regarding the monitoring and review of residents regarding their nutrition and hydration input. For example, whereby residents were prescribed as requiring a modified and supplementary diet, there was not sufficient guidance or review evident in terms of the monitoring of this area. For example, in reviewing documentation there were some occasions whereby resident’s had received...
the required intake of fluids and other occasions when they did not. There was no
guidance for staff whereby residents intake was substantially below the required intake.
Similarly the nutrition recording for residents at risk of losing weight gave no indication
of volume or amounts consumed on respective dates. Staff informed inspectors that
there was no formal review of this area when requested for same.

Judgment:
Non Compliant - Moderate

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 inspectors found there were appropriate governance and management
arrangements in place regarding this designated centre. A nominated person in charge
and deputy person in charge were evident on inspection. The person in charge was not
on duty on the day of inspection but attended the preliminary feedback at the
conclusion of this inspection.

Inspectors reviewed person in charge and provider led auditing that had taken place
within the centre. Areas such as resident finances, premises, health and safety, care
planning, resident goals and medication management practices had all been subject to
an audit.

The inspectors found that the provider formulated detailed percentage compliance
ratings for their auditing framework which was correlated to the regulations and
standards. This auditing was found to be of a good standard and led to action plans to
address areas found to require improvement. For example, personal plans and
medication management. A local pharmacist had also audited medication management
practices and medication storage arrangements in March 2015.

The deputy person in charge demonstrated an effective understanding of the centre and
how it operated and was knowledgeable in respect of the requirements of the
regulations and standards. She was observed over the course of inspection as
supporting residents in a very person centred manner and clearly knew residents needs
very well.

The inspector reviewed evidence of the provider conducting unannounced visits on a six monthly basis to this centre. Reports were reviewed form these inspections as were annual reports for 2014 and 2015. These reviews resulted in action plans being generated to improve deficits found in the centre. These annual reports included representations from residents and their families.

**Judgment:**
Compliant

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there were appropriate numbers of staff on duty to meet the needs of residents. Staff training records reviewed indicated staff had up to date training in mandatory areas. Inspectors found that some necessary centre specific training was not yet completed but was scheduled by the provider.

There were planned and actual rosters in place however the actual rosters reviewed highlighted 'agency staff' as opposed to staff members names which did not make it clear who was actually working in the centre on these dates.

Inspectors found staff had attended mandatory training in safe administration of medication, epilepsy management and the administration of emergency epilepsy medication, fire safety, manual handling and safeguarding vulnerable adults.

There was additional training found to be provided in the areas of supporting residents with dementia, administration of oxygen, infection control/hand hygiene. The provider had also scheduled centre specific training/awareness sessions in supporting residents with eating, drinking and swallowing difficulties which was deemed as necessary given the assessed needs apparent in this centre.

Inspectors found that while a roster was in place all staff could not be identified from the staff roster. Agency staff who were used in this centre were not named on the
roster. This did not make it possible to identify who was on duty in the centre on these dates.

**Judgment:**
Substantially Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>OSV-0002719</td>
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<tr>
<td>Date of Inspection:</td>
<td>20 May 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 June 2016</td>
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Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Social and person centred planning and goal setting was not found to be appropriately reviewed in some resident's plans. In addition, the names of those responsible for pursuing objectives in the plan within agreed timescales was not apparent in all plans reviewed.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

**Please state the actions you have taken or are planning to take:**
We acknowledge that whilst have been set in their Person Centred Plans, the goals were not specific enough and timescales were not identified.

A new template detailing the goals, actions required to meet the goals, naming the person responsible and dates these are to be achieved by will be put in place. These will be reviewed on a monthly basis.

**Proposed Timescale:** 13/06/2016

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**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:**
There was no emergency lighting system in this centre.

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:**
We are aware that there are Tripartite discussions taking place between HIQA, Department of Health and the HSE, we are awaiting the outcome of this.

In the meantime we will ask our funders if they are in a position to re-numerate us for the cost of this work.

**Proposed Timescale:** 30/08/2016

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Resident plans did not outline that adequate healthcare was provided regarding some areas of assessed need.
3. **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:**
We will review all areas of assessment/healthcare needs with individuals' GP, psychiatrist and allied professionals to ensure all medical recommendations are addressed. We have agreed to introduce the quality outcome measure for individuals with dementia (QQMID) over the next 3 month period which will highlight specific needs which will be addressed in a timely manner.

**Proposed Timescale:** 17/06/2016

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not adequate recording, monitoring, review of resident's nutrition and hydration input evident. Further guidance was required in supporting residents with eating, drinking and swallowing difficulties and managing same in line with each resident’s individual dietary needs.

4. **Action Required:**
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences.

**Please state the actions you have taken or are planning to take:**
A full review by dietician/GP to formalise guidance on Nutrition and Hydration will take place. Individual protocols will be drafted and implemented with immediate effect. These will be reviewed on a weekly basis by the Person in Charge and Allied Health Professionals as appropriate.

**Proposed Timescale:** 10/06/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The staffing rosters reviewed did not show agency staff names who worked in the centre.

5. **Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.
**Please state the actions you have taken or are planning to take:**
An agency staff names will be available at the centre at all times.

| **Proposed Timescale:** | 10/06/2016 |