

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0004080
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Margaret Melia
Lead inspector:	Conor Brady
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:	3

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 June 2016 12:30 To: 02 June 2016 15:00

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

Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection

This inspection was carried out following an application to vary a registration condition in this designated centre. A new location was being proposed as part of this designated centre. The provider was also proposing to reduce the numbers of this designated centre from six residents to five. However only two residents have resided in this designated centre since commencement. As part of this inspection the inspector only inspected the new premises and specific outcomes to ensure compliance with the Regulations and Standards.

How we gathered our evidence

As part of the inspection, the inspector met with the provider and person in charge. There were no residents living in this part of the centre at the time of inspection. Policies, procedures and documentation were reviewed as part of this inspection as was the residents transition plan.

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 proposed service was to be provided as it was described in that document. The centre provided care for two female residents who had an intellectual disability. The centre comprised of two locations with one resident residing in each location.

Overall judgment of our findings

Overall, the inspector found that the changes outlined in the provider's application to vary their registration conditions were as described and were based on the changing needs of residents.

The new premises were found to be of a high standard and compliance was found across the majority of areas inspected. For example, governance and management, safe and suitable premises and statement of purpose. The only area of non-compliance found on this inspection was that there was not a certified emergency lighting system found operating in the centre.

All inspection findings regarding compliance and non compliance are discussed in further detail within the inspection report and accompanying action plan.

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 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 location, design and layout of the centre was suitable for its stated purpose and function and is well equipped to meet the needs of residents.

This was a newly acquired premises in a quiet rural location. The resident had already visited the premises as part of their transition plan and the house was decorated with the resident to their individual tastes. It was a very homely atmosphere and the resident had already been facilitated to meet the neighbours and was very involved in the decision making process. There was good evidence of consultation with the resident regarding the design and layout of this premise.

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 areas 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 all waste as and where required
- Adequate facilities for residents to launder their own clothes if they so wished

The house was found to be finished to a high standard internally and externally. The landlord was available on inspection and explained the sewerage and wastewater system that operated as well as the heating system. The inspector found no issues prevalent regarding the suitability of the premises.

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):

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

Findings:

There were proposed health safety and risk management systems in the centre to protect residents, visitors and staff. However there was no emergency lighting system in place within the centre.

The proposed systems regarding incident, accident and near miss management were found to be effective in design. The provider had good systems in place to ensure all hazards and risks were identified, assessed and control measures were in place.

The provider had appropriate fire equipment in place, a fire alarm, monitoring panel, fire extinguishers a fire register and fire emergency evacuation pack (including torches). Fire orders were displayed and the inspector found an evacuation drill had occurred with the resident who was moving into this house which took 20 seconds for a full evacuation. However there was not an emergency lighting system in place in this centre.

Judgment:
Substantially 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:

There was a written statement of purpose in place that accurately described the service provided in the centre. The service and facilities outlined in the statement of purpose reflected the proposed arrangements for the manner in which care would be provided in this centre.

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:

The proposed governance and management arrangements were found to be appropriately designed to monitor and develop the quality of care delivered to residents. The provider demonstrated effective management systems were in place to ensure this centre would be continually monitored and managed in accordance with the Regulations and Standards

The person in charge was found to meet the requirements of the regulations. The person in charge had appropriate qualifications and had eighteen years experience in various roles within intellectual disability services. The person in charge presented as knowledgeable in their role and professionally aware of their regulatory responsibilities. The person in charge managed one other designated centre (as person in charge) in addition to being involved in the management of four other designated centres.

The person in charge worked full-time and was found to be appropriately and directly involved in the governance, operational management and administration of the designated centre.

The inspector was satisfied that the person in charge had strong proposed systems in place and was continually attempting to improve the quality of service and experience of the residents.

Performance management systems were in place and the rosters reflected an individualised 'wrap-around service' that was delivered by a core team. This offered high levels of consistency to residents.

There were good systems of auditing and review evident. For example in the areas of care planning, health and safety, financial auditing and medication management. The person in charge showed the inspector the community planner which was a checking system designed specifically for each designated centre. In addition, there was an A-Z tool devised to support staff with understanding all policies, procedures and local protocols within the centre.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0004080
Date of Inspection:	02 June 2016
Date of response:	09 June 2016

Requirements

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

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was not an emergency lighting system in place.

1. Action Required:

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

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

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

We are aware that there are Tripartite discussion 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: 31/08/2016