

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0004082
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Margaret Melia
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	0

## 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: 23 June 2016 10:30 To: 23 June 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

**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 second 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 15 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 inspector met with five residents. The residents presented as content and well cared for over the course of this inspection. Residents communicated with the inspector and gave valuable insight into what it was like to live in the centre.

The inspectors spoke with and observed the practice of staff members. There was primarily one staff member on duty in each location however the inspector spoke with a number of staff over the course of this inspection. The inspector observed

practices and reviewed documentation such as personal plans, medical/healthcare records, risk assessments, rosters, complaints, notifications, incidents/accidents, training records and policies and procedures.

#### Description of the service

The provider had a statement of purpose in place that clearly explained the service that 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 eight female residents who had an intellectual disability. Some residents had very specific healthcare needs and all residents required on-going support and care in their lives.

The centre comprised of two large bungalows located within 3km of each other. 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. Residents spoken to presented as well cared for and happy in their homes.

The inspector found that while residents enjoyed a good quality of life in this centre some improvements were required in certain areas to ensure regulatory compliance.

These areas are as follows:

- Safe and Suitable Premises (Outcome 6) - Some internal repair and decoration was required in one part of the centre.
- Health, Safety and Risk Management (Outcome 7) - Improvement was required to ensure all staff knew all of the areas of risk prevalent in the centre.
- Governance and Management (Outcome 14) - There was not a person in charge in place in this centre at the time of inspection.
- Workforce (Outcome 17) - Improvement was required regarding the induction of staff and the provision of consistent staffing that are knowledgeable of resident's assessed needs.

All 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 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):**

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

**Findings:**

The inspector found that residents rights, dignity and consultation needs were being well met in this centre.

The inspector spoke to five residents who informed the inspector they were very happy in their homes. Some residents highlighted their likes and dislikes and one resident highlighted that they were part of an advocacy group called 'Speak Up'. Some residents spoken to in one unit stated that the staff supported them very well and they enjoyed living in the centre.

Resident's privacy and dignity was well supported through the provision of appropriate private rooms and professional supports around resident's needs, wishes and preferences.

Residents expressed choice around where they went, the activities they participated in and the food and menus in the houses.

Residents spoke about their different holiday destinations and presented as well supported with their decision making.

The inspector reviewed complaints and compliments and had no concerns with the system in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found some very accessible and well developed individual assessments and personal plans for residents in this centre.

Residents were found to have comprehensive social care plans in place that were reviewed and up to date.

The inspector found that personal plans and person centred plans were comprehensive, multidisciplinary and accessible to residents in this centre. Two residents showed their electronic devices with their likes and dislikes and pictures of family, friends and activities they enjoyed to the inspector. One resident showed a detailed person centred plan that was well developed in consultation with them and had clearly defined and measurable goals and objectives.

Residents described activities they enjoyed doing such as attending community day care programmes and community groups they were involved in. Some residents were observed going shopping on the day of inspection with staff. The residents were preparing for an annual organisational family day/garden party in the providers grounds. Residents told the inspector they were really looking forward to this event.

Some staff demonstrated very good knowledge of resident's personal plans and their needs, wishes and preferences. However some staff were found to have little to no knowledge of residents personal plans and did not know where to locate residents person centred plans when asked for same. This issue will be addressed under outcome 17 (Workforce).

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that overall these premises were in line with the facilities outlined in the centres statement of purpose. There were two houses as part of this designated centre and four residents resided in each house.

The inspector found:

- Appropriate private and communal spaces for residents and visitors
- 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
- 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 with appropriate equipment available to support 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

Resident's bedrooms were well decorated and personalised to individual tastes. Some residents showed the inspector their rooms and stated they were very happy with their home.

The inspector noted some internal repair was required on the ceilings on one premises whereby a leak had occurred but had not been fully repaired and redecorated.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that while a comprehensive policy was in place regarding risk identification and risk management some staff on duty were not aware of the areas of risks within the designated centre.

The inspector found risk assessments, control measures and safety plans in resident's personal plans. The inspector was informed that the risk register was being updated at the time of the inspection and was therefore not in the centre.

The inspector reviewed a number of accidents, incidents and near misses which were recorded in a log in the designated centre.

Some risk areas that were evident in this centre included residents who were at risk of falls, behaviours of concern, epilepsy, dysphasia and diabetes management.

Some staff spoken to indicated all areas of risk and demonstrated good knowledge as to the risks, the control measures and care plans in place to best support residents who were susceptible to certain risks. However, not all staff demonstrated this level of knowledge. Identified risks in relation to care supports for residents was not known to some and they were not appropriately aware of residents eating, drinking and swallowing assessments, modified diets or mobility support needs.

**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):**

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents being harmed or suffering abuse. The provider's policies and procedures to respond to allegations, disclosures or suspected abuse were in place and in line with national guidance on protecting vulnerable adults.

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 a feature in discussions with staff and the documentation reviewed.

Financial assessments and safeguards were in place to protect resident's finances and checking systems were in place to monitor and record residents finances.

Residents spoken to informed the inspector that they felt safe and well cared for their home.

**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:**

The inspector found that residents were supported to enjoy best possible health. Residents presented as content and well cared for on inspection. Residents informed the inspector they were satisfied with their care and one resident informed the inspector they were going to the pharmacy to collect some medication on the date of inspection.

Resident's health care plans were reviewed and the inspector found that residents had professional up to date care plans in place and good access to allied health professionals. In reviewing resident's calendar of appointments the inspector found that residents had frequent access to their general practitioner, specialist clinical support and dental care.

Speech and language assessments and guidance regarding residents requiring modified diets were found in place. Residents were observed as having good choice in terms of food and nutrition with food and drinks freely available in both locations. Residents were observed assisting with meal preparation and participated in the weekly grocery shopping on the day of inspection. All residents spoken to stated the food was good where they lived and had no complaints regarding same.

**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:**

While there was a clear management structure within this service the designated centre did not have a person in charge in place.

The inspector found that a vacancy had not yet been filled for the role of person in charge since the previous post holder vacated the post four months previous. There were deputising arrangements in place (in both locations) and a local manager was in place who had oversight over the service area. The provider stated recruitment was taking place to fill the person in charge role.

The inspector found that the absence of a full time person in charge did not meet the requirements of the regulations. While the local manager had oversight of the service there were a number of areas that were only very recently reviewed and in their infancy in some cases. For example, personal plans, risk management procedures and control measures and the centres adherence and compliance with organisational policy and regulatory requirements. The presence of a person in charge to continually manage, monitor and review the effectiveness of care delivery was required in this centre.

**Judgment:**  
Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found the staff numbers were adequate in this designated centre in the two locations inspected. Some staff spoken to presented as very knowledgeable regarding the residents they were providing care for. However, as highlighted earlier in this report, issues regarding appropriate staff knowledge were a concern in some parts of this centre.

The inspector found one unit of the designated was reliant upon relief staff. Effective induction was not in place to ensure relief staff were adequately informed and knowledgeable in relation to assessed needs of residents.

The local manager (who arrived at the centre to meet the inspector) highlighted a further induction would be completed with relief staff and this was facilitated on the date of inspection whereby a permanent staff member was brought into the centre to support the relief staff member. The local manager stated induction into all areas of risk and care would be completed with the staff member and the inspector observed this taking place prior to completion of this inspection.

The inspector reviewed staff corporate induction, rosters and training documentation and found this to be in order.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0004082
<b>Date of Inspection:</b>	23 June 2016
<b>Date of response:</b>	25 July 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 06: Safe and suitable premises

**Theme:** Effective Services

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

The ceilings in one part of the centre had a number of leak damage areas and required repair.

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

**1. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The maintenance department reviewed the ceilings, no leak found. Ceilings repaired and painted.

**Proposed Timescale:** 01/07/2016

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

**Theme:** Effective Services

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

The system in place for the assessment, management and on-going review of risk was not found to be fully effective as some staff were not aware of the risks prevalent in the designated centre.

**2. Action Required:**

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

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

All new staff to this centre will complete initially a two hour induction to the centre covering risk in relation to each individual and the prevalent risks in the centre prior to commencement on duty. Inductions are now more individual focussed. We are in the process of developing a communication passport for each individual which is person centred and will detail all risks and other relevant information.

**Proposed Timescale:** 19/08/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

There was no person in charge in place.

**3. Action Required:**

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

A Person in Charge has since been appointed.

**Proposed Timescale:** 08/07/2016

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Continuity of care was not being delivered to residents based on their assessed care and support needs due to gaps and absences of staff knowledge.

#### **4. Action Required:**

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The core staff team for this centre has been restructured to provide more continuity of care. Revised induction programme has been introduced and the introduction of person centred communication passports will enhance knowledge base for new staff.

**Proposed Timescale:** 19/08/2016