

**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 Health Service Executive
<b>Centre ID:</b>	OSV-0004705
<b>Centre county:</b>	Westmeath
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	Louise Renwick
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
21 June 2016 10:30	21 June 2016 18:30
22 June 2016 09:30	22 June 2016 15:00

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

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

**Summary of findings from this inspection**

**Background to Inspection**

This was an announced registration inspection. At the time of inspection the legal provider entity was the Health Service Executive (HSE). The registration inspection was taken on foot of an application to register the centre by Muríosa Foundation to become the new provider for the centre. The centre last had a monitoring inspection January 2016 where major non compliance was found in Governance and Management and moderate non-compliance in Social Care Needs when the centre was under the auspices of the HSE.

This inspection gathered evidence to assess the fitness of the applicant provider, Muríosa Foundation, in providing safe and appropriate supports to residents in line with the Care and Welfare Regulations and Standards. This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Muríosa Disability Services. The centre previously was part of the Health Services Executive (HSE) however after a tendering process Muríosa took over the running of the service in May 2016.

Until the centre has been registered with HIQA the HSE have maintained the responsibility of being provider nominee. Muríosa and their staff team however, participate in the day to day operations of the centre and once registered will assume the responsibility of provider nominee.

In the meantime the proposed person in charge from Muríosa reports to the HSE on a daily basis regarding the staff on duty, information on any incidents occurring in the centre, notifications and general progress being made overall.

#### How we gathered evidence

The inspectors met with four residents, the proposed person in charge, the team leader, the area manager, and four staff members over the course of this inspection. Feedback was also provided to inspectors from questionnaires completed by five residents and one family member. Residents were happy for the inspectors to read their personal plans and to view their home and bedrooms.

The inspectors also spoke with the proposed person in charge and team leader in detail over the course of the inspection. Key policies and documents were also viewed as part of the process including a sample of care plans, positive behavioural assessments, the risk management policy, complaints policy, the safety statement and the fire register.

#### Description of the service

The centre comprised a single story house supporting male and female residents. It was located in the midlands and was in close proximity to a number of towns which provided access to a range of amenities such as shops, restaurants, churches, shopping centres, hotels, pubs and cafes. The centre provided adequate transport for residents so as they could frequent the nearby towns and partake in other community based activities as and when required.

#### Overall judgment of our findings

This was a registration inspection and was to assess centre for the purposes of registration. Overall the inspectors were assured that residents' received a safe and good quality of service. Of the 18 outcomes assessed 15 were found to be compliant including residents rights and dignity, communication, safeguarding, healthcare needs, governance and management and workforce. Social care needs and risk management were found to be substantially compliant while contracts of care was found to have a moderate non compliance.

These are further discussed along with the action plan at the end of this report.

**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 inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents were being promoted and residents' choice was supported and encouraged.

Policies and procedures were in place to promote or ensure residents were consulted with, and participated in, decisions about their care and about the organisation of the centre. For example, residents were supported to hold weekly meetings to discuss any issues in the house, plan weekly menus and decide on what social activities to participate in.

Residents and their representatives were also supported and encouraged to be involved and participate in all aspects of their care and support plans. Muiriosa had also sent information to all family members about the centre, how to make a complaint, how to contact the designated officer and the upcoming HIQA inspection.

Access to advocacy services and information about resident rights formed part of the support services made available to each resident. Since Muiriosa began participating in the running of the centre a referral had been made for one resident to access an independent advocate. The identity and contact detail of the external advocate was also made available to all residents and was on display in the centre.

Arrangements were in place to promote and respect resident's privacy and dignity, including receiving visitors in private. Inspectors observed staff members treat residents with warmth, dignity and respect at all times over the course of the inspection process.

Of a sample of intimate care plans reviewed, they were found to be informative of how best to support the residents while maintaining their dignity and respect. Staff were also able to verbalise to inspectors how best to support each resident in an individual, dignified and respectful manner.

A complaints policy was in place in the centre which was reviewed in 2015. The policy informed that the centre was committed to safeguarding the rights and dignity of each resident and providing a complaints management process that was fair and transparent and impartial.

The complaints procedure were displayed in the lobby of the house and an easy to read version was also available. A dedicated log book for recording complaints was present. A sample of complaints was viewed by the inspectors and it was found that complaints were being dealt with in an open and transparent manner.

It was also observed that staff were encouraged and supported to bring any area of concern or a complaint to the attention of the proposed person in charge and team leader.

For example, a staff member had complained that one resident was being targeted by another. The complaint was logged and the proposed person in charge and team leader had put a number of steps in place to address the issue. The issue was also being monitored closely and on a weekly basis.

A policy was also in place to protect each resident personal possessions, property and finances. The aim of the policy was to safeguard residents against financial exploitation. Each resident had completed a financial management capacity assessment which found that they all required staff support to manage their finances.

The inspectors viewed a sample of residents finances and found that the systems in place to support each resident manage their monies was transparent and robust. For example, receipts were required for all purchases made and each resident's financial account was checked twice daily by two staff members to ensure all monies could be accounted for. Each resident also had an inventory of their personal items on their file.

**Judgment:**  
Compliant

**Outcome 02: Communication**

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

**Theme:**  
Individualised Supports and Care

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

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

**Findings:**

There was a policy available on communication with residents and inspectors found that staff members understood the individual communication needs of each resident living in the centre.

A policy on communicating with residents was developed in 2014. The aim of the policy was to give guidance to staff on the importance of effective communication with all residents residing in the centre. Inspectors observed that arrangements were in place so that residents were supported and assisted to communicate in accordance with their identified needs and preferences.

For example, one resident who had difficulties hearing was being supported to develop their sign language and communication skills. Since Muiriosa had taken over the running of the centre they had sourced external expertise to support this resident to develop their sign language skills. This expert, along with the resident was also providing sign language training to staff working in the centre.

Residents' communication needs were identified in their communication assessments. From a sample viewed, the inspectors found that the assessments captured the individual communication requirements of each resident.

The proposed person in charge was also sourcing the possibility of using assistive technology in supporting the communication needs of other residents. Some residents had computers and since Muiriosa had taken over the centre they had installed the internet for residents use. The team leader informed the inspectors that they were exploring specific communication applications on line that could be of support to the residents.

The inspector also found that residents had adequate access to radio, television, newspapers and internet in the centre.

**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:**

The inspectors were satisfied that family, personal relationships and links with the community were being actively supported and encouraged. There was also a policy in place which outlined that visitors were welcome in the centre.

The centre had a visitor's policy which was reviewed in 2014. The aim of the policy was to ensure that visits by family and friends were always welcome in the centre, to promote an open door policy and to provide a warm, welcoming, comfortable and relaxed atmosphere for visitors. An overview of the policy was also on display in the lobby.

From a sample of residents files viewed, the inspectors observed that family members were being encouraged and supported to keep in regular contact each resident. Residents, families and where required advocates of residents were invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

Residents were also supported to keep in regular contact with family members by being facilitated to visit family homes and supported to make phone calls to family members.

The inspectors also observed that the proposed person in charge and staff team had gone to significant efforts to ensure that regular contact with family members formed part of the personal planning process for each resident.

The inspectors observed that residents were also supported to develop and maintain personal relationships and links with their community. Residents frequented the local shops, shopping centres and restaurants and transport was provided for trips further afield.

There were no volunteers working in the centre however, the proposed person in charge and team leader informed the inspectors that in the past one resident had a 'buddy system' in place. This had ceased however, staff were actively trying to re-establish this connection in order to support the residents have friends and natural connections with their communities. The proposed person in charge was aware of her statutory remit regarding the use of volunteers in the centre.

**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:**

Inspectors reviewed policies, procedures and the Statement of Purpose and found that there were transparent criteria for the admission, transfer and discharge of residents into Muiriosa Foundation Limited and the designated centre. However, there were some safeguarding issues associated with the current mix of residents living there, as placed prior to the new proposed provider participating in operations.

Inspectors reviewed all evidence in relation to this, and found that the proposed new provider had put adequate measures in place to ensure residents' safety and promote each individual's rights. An interim Safeguarding plan was in place, with additional staffing and amended supports which were alleviating any safety issues in the short term. However, a long term plan was necessary to address the suitability of the centre for all residents in the future.

As the centre was in the process of being taken over by Muiriosa Foundation Limited, signed written agreements were not yet in place. Inspectors reviewed a generic template agreement which outlined the care and support that would be offered to residents of this centre.

At the time of inspection, the cost of rent and/or contributions along with additional charges had not yet been agreed or discussed with residents and their representatives. The provider informed inspectors that this would be done once the centre was registered and full responsibility was held by Muiriosa Foundation Limited.

**Judgment:**

Non Compliant - Moderate

**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:**

Inspectors found that the social care needs of each resident was being supported and facilitated in the centre. However, it was also observed that comprehensive assessments of health and social care needs was a work in progress and had yet to be completed for each resident.

Inspectors found that the wellbeing and welfare provided to the residents was to a good standard however, from a sample of files viewed comprehensive health and social care plans were a work in progress and required further development.

The inspectors took into consideration that since Muríosa were only participating in the management of this centre since May 2016, significant work, consideration and reflection was being put into the process of getting to know and discover each individual at an in-depth level and developing comprehensive care plans for each resident.

Inspectors viewed a template of how this work would be progressed and from talking to the team leader and a service coordinator were assured that given time this work would be completed in detail for each resident.

Staff supported residents to use local amenities such as pubs, shops, cinema, bowling, shopping centre and restaurants on a regular basis. Residents were also supported to undertake activities of interest such as go to petting farms, GAA and equestrian centres. Other residents had been supported to join a local leisure club which they frequented regularly

Of the residents spoken with by inspectors, they stated that they were very happy with the supports provided by staff in the centre and inspectors observed that residents enjoyed social outings with staff members. Feedback from family members via questionnaires was also positive.

However, and as stated above the centre had yet to complete comprehensive assessments of health and social care needs for each individual residing in the centre.

**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):**

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

**Findings:**

Inspectors determined that the design and layout of the building was suitable for its stated purpose.

Inspectors found there to be ample communal space for residents, with a large living cum dining room, large sitting room and conservatory for communal use for up to five residents. One resident had their living space to the back of the building with its own exit point, living room, bedroom and bathroom separate to the main communal areas.

Residents all had their own bedrooms which offered sufficient space for clothing, furniture and personal belongings.

There was access to outside space for residents at the back of the building, with a swing in place along with a large external metal shed which was going to be changed into a sensory space for residents. Inspectors reviewed quotes and correspondence for the installation of specialist multi-sensory equipment.

Overall the building was found to be very accessible, with one level throughout, wide doorways and corridors. Since the new provider had taken over operations all internal doors were unlocked and all rooms of the building were open to residents.

Residents could freely access the outside space and garden to the back of the house should they wish to. Inspectors observed residents moving freely around all parts of the designated centre over the two days.

Inspectors found the particulars of Schedule 6 to be met and the building was clean and well presented on the day of inspection.

**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:**

Inspectors determined that the health and safety of residents, staff and visitors was promoted and protected. Inspectors reviewed documentation in relation to health and

safety including the safety statement, risk assessments, emergency plans and policies and procedures and found that they guided safe practice.

Inspectors found that there were effective fire safety management systems in place. The centre had a fire detection and alarm system in place which was linked to self closing fire doors around the building. The centre also had emergency lighting and suitable fire fighting equipment located throughout the building such as fire extinguishers and fire blankets.

These had all been serviced and checked by a relevant professional and deemed to be functioning. Documentation reviewed by inspectors verified this also. Staff had received training in fire safety and the use of fire fighting equipment by a relevant professional, with records of this maintained by the provider and available for inspectors review.

While there was a generic fire order on display in the centre, a site specific procedure on how to respond in the event of a fire had not been written up. Inspectors spoke with staff and the proposed person in charge who could demonstrate how they would respond if there was a fire during the daytime, or at night time. Each resident had a personal evacuation plan outlining any supports that they might have in the event of an evacuation.

A night time drill had not yet been carried out since the proposed new provider began participating in the centre. This was planned for Wednesday 29th June 2016 and the proposed person in charge outlined that any learning gained from this drill would be considered and inputted into personal evacuation plans and the procedure to be followed.

Inspectors reviewed the policy in relation to risk management along with the risk register for the centre and found that there was a process in place for identifying, assessing, managing and reviewing risks in the centre. One risk was identified by inspectors as having not been formally assessed in relation to residents smoking.

Inspectors spoke with staff about this and were satisfied that control measures were in place to safeguard residents who smoked from harm, and to ensure safe practice for extinguishing cigarettes. On day two of the inspection, the proposed person in charge had documented this risk and added it to the risk register.

Inspectors found there to be a record of all accidents, incidents and adverse events in the centre. These were reviewed routinely by the proposed person in charge to determine what learning could be gained, and to ensure any additional controls implemented. For example, after a resident had a fall in the centre their falls risk assessment had been updated.

On review of the risk register and through the course of the inspection, inspectors found there to be low risk in the centre in relation to infection control. Alcohol sanitizer gel was available for staff and residents to use along with personal protective equipment such as gloves.

**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):**

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

**Findings:**

Overall inspectors found that there were adequate systems in place to protect residents from all forms of abuse in the centre.

There was a policy on, and procedures in place in relation to safeguarding vulnerable adults, which provided clear guidance to staff on how to manage any incident of concern arising in the centre. The policy, which was updated in 2015 provided staff with the knowledge on how to recognise abuse and their responsibility in reporting it.

There was also a trust in care policy in place which was reviewed in 2016. This policy was to give guidance to staff in identifying abuse and implement measures vulnerable adults. All staff had up-to-date training in client protection and from speaking with staff inspectors found them to be knowledgeable in relation to what constitutes abuse and the related reporting procedures.

Inspectors also found that staff were good advocates for residents and they had recently expressed concerns to the proposed person in charge about one resident in particular they had concerns about. In response to those concerns the proposed person in charge provided additional safeguarding supports for the resident and additional staffing hours, which at the time of inspection was improving the situation all round.

The proposed person in charge also informed inspectors there was a designated person to deal with any allegations of abuse. Staff spoken with were able to identify the designated person and details on how to make contact with the designated person were on public display in the centre and had been sent to all family members as well.

There was a policy in place for the provision of intimate personal care. Personal and intimate care plans were in place and provided comprehensive guidance to staff ensuring, consistency, privacy and dignity in the personal care provided to each resident.

There was also a policy in place for the use of restrictive practices in the centre. The aim of the policy was to ensure that the human rights and fundamental freedom of the residents took precedence at all times in the centre. There were a number of restrictive practices in place such as locked wardrobe doors and limited access to certain rooms in the house.

However, by the time of this inspection the team leader and proposed person in charge had evaluated, reviewed and removed these restrictions. Residents now had access to their clothes and could access all communal rooms and space in the centre.

There was a policy for the provision of behavioural support which was reviewed in 2014. The policy informed that the service was committed to responding to residents who engage in behaviours of concern in a respectful, non-aversive and non-restrictive way through the provision of positive behavioural support.

From a sample of files viewed, comprehensive positive behavioural support assessments were being carried out with regular support by a team of multi-disciplinary professionals. These were to analyse the antecedents to behaviours of concern, the specific behaviours and consequences of those behaviours.

Inspectors were assured that from these assessments comprehensive positive behavioural support plans would be developed for each resident that required one.

All staff had introductory training in managing behaviours of concern and it was also observed that they were enrolled on a comprehensive training package to further enhance their knowledge and skills on how to support residents with challenging behaviour.

Staff also had up-to-date training in first aid and manual handling.

**Judgment:**  
Compliant

#### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

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

#### **Findings:**

Inspectors found that there was a system in place for the recording and review of adverse events in the designated centre.

On review of these records, inspectors determined that any notifiable event had been notified as required. The proposed person in charge understood their regulatory role in relation to the submission of notifications to HIQA.

**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:**

Inspectors found that residents living in the centre had opportunities for new experiences and social participation which would form a key part of their health and social care plans once completed. Residents engaged in a variety of social activities facilitated by both day and residential services.

During the course of the inspection, inspectors observed residents being supported to use their local amenities in their community. For example, residents were supported to go on shopping trips to nearby towns. All residents were also supported to access local facilities such as local shop, restaurant, and pub.

There was a policy in place on lifelong learning, access to education and training and development for the residents residing in the centre. The policy informed that the centre was committed to providing and supporting opportunities for lifelong learning and recognised the importance of education and training in connecting residents to their communities.

Of a sample of files viewed, it was also identified that opportunities for residents were being explored to develop their skills and maintain/support levels of independence appropriate to their needs and requests.

For example, a plan was being devised for one resident to become more independent regarding personal care. Another residents was being encouraged to develop their communication skills with the support of an expert in sign language.

The use of information technology was also being explored with other residents. One resident in particular had skills in numeracy and literacy and this talent was being further supported with the provision of numeracy and literacy classes for the resident.

The proposed person in charge, team leader and Coordinator also informed inspectors that they would be engaging residents in activity sampling so as to discover and assess what activities the residents would like to participate in and what skills they would like to develop.

One resident was very fond of art and over the course of the inspection the inspectors observed them keenly painting with support from staff. Some of the residents' pictures were on display in the centre of which they were very proud of.

**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:**

Inspectors found that residents healthcare needs were met in the designated centre. Residents had access to a range of healthcare professionals such as Speech and Language Therapy (SALT), dietician services, podiatry, chiropody, psychiatry and occupational therapy (OT).

The proposed person in charge had arrangements in place that all residents had access to a general practitioner (GP) and healthcare needs were being responded to appropriately.

The proposed person in charge and staff team had initial care planning documentation in place for each resident, and over the past four weeks had been gathering and recording information to better inform each residents' plan. Any current healthcare needs were also being responded to appropriately.

Inspectors spoke with staff and reviewed documentation and found that while current healthcare needs were being met in the centre, improvements were required to documentation to ensure a comprehensive assessment and detailed plan was in place for each resident. This would ensure all aspects of healthcare were adequately planned for. This has been previously discussed under outcome 5 Social Care needs.

Inspectors observed residents at mealtime, and found that residents were offered choice. For example, on the day of inspection a resident did not want the meal prepared

and was assisted in having a different option. Referrals had been made by the proposed person in charge for some residents to attend dietician services. Residents with swallowing difficulties had been seen by SALT with guidelines in each individual's care plan.

**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:**

Inspectors found that residents were protected by safe medication practices, guided by policy and procedures.

During the inspection, inspectors observed residents receiving medication on a number of occasions. There was clear documentation in place for each resident with regard to any medicines that they were prescribed.

Each prescription record had a photograph of each tablet which staff checked against the contents of the blister pack. Medicine was administered in a person centred manner, with staff taking time to attend to each residents' needs.

There was a pharmacist available to residents, who had visited the centre and who carried out audits on the practices of managing medicines. Training had been provided to all staff on the safe administration of medication which included three assessments following training. Inspectors noted staff had all attended this training, and medication errors were low in the centre.

At the time of inspection, there were no PRN (as needed) medicines in use for modifying a person's behaviour. Other PRN medicines had clear protocols guiding their use, included the maximum dosage in 24 hours.

For example, the administration of paracetamol for pain relief. Any resident who required emergency medication for the management of seizures had clear written protocols in place. Staff were trained in epilepsy and the administration of the emergency medicine.

Over the two days of inspection, staff were observed bringing emergency medicine and written protocols with them in a discreet bag when leaving the centre with residents. This was in line with local procedure.

**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:**

Inspectors reviewed the Statement of Purpose and noted that it was missing some of the information required by the Regulations.

This was brought to the attention of the proposed person in charge and team leader who set about immediately rectifying the situation and inspectors were provided with an amended Statement of Purpose which contained the necessary details.

**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:**

Overall inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was managed by a suitably qualified, skilled and experienced person in charge (this was the proposed person in charge from Muiriosa) who was supported in her role by an experienced and qualified team leader. From speaking with the proposed person in charge and team leader it was evident that they had a good knowledge of the individual needs of each resident.

Both were also aware of their statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to their remit to the Health Act (2007) and Regulations.

Inspectors found that appropriate management systems were in place for the absence of the proposed person in charge. There were qualified full time team leader working in the centre and there was an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

The proposed person in charge was supported by a senior management team and by a team of suitably skilled and qualified staff. Inspectors found that the proposed person in charge and team leader provided good support, leadership and direction to the staff team.

The HSE had made the annual review of the quality and safety of care and support of the centre available to the proposed person in charge on the day of the inspection. This review had been completed in January 2016. The review clearly highlighted areas of concern such as the cleanliness and upkeep of the centre.

The inspectors observed that while the proposed person in charge did not have timely access to this annual review, the centre was clean and tidy on the day of inspection. The proposed person in charge informed inspectors that she sourced contract cleaners as she was not satisfied with the general hygiene of the centre.

The proposed person in charge also informed inspectors that the staff team would now assume the responsibility for the upkeep of the centre and that once registered, Muiriosa would take over the responsibility of conducting the annual review of quality and safety.

The proposed person in charge and team leader had also undertaken internal audits. These audits were thorough and clearly identified both areas of compliance and non-compliance in the centre. For example, some issues were identified with how residents' finances and individual purchases were being recorded. These issues had been actioned and addressed by the time of this inspection.

**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:**

Inspectors reviewed the application to register the centre and spoke with the proposed person in charge and found that there were arrangements in place for her absence.

There was a team leader in the centre who was identified as the person deputising for any absences. There was also an on call system in place for the region to support staff out of hours. The provider (Muríosa) were aware of their regulatory requirements to notify HIQA of any absences exceeding 28 days.

**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:**

Inspectors found that the centre was effectively resourced to deliver a service in line with the Statement of Purpose, and to ensure residents care and support needs were met. Inspectors determined staffing resources were adequate as will be discussed under outcome 17.

There was a vehicle available to the designated centre to facilitate residents' daily activities and routines. As mentioned under outcome 6, the requirements of Schedule 6 of the Regulations were met.

**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:**

The inspectors found that arrangements were in place to ensure that an adequate number of core staff and skill mix were available at all times to meet the needs of the residents living in the centre.

The proposed person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation. From a sample of files viewed, it was found that staff had up to date training in safeguarding, manual handling, fire safety and managing challenging behaviour. A comprehensive training package on positive behavioural support was to be provided to all staff in July 2016.

Staff were also facilitated to attend training in first aid, infection control, care planning, managing complaints and had attended a comprehensive induction programme prior to working in the centre. It was also observed that all staff either held relevant third level qualifications or were being supported to attain a qualification.

Staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspectors reviewed a sample of staff files and found that records were maintained and available in accordance with the Regulations.

The proposed person in charge provided good support and leadership to her staff. While formal supervision had yet to be facilitated the inspectors viewed a template as to how this would be facilitated and were satisfied that adequate arrangements would be in place to facilitate this process.

The inspectors also observed that there was good continuity of care in the centre as Muríosa had employed a core staff team who worked on a full time basis with the residents. At all times throughout the inspection process inspectors observed staff interacting with residents in a professional, warm, caring and dignified manner.

**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:**

Due to the provider being in operation of this centre for four weeks at the time of the inspection, some improvements were required to the planning documentation as previously mentioned under outcome 5 and outcome 11.

Inspectors found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. Inspectors found that a directory of residents was maintained and up-to-date.

Written organizational policies and procedures were in place to inform practice and provide guidance to staff as required by Schedule 5 of the Regulations. Some additional work was required in the future to ensure all policies were centre specific and guiding local practice, but overall inspectors found the policies were in place and available to staff.

The inspector reviewed a sample of staffing records and found that they were maintained as required and outlined under outcome 17 Workforce.

The inspector found that appropriate insurance cover was in place for the designated centre, with evidence submitted as part of the application to Register.

**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:***

Raymond Lynch  
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 Health Service Executive
<b>Centre ID:</b>	OSV-0004705
<b>Date of Inspection:</b>	21 June 2016
<b>Date of response:</b>	12 August 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 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

The current mix of residents was in need of review to ensure a long term plan was in place to protect residents from abuse from their peers.

<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 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

- The following organisational Policy document on Access Discharge and Transfers to the Muiriosa Foundation and the local documents: Statement of Purpose and Function and "Standard Operating Procedure (SOP) Admission, Discharge or Transfer of an individual to or from a new designated centre" ensures that proper consideration is given to compatibility of each individual impacted by the proposed admission/transfer.

In order to review the current mix of residents and to plan in the longer term to protect residents from abuse from their peers the following actions are planned:

**Actions Planned:**

- A futures planning meeting is scheduled for the 10th August 2016 to consult with the individual's family members and allocated staff team in identifying the most desirable future for the resident.
- An in-depth transition plan will be developed to support the individual in identifying a more suitable living environment.
- A suitable designated centre will be sought for one individual.
- Once a suitable arrangement has been secured, the individual will be supported in transitioning to the new living arrangement in line with the transition plan in place.
- The Person in Charge will ensure links are maintained with the Psychology and Behaviour Support Team through accurate recording and reporting of incidents in order to inform comprehensive behaviour support plans and identify relevant support required for the transition.

**Proposed Timescale:** 30/12/2016

**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:**

Comprehensive health and social care plans were a work in progress and had yet to be completed fully for each resident residing in the centre.

**2. Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

- Each individual residing in the centre has been assigned a key worker.
- Key workers have assumed the responsibility of completing comprehensive health and social care plans for their key person, with the support from the Person in Charge.

•Meetings have been scheduled between key workers and family members as part of the information gathering and discovery process in developing individual comprehensive care plans.

**Actions Planned:**

•A comprehensive health and social care plan will be fully developed for each individual once historical information is amalgamated with current findings.

**Proposed Timescale:** 30/09/2016

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

**Theme:** Effective Services

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

While there were generic fire orders on display, a specific procedure of how to respond in the event of a fire had not been formulated.

**3. Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

•The Person in Charge has developed site specific fire orders for the centre, replacing the generic orders previously on display, to reflect actions to be taken in the event of a fire during the daytime, or at night time.

**Proposed Timescale:** 29/07/2016