### Centre name:
A designated centre for people with disabilities operated by Health Service Executive

### Centre ID:
OSV-0002486

### Centre county:
Westmeath

### Type of centre:
The Health Service Executive

### Registered provider:
Health Service Executive

### Provider Nominee:
Joseph Ruane

### Lead inspector:
Louise Renwick

### Support inspector(s):
Raymond Lynch

### Type of inspection
Announced

### Number of residents on the date of inspection:
5

### Number of vacancies on the date of inspection:
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 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

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

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Summary of findings from this inspection

Background to inspection
This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Muríosa Foundation. The current provider for the centre is the Health Services Executive (HSE) however Muríosa have applied to become the new registered provider and take over the running of the centre. Until the centre has been registered with HIQA the HSE have maintained the responsibility of being provider. However, Muríosa and their staff team manage the day to day operations of the centre.
How we gathered evidence
Inspectors met with five residents, the person in charge, the area manager, a number of family members and five staff members over the course of this inspection. Feedback was also provided to inspectors from questionnaires completed with support by five residents and two family members.

The inspectors also spoke with the proposed person in charge 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
As outlined in the statement of purpose, the centre is a dormer bungalow situated in a scenic rural location which supported five residents. The centre had two vehicles available for residents' use to enable them to access local amenities and day services.

Overall judgment of our findings:
This inspection was carried out to make a decision on the registration of the centre under the new proposed provider Muriosa Foundation. Overall the inspectors determined that residents received a service that was safe and of good quality. The incoming provider and new person in charge and staff team had been working in the centre for a short period of time by way of a formal agreement with the HSE as registered provider. Families spoke to inspectors of some of the positive changes that they had already seen for their relatives in this time.

Of the 18 outcomes assessed 14 were found to be compliant including residents rights and dignity, communication, safeguarding, healthcare needs, governance and management and medication management. Social care needs, premises and risk management were found to substantially compliant and there was a moderate non-compliance in workforce.

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 in the centre.

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, decide on what social activities to participate in and to update residents on any news relevant to the centre.

Residents and their representatives were also supported and encouraged to be involved and participate in all aspects of their care and support plans. Muríosa had also sent information to all family members about how to be involved in the care planning process 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 Muríosa staff began working in 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 and inspectors observed staff members treat residents with warmth, dignity and respect at all times over the course of the inspection process.
An issue was identified by inspectors, staff members and some family members spoken with regarding space for privacy when visiting the centre. While spacious, the centre had limited room for residents to receive visitors in private.

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.

While it was observed that at all times staff treated residents with dignity and respect, mealtimes presented some challenges. Because of the furnishings and layout of the centre it wasn’t always possible for staff to sit with residents during meals. At times staff would have to stand during dinner to provide support.

Both Muríosa management and staff were aware of this issue and the proposed person in charge informed inspectors they were looking at the layout and furnishings of the centre in order to address this issue. As above, this was further discussed and actioned under outcome 6: safe and suitable premises.

A complaints policy was in place in the centre which was reviewed in 2015. The policy informed that comments, complaints and compliments were welcome from residents, family, visitors and staff.

The complaints procedures 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. Muríosa staff had only been working in the centre for five weeks at the time of this inspection, however one complaint had been made.

This complaint was viewed by the inspectors and it was found that it was being being dealt with in an open and transparent manner. The issue had been dealt with and the person making the complaint was reassured that they could bring any issue at any time to the proposed person in charge.

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 protocol 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, some residents required the use of pictures to support their communication needs. Throughout the centre a lot of the information was made available in this pictorial format so the residents could access it.

Another resident used basic sign language as a way of communication. The inspectors observed that all staff had been signed up to undertake a course in sign language so as to enhance how they could communicate with this resident.

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. Where required, the use of allied health care professionals, such as a speech and language therapist was also sourced to support individual with their communication requirements.

The possibility of using assistive technology in supporting the communication needs of other residents was also in the discovery phase. For example, the person in charge and occupational therapist was exploring the use of computer applications and specialised assistive technology devices in order to support and build on the communications skills of non verbal residents.

Inspectors also found that residents had adequate access to the 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:
Inspectors were satisfied that family, personal relationships and links with the community were being actively supported and encouraged.

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.

The inspectors 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.

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 had been invited to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

There was also a protocol for communicating with family members which was developed in 2014. The aim of the policy was to promote positive communication with families in a respectful manner and to cultivate positive relationships with families.

The inspectors observed that all residents were being supported to keep in regular contact with family members and where required, staff members would accompany residents on visits to family homes as well.

As the centre was in a rural location, transport was provided to ensure residents could access the nearby towns. Here they frequented the local shops, restaurants, pub and shopping centres.

It was already identified previously in this report that there were issues with regard to receiving visitors and family members in private. This was discussed and actioned under outcome 6: safe and suitable premises.
**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**
Effective Services

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

**Findings:**
There were policies and procedures in place for the admissions, transfer and discharge of residents. Inspectors found that there was five residents living in the centre at the time of inspection, with no vacancies.

Inspectors were shown generic templates which outlined the terms and conditions of residents' care and support while living in the centre. These had not yet been discussed or signed by residents and/or their representatives. Additional costings or fees had not yet been discussed or agreed with residents. Inspectors were informed that this would happen once the proposed provider officially took over the responsibility of the centre.

**Judgment:**
Compliant

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**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 were 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.

Inspectors took into consideration that since Muiriosa staff had only been working in 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 a deep 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 proposed person in charge and some staff members, were assured that given time this work would be completed in detail for each resident.

The centre was in a very rural location. However, staff supported residents to access the local towns and a range of other local amenities and activities.

For example, from viewing a sample of files inspectors found that residents attended music sessions, were in a dog walking group, were supported on personal shopping trips, had dinner out regularly and frequented shops, barbers, pubs and cafes.

Some family members reported that they felt the residents social care needs were being supported very well and that it was great that residents were getting out and about on such a regular basis. 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.

It was acknowledged that Muríosa staff were only working in the centre for the past five weeks and that the assessments were a work in progress.

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 were not satisfied that the design and layout of the centre was ensuring adequate communal space for residents.

The designated centre catered for five residents with varying mobility issues. Each resident had their own bedroom which was decorated to suit their individual tastes and preferences. There was a sitting room, which two residents liked to use alone. Inspectors observed one resident becoming quiet and disengaged in conversation once the second resident came into the sitting room. Peer to peer incidents had occurred between these two residents in the past and this was a known risk to staff.

The main living space in the building was the kitchen cum dining room which also had sofas and armchairs. The furniture within this living space was not suitable to ensure a more positive mealtime experience. For example, staff needed to stand to assist a resident with his meal as the table was not large enough for residents and staff to sit together at mealtimes.

A conservatory off this main room was a designated office for staff to keep files, do paperwork and store medication. This conservatory had direct access to the patio garden area.

Inspectors discussed the communal space with the proposed person in charge and senior manager who outlined that they were aware of the issue and were considering alternative locations to the staff office in order to free up more communal space for residents' use.

Inspectors found the centre to be clean and well maintained. The centre was in a rural location and had a steep drive way up to the main door. Family members and staff raised concerns during discussions with inspectors that the location would be difficult to access in poor weather conditions or for residents who used wheelchairs. Families did not feel confident that the centre was appropriately accessible by emergency services in the event of an emergency. This was discussed with the proposed person in charge and senior manager and will be further discussed under outcome 7 Health, Safety and Risk Management.

Judgment:
Substantially Compliant

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

Theme:
Effective Services
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Inspectors found that the health and safety of residents, staff and visitors was promoted in the centre.

Inspectors reviewed the fire safety systems and found them to be adequately protecting residents, staff and visitors from the risk of fire. There was appropriate equipment in place which was routinely serviced by a qualified professional. For example, fire extinguishers and fire blankets, a fire detection and alarm system and emergency lighting. Fire exits were unobstructed and clearly identified. There was a daily and weekly checking system in place in relation to this. Residents all had personal evacuation plans, and fire drills had been carried out and recorded in line with best practice. Records showed that staff had received training in fire safety and the use of fire fighting equipment.

Inspectors reviewed the policies and procedures in relation to risk management and found them to be in line with the Regulations. Inspectors reviewed documentation and found that there was a safety statement in place and an emergency plan. As mentioned under outcome 6 families, staff and inspectors were not assured that any risks associated with the steep driveway had been appropriately identified and managed. The proposed person in charge and senior manager endeavoured to assess this risk to ensure that the centre could be accessed in all weather conditions.

Inspectors reviewed the record of accidents and incidents for the centre and found there to be a clear recording system in place with appropriate review and oversight by the proposed person in charge and senior manager.

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 to protect 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.

From speaking with staff members the inspectors were assured that they understood their role in protecting residents and the reporting procedures if they had any concerns.

There was also a designated person to deal with any allegations of abuse. Details of this person were on public display in the centre and also held on each residents file.

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.

When Muríosa staff began working in the centre in May 2016 there were a number of restrictive practices in place such as the use of bedrails. While these were still in use, they were now under review.

The proposed person in charge had developed log of all restrictive practices in use in the centre and had informed inspectors she was commencing a review of them all with appropriate multi disciplinary input.

There was a policy for the provision of behavioural support which was reviewed in 2014. The policy outlined 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 observed that there was psychiatry and regular psychology support available to the centre and were assured that from the positive behavioural support assessments, comprehensive positive behavioural support plans would be developed for each resident that required them.

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 safeguarding, 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:
On review of the record of accidents and incidents inspectors determined that where required, any event requiring notification to HIQA had been submitted within the specific time frame. The person in charge was aware of the regulatory responsibilities in relation to notifications.

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 opportunities for new experiences and social participation for residents was to form a key part of their health and social care plans once completed. Residents also 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 access the nearby town to go on shopping trips, get haircuts, go to a dog walking group and attend a music session. All residents were also supported to access the shops, restaurants, pubs and cafes in the town.

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 identified that opportunities for residents were being explored to develop their skills and experience new social opportunities. For example, staff were looking into the possibility of supporting a resident attend a flower arranging class as they liked gardening and flowers.

### 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 determined that residents health care needs were met in the designated centre. Improvements were required in relation to the assessment and planning documentation as previously discussed under Outcome 5.

Inspectors found that residents had timely access to a range of health care professionals, and were supported to attend appointments and follow ups. For example, General practitioner, Speech and Language therapist and psychology services.
Inspectors found that advice and recommendations as a result of such appointments was taken on board and incorporated into residents' personal plans.

Inspectors spoke with family members and reviewed family questionnaires, and found that families felt the staff in the centre appropriately supported this access to health care, and included them in information about their relative's care. As mentioned under outcome 5 some improvements were required in relation to a comprehensive assessment of need across all aspects of life. Family questionnaires made mention to this also in respect of assessing developmental needs.

Inspectors observed some meal times during the course of the inspection and reviewed menus. Inspectors determined that residents had choice around the meals they wished to eat, and were consulted in this process. A recent audit in relation to food hygiene had indicated that stickers should be placed on foods as they are opened to ensure they were used within a three day period of opening. This was evident on inspection and learning implemented. Inspectors saw a pictorial menu plan on the wall to assist residents to choose and understand the meals available.

During observations of dinner time, inspectors found the meal time experience to be functional in nature. This was due to the issue of space in the main communal room and a lack of appropriate furniture as mentioned under outcome 6 premises. Staff were aware that the manner in which they were supporting some residents with their meal could be more dignified. However, with the current space and furniture available they were restricted in their approach. For example, having to stand to assist a resident to eat due to a lack of suitable furniture.

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 determined that residents were protected by safe medicines management practices and policies.

There was an overarching policy in place regarding the management of medicines including the prescribing, ordering, administrating, disposing and returning of medicines. There was also a local policy on display for staff dated January 2016 which guided
practice in community house settings.

Inspectors observed a number of medicines being administered during the inspection, and also spoke with staff. Inspectors determined that staff practices were safe with one staff responsible for administering medicine for the duration of their shift. Staff were observed taking their time and double checking medicine against documentation.

There were written protocols in place for any p.r.n (as required) medicines such as paracetamol for pain relief.

Inspectors reviewed medication errors and found that any errors made had been reviewed, and positive changes put in place to ensure they would not reoccur. For example, the introduction of one staff being responsible for administering medicines throughout the shift.

**Judgment:**
Compliant

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**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 area director 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 to be managed by a suitably qualified, skilled and experienced person in charge who was to be supported in her role by an experienced and qualified team leader. The team leader was due to commence working in the centre the week after the inspection.

From speaking with the proposed person in charge it was evident that even though she was only working in the centre since May 2016, she had an in-depth knowledge of the individual needs of each resident.

She was also aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her 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. A qualified full time team leader was to commence 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.

There was also an on-call psychology system in place to provide out of hours psychology support to staff if or when required.

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

The HSE did not make 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 this inspection. However, a review undertaken on behalf of the HSE by an external provider was made available.
This review highlighted issues with regard to the hygiene of the centre and the need for adequate hand sanitizing to be made available. The inspectors observed that the centre was clean and tidy on the day of inspection and that hand sanitizing gels had been installed throughout the centre.

The proposed person in charge had also undertaken internal audits. These audits were thorough and clearly identified both areas of compliance and non-compliance in the centre.

For example, issues were identified with regard to the administration of medication and storage of food in the centre. By the time of this inspection both issues had been addressed satisfactorily.

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 determined that there were suitable arrangements in place for the management of the centre in the absence of the person in charge. The provider was aware of the requirement to notify HIQA should the person in charge be absence for a period of 28 days or more.

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 determined that the incoming provider had adequate resources to operate the designated centre in line with the Statement of Purpose and residents' needs.

There was a permanent staff team in place, with designated relief staff to cover any annual leave or other leave of staff. There were vehicles available for residents' use.

The requirements of Schedule 6 with regard to the building were in place.

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:
Inspectors found that arrangements were in place to ensure that an adequate number of core staff were available at all times in the centre. However, the completion of a comprehensive assessment was required to ensure that the skill mix was adequate in meeting all the assessed needs of some residents.

The proposed person in charge informed inspectors 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 (certificate to degree level) or were being supported to attain a third level 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 inspectors viewed a template as to how this would be facilitated and were satisfied that adequate arrangements would be in place.

Team meeting were held weekly and these provided an opportunity for staff to reflect on practice and to share information and bring new ideas to the table for discussion.

Inspectors observed that there was a core staff team employed by Muiriosa who worked on a full time basis with the residents. This would promote continuity of care for residents. The person in charge and wider team had commenced an assessment of the needs of each resident residing in the centre. However, while this assessment was informative it did not clearly define or demonstrate if the skill mix of the staff team was adequate in meeting the needs of each resident living in the centre. For example, if a resident required any nursing care. Families also mentioned that while they had been met with and included in discussions around their relative, they had voiced their queries with the person in charge regarding the qualifications and skill mix of the staffing team. At the time of inspection these queries were evidenced as being responded to by the management team.

At all times throughout the inspection process, inspectors observed staff interacting with residents in a professional, warm, caring and dignified manner.

Judgment:
Non Compliant - Moderate

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:
Inspectors found that the incoming provider had adequate policies and procedures in place as required by Schedule 5 of the regulations. For example, medication management, unexplained absence of residents and risk management. Inspectors also found that there was a selection of protocols in place specific to the designated centre. For example, a protocol to guide staff on assisting a resident to make tea.

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

Inspectors reviewed a sample of staff records for the designated centre and found that they were maintained in line with Schedule 2 of the regulations. For example, all files reviewed contained copies of Garda Vetting, any gaps in employment had been explained, and there was proof of identify.

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:
Louise Renwick
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002486</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>28 June 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 August 2016</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. Action Required:
Under Regulation 05 (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:
• Social Care Plans for each individual are complete and reviewed on an ongoing basis as needs arise with the key worker and the Person in Charge.
• Full Health Checks with each individual’s GP have commenced for each individual.
• Health Care Plans for each individual are reviewed with ongoing input from relevant professionals depending on individuals needs. From which care plans are devised which inform and direct practice.

Proposed Timescale: 12/09/2016

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 communal space was inadequate for the number of residents.
- The dining room furniture was not promoting a positive mealtime experience.

2. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
• Shared Living space will be provided by moving the staff office to alternative space in house providing additional space to all individuals.
• Alternative furniture has been sourced to promote positive meal time experience to individuals.

Proposed Timescale: 30/09/2016

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:
Risks associated with the location of the house had not been appropriately identified or assessed.
3. **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:**
- A review of the current hazard identified and assessment of risk carried out by Person in Charge. Risks identified have been recorded in risk register and brought to the attention of the staff team. Control measures have been identified.
- Risks identified in relation to emergency services accessing the location in adverse weather conditions has commenced.
- Risks identified will be recorded in risk register and any control measures identified will be put in place.

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

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors were not assured that the skill mix of staff was appropriate in meeting some of the assessed needs of the residents.

4. **Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
- Under review are a number of comprehensive assessment tools which assess the health, personal and social care requirements of individuals. The individual’s assessment of need will be updated in line with ongoing consultation with individuals GP and Primary Health Care Supports. Current skills mix can meet current health care needs.
- In the event, where medical reviews indicate nursing support as required a review of skills mix would take place.
- Staff have access to relevant professionals, medical support, on-call support system and behaviour team on-call support.
- Yearly medical assessment are completed in line with care plans and sought sooner as required.
- As specific and new staff training needs become apparent support for completion of same will be given.

**Proposed Timescale:** 30/10/2016