<table>
<thead>
<tr>
<th>Centre name:</th>
<th>MooreHaven Centre</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003723</td>
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<tr>
<td>Centre county:</td>
<td>Tipperary</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>MooreHaven Centre (Tipperary) Designated Activity Company</td>
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<tr>
<td>Provider Nominee:</td>
<td>Derry McMahon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ivan Cormican</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>05 July 2017 09:00</td>
<td>05 July 2017 18:00</td>
</tr>
<tr>
<td>06 July 2017 09:00</td>
<td>06 July 2017 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 23 and 24 October 2014. 26 actions were identified following the previous inspection, the inspector found that three of these actions had not been implemented as described and remained non compliant on this inspection.

How we gathered our evidence:
As part of the inspection, the inspector met with nine residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents’ bedrooms were individually decorated with items of personal interest and photographs of family and friends. The inspector also spoke with five staff members, including the person in charge and the provider nominee. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:
The designated centre comprised four separate houses that accommodated up to 19 residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. The centre also offered a respite service in two of the house on set days each week, with each home offering this service having a specific respite room available. Each house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. The houses were located in a suburban area of a large town where public services such as buses and taxis were available. The centre also offered transport in the evenings and at weekends.

Overall judgment of our findings:
This inspection found compliance with the regulations under several outcomes including residents’ rights, family and personal relationships, residents' admissions and the contract for the prevision of services, premises, general welfare and development, healthcare, absence of the person in charge and resources. However, the inspector also found that improvements were required in relation to outcomes including communication, social care needs, health and safety, safeguarding, notifications, medications governance and management, workforce and records.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
On the days of inspection, the inspector found that the rights and dignity of residents was respected in the designated centre. Two actions from the previous inspection were addressed with consent forms completed for many aspects of the care delivered in the designated centre. A device used to ensure the safety of a resident had also been risk assessed since the previous inspection.

The inspector met with nine residents who all voiced their satisfaction with the service provided in the designated centre. Each resident stated that they were treated with respect and that staff were warm and caring. Residents stated that they had control over decisions made about their care and were actively involved in the running of the designated centre including meal choice and activities. An annual satisfaction survey with residents was also completed with residents by an external person. This survey examined areas such as advocacy, community events, choice of general practitioner and pharmacy, complaints, staff rota and family and friends. The inspector reviewed a sample of these surveys which all indicated that residents were happy with the service provided. Information on residents’ rights was also available in an easy read format.

Residents were supported to have intimate relationships and access the community independently. Residents were also supported to have time to themselves in their own home which residents reported that they really enjoyed. Some residents stated that they prepared their own meals and enjoyed baking for others in the centre.

Residents' meetings were occurring on a weekly basis, in these meetings the residents agreed their own agenda which varied from week to week and included topics such as
meals, activities and upcoming events. Residents had access to advocacy and one resident was currently utilizing the services of an external advocate.

The person in charge maintained a log of all received complaints which indicated that all complaints were dealt with in a prompt manner by staff and the person in charge. Each complainant was also given feedback as to the outcome of their complaint and the complaint process was available in an easy read format for residents.

Staff were guided in the personal care of residents by intimate care plans which were regularly updated and promoted each resident's independence. Intimate care plans were held in each resident's personal plan which was securely stored.

Residents were supported to manage their own finances and accurate records of transactions were maintained including receipts and balances. Residents also had lockable storage available and keys were also available for residents who wished to lock their bedroom.

**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):**
No actions were required from the previous inspection.

**Findings:**
On the days of inspection, the inspector found that the communication needs of residents were met. However, improvements were required in regards to access to the internet.

The centre had a policy on communicating with residents and each resident had a communication profile completed in their personal plan which indicated their needs in this area. All residents were able to voice their opinions, thoughts and feelings and assistive technology was not required.

Residents had access to television, radio and newspapers. Information on local community events was also on display and one resident had access to the internet; however, the internet was not available to all residents in the designated centre.

**Judgment:**
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):
No actions were required from the previous inspection.

Findings:
On the days of inspection, the inspector found that the residents' family and personal relationships were promoted in the designated centre. The centre also had a policy on visitors which was recently reviewed.

A log of family contact was maintained in each resident’s personal plan and residents stated that they were assisted to visit their families at times of their choosing. Residents were also supported to visit their families independently by using public transport and if required with the assistance of staff.

Each house maintained a visitors’ book and residents stated that they were regularly visited by their families and friends. However, one of the houses in the designated centre did not have a private area, in which residents could receive visitors, this was brought to the attention of the provider who was aware of this situation.

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

Findings:
On the days of inspection, the inspector found that the centre had policies and procedures for the admission and discharge of residents. The action from the previous
inspection had been addressed with written agreements including the need to protect residents from abuse.

Each resident had a written agreement in place which detailed the charges the resident will incur and the services that will be provided in the designated centre, there were no additional charges incurred by residents on the days of inspection. The centre had no recent admissions to the service.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
On the days of inspection, the inspector found that each resident’s wellbeing and welfare was maintained to a good standard. Some actions from the previous inspection had been addressed with personal plans reviewed as required by multidisciplinary supports. Personal plans also reflected the assessed needs of residents. However, some improvements were required in regards to the review of personal plans as stated in the previous report and the accessibility of resident’s personal plans.

Each resident had a personal plan in place on the days of inspection which reflected the assessed needs of residents and incorporated areas such as personal goals, intimate care, communication needs, behavioural support, medical histories, mental health supports and daily living. The personal plan also incorporated personalised care such as ‘My life now’, spirituality and ‘Things I like to do’. However, the inspector found that the residents’ personal plans were not in an accessible format.

Each resident had identified personal goals through an individual planning meeting which was attended by the resident, their family and staff members. At these meetings residents chose goals such as attending concerts, hurling matches and going on a family holiday. However, the inspector also found that an effective action plan had not been developed to support residents to achieve their chosen goals and that some goals had
not been achieved within the stated timeline. The provider was unable to demonstrate the progression of these goals or the reasons why these goals had not been achieved.

Residents were accessing the facilities within the community on a daily basis such as local hairdressers, restaurants and financial institutions, a record and schedule of these activities was also maintained.

Judgment:
Non Compliant - Moderate

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

Findings:
On the days of inspection, the inspector found that the premises met the assessed needs of residents. The action from the previous inspection had been addressed with all premises in the designated centre clean and suitably furnished.

The centre comprised four individual houses which were located within walking distance of a large town. Each house had an open plan kitchen and dining room which was suitably equipped. Each house had a differing number of reception rooms which was warm, comfortable and suitably furnished.

Each resident had their own bedroom which had suitable storage and was decorated to reflect their personal interests. Some residents had ensuite facilities and there were an appropriate number of shared bathrooms which were of suitable size and function to accommodate residents with reduced mobility.

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

Findings:
On the days of inspection, the inspector found that improvements were required in regards to health and safety. The actions from the previous inspection were addressed with personal emergency evacuation plans (PEEPS) regularly reviewed and detailing the evacuation requirements of each resident. An emergency plan was also in place to guide staff in the event of a premises becoming uninhabitable. The risk management policy had also been amended and met the requirements of the regulations and infection control and hand washing was now promoted in the centre. However, further improvements were required in regards to fire precautions, risk management and health and safety.

Fire precautions such as smoke detectors, fire alarms, fire extinguishers and fire blankets and were in place in each of the houses which made up the designated centre and the inspector found that these services were serviced as required. However, the inspector also found that emergency lighting and fire doors were not consistently installed across all houses, for example:
- Two houses had no emergency lighting or fire doors
- One of the houses had emergency lighting but did not have fire doors in place.
- One house had emergency lighting and fire doors however; a fire door which leads from a kitchen to a sitting room which had an open fire did not have a door closer attached.

General fire evacuation procedures were on display in each house. One house in the designated centre had specific procedures to be followed in the event of an emergency which involved the use of a call system to alert staff in a nearby house that assistance was required. However, specific detail was not available to guide staff in relation to these arrangements in either house. Staff were unable to locate the call system and were unable to demonstrate a clear understanding of the fire panel. The inspector brought this to the attention of the person in charge who ensured that the call bell was located and that staff were informed of fire zones within the centre.

Staff were conducting regular checks of fire precautions within the centre such as emergency exits, fire extinguishers and fire blankets. These documents were not available for review on the days of inspection; however, these documents were provided for review in the days following the inspection.

Staff were conducting regular fire drills and records indicated that residents were able to evacuate the centre in a prompt manner. The person in charge stated that residents in two houses were supported to remain in their homes without the presence of staff on some occasions during the week. A fire drill had been conducted in one of these houses without the presence of staff; however, a similar fire drill had not been conducted in the second house to determine if residents were able to evacuate their home in the event of a fire, without the presence of staff.
Risk management procedures were in place in the designated centre and each resident had a risk management plan in place for all identified risks. However, the inspector found that risk management plans which had been rated as high risk, such as a resident’s awareness of road safety, had not been reviewed to include the addition of controls to mitigate the identified risk. Risk management plans were also using a risk rating matrix which was not supported by the centre’s risk management policy. The inspector also found that the provider did not have risk management plans in place for fire safety.

The provider had a system for monitoring adverse events and staff had a clear understanding of documenting and reporting adverse events. The inspector found that adverse events were responded to in a prompt manner by the person in charge.

**Judgment:**
Non Compliant - Major

### 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

On the days of inspection, residents reported that they felt safe in their homes. The action from the previous inspection had not been addressed with outstanding staff training required in the management of behaviours that may challenge. The inspector also found that improvements were required in relation to safeguarding plans and the use of a restrictive practice.

Residents reported that they were treated with dignity and respect and that they felt safe in their homes. Staff were observed to interact with residents in a warm and caring manner and residents appeared relaxed in their company. Staff were also able to articulate the safeguarding procedures used within the organisation, including identifying the designated officer to manage allegations of abuse.

The office of the chief inspector was notified prior to the inspection of an allegation of
abuse and the person in charge stated the safeguarding arrangements in place to protect residents; however, these arrangements were not documented. Prior to the conclusion of the inspection the person in charge had a documented safeguarding plan in place.

The centre had two behavioural support plans in place which identified the proactive and reactive strategies in place to support residents who may present with behaviours that challenge. These plans had been formulised by a behavioural support specialist and staff had a good knowledge of these support requirements.

The centre had one restrictive practice in place. The inspector found that this restrictive practice was historical in nature, not associated with any current displayed behaviour and not subject to review by a behavioural support specialist. The inspector also found that consent for the use of this therapeutic intervention was not sought from the resident or their representative prior to it's implementation.

Judgment:  
Non Compliant - Major

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):  
No actions were required from the previous inspection.

Findings:  
On the day of inspection, the inspector found that improvements were required in regards to notifications.

The person in charge maintained a record of notifications which were submitted to the chief inspector. However, the chief inspector had not been notified of a recent allegation of staff misconduct within the required timeline. This was brought to the attention of the person in charge who submitted the required notification prior to the completion of the inspection.

Judgment:  
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
On the days of inspection, the inspector found that residents were supported to access further training and employment.

All residents stated that they attended a day service during week days where they engaged in further training in areas such as horticulture, baking, computers and arts and crafts. Some residents engaged in personal development outside of the day service in areas such as golf, swimming and Special Olympics.

Residents’ bedrooms were decorated with certificates and achievements in areas such as computer skills, animal care, food hygiene and work skills. Two residents were also actively involved in their local community and volunteered in an elderly care home and an associated tea room.

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

Findings:
On the days of inspection, the inspector found that the best possible health of residents was promoted in the designated centre. The action from the previous inspection had been addressed with local procedures now in place in regards to staff knowledge of recommended treatments following residents accessing their general practitioner (GP) independently.

Residents were regularly reviewed by a GP of their own choosing and attended specialists such as neurologists and psychiatrists as required. Residents had access to
allied health professionals which were employed by an external funding agency. Access to these professionals was accommodated through a referral service by a local GP. Some residents had been recently reviewed by occupational therapists and physiotherapists and a recent referral had also been made on behalf of a resident for a dental review.

Residents enjoyed a good quality of health and no significant medical histories were present which would require a healthcare plan. Residents also had access to snacks, drinks and refreshments and a home cooked meal was observed being prepared on one of the days of inspection.

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
On the days of inspection, the inspector found that improvements were required in regards to medication practices within the designated centre. Two actions from the previous inspection had been addressed with appropriate medication labels in place and all returned medications were segregated from active medications. One action had not been addressed as residents had not been assessed to self medicate.

Each home in the designated centre had appropriate medication storage facilities in place. Staff who were interviewed had a good knowledge of the procedures to be followed in the event of a medication error occurring and had received training in the administration of medications.

The inspector observed that medications were not administered as prescribed to one resident. The prescription sheet held in the centre indicated that two separate doses of medication should have been dispensed for a resident; however, only one of these medications was available for the resident on the day of inspection. The prescription also indicated that a resident should be getting their medication at night time; however, the resident was receiving this medication in the morning.

Epilepsy care plans and associated prescription sheets were also not in line with each other and indicated different timelines for the administration of a rescue medication.
The prescription sheet was transcribed by the person in charge to a 'sample sheet' which staff members referred to for the administration of medications. This inspector found that this sheet did not contain all the required information such as the route and frequency of administration.

The recording of administered medications also required improvement a medications were not individually signed as being administered.

**Judgment:**
Non Compliant - Major

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

**Findings:**
On the days of inspection, the inspector found that improvements were required in regards to the six monthly provider visits to the designated centre.

The person in charge was in a full time role and visited each home in the designated centre twice a week and more often if required. Residents spoke highly of the person in charge and indicated that this would be the person that they would go to if they had a concern or a complaint. The person in charge was also conducting regular audits of residents’ finances, maintenance and medications.

The annual review had been completed by the person in charge and a satisfaction survey had been completed with residents in the formulation of the final report.

The provider failed to ensure that six monthly reports had been conducted as required by the regulations. The last available audit for review had taken place on 21 December 2016 and the previous audit had occurred on 23 October 2014, no areas for improvement were identified on the 21 December 2016.

**Judgment:**
Non Compliant - Moderate
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):
No actions were required from the previous inspection.

Findings:
On the days of inspection, the inspector found that the provider had management systems in place should the person in charge be absent from the designated centre. The provider nominee and the person in charge also had a good knowledge of the required notifications should the person in charge be absent for 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):
No actions were required from the previous inspection.

Findings:
On the days of inspection, the inspector found that the centre was adequately resourced to meet the assessed needs of residents.

Residents reported that they were supported to regularly attend community events and to access local community facilities. Transport was available for each home in the designated centre in the evenings and at weekends when residents were present.

The staffing allocation within each home was also meeting the assessed needs of residents with additional resources deployed in one home to support a resident with specific medical needs.
# Outcome 17: Workforce

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

## Theme:
Responsive Workforce

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

### Findings:
On the days of inspection, the inspector found that staff numbers and skill mix met the assessed needs of residents. However, improvements were required in regards to the staff rota, training and staff files.

The person in charge maintained a staff rota which indicated the staff working each day within each house of the designated centre. The inspector found that this rota did not contain start and finish times for each staff member and did not indicate the night duty or sleep over arrangements in each house.

The person in charge maintained a staff training matrix which indicated that staff had received training in fire safety, medications, safeguarding, infection control and the administration of rescue medication; however, not all staff had received training in manual handling.

Staff were receiving regular support and supervision from the person in charge and formal staff meetings were occurring every three months. Staff also stated that they felt supported by the person in charge. There were no volunteers in place on the days of inspection.

The inspector reviewed a sample of staff files and found that details of vetting disclosures, qualifications, photographic identification and staff roles were in place; however, full employment histories were not available for all staff.

### Judgment:
Non Compliant - Moderate

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# 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
On the days of inspection, the inspector found that records within the centre were maintained to a good standard. However, improvements were required in regards to policies as listed in Schedule 5 of the Regulations. Some actions from the previous inspection had been addressed with a policy on the use of restrictive practices available for review. The risk management policy and the directory of residents was also found to be in compliance with the regulations. The policy on the retention of records was also amended since the previous inspection to detail how long records would be held in the designated centre. One action had not been addressed as the centre did not have a policy in place for staff training and development.

The centre also failed to have a policy on the provision of information to residents and the policy on residents accessing education, training and development failed to detail how residents would access these services from the designated centre.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:
Ivan Cormican
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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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 MooreHaven Centre (Tipperary) Designated Activity Company</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003723</td>
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<tr>
<td>Date of Inspection:</td>
<td>05 &amp; 06 July 2017</td>
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<tr>
<td>Date of response:</td>
<td>28 August 2017</td>
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Requirements

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

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

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that residents had access to the internet.

1. Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:
Internet access will be offered and provided as required. The date for this will be Oct 2017.

Proposed Timescale: 31/10/2017

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:
The person in charge failed to ensure that resident's personal goals were achieved as stated in their personal plan.

2. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
We are reviewing their goals on an ongoing basis to ensure they are being achieved and we have put a new template in place to record outcomes, in place of the exiting one.

Proposed Timescale: 31/08/2017
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that resident's personal plans were made available in an accessible format.

3. Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:
Residents have been offered the chance to put their personal plans / goals up on their bedroom walls, if they so wish. An easy to read version of the plans is being made available to all residents this week, for a copy to be kept in their bedrooms if they so wish.
## Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

The provider failed to ensure that:
- Risk rating matrix used in the designated centre was supported by the organisation's risk management policy
- Risk management plans which had been rated as high risk had been reviewed to include additional controls to mitigate the identified risk
- Risk management plans were in place for fire safety in the designated centre

### 4. 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:
The new risk assessment matrix is in place since July 10th 2017
The risk management plans rated as high risk were reviewed in July 2017. Additional controls were implemented i.e. person going up town was offered support and a high visibility jacket, rating was reviewed accordingly.
A house fire risk assessment audit has been completed for each house, see copy attached.
Each resident has a personal emergency evacuation plan PEEP.
The review date of the overarching fire safety risk management plans for each house will be Oct 2017.

## Proposed Timescale: 31/10/2017

**Theme:** Effective Services

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

The provider failed to ensure that emergency lighting was installed in all homes that made up the designated centre.

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

Please state the actions you have taken or are planning to take:
Provider will write to HSE seeking capital funding for emergency lighting which will be
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that fire doors were in place in all homes that made up the designated centre.

6. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Provider will write to HSE seeking capital funding for fire doors which will be installed by 31st March 2018.

Proposed Timescale: 31/03/2018
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to carry out a fire drill with residents to determine if they could evacuate the designated centre without staff support.

7. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
This was completed in July 2017 with further drills being done each month.

Proposed Timescale: 22/07/2017
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that fire procedures were on display which included the use of a call bell system.

8. 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:
All houses have a copy of the new fire procedures on display, since 3rd August 2017.

**Proposed Timescale:** 03/08/2017

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that all staff had received training in the management of behaviours that may challenge.

**9. Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
All staff had refresher training in MAPA in June 2017. Full training will be provided for the 3 new staff in Sept 2017.

**Proposed Timescale:** 30/09/2017

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that the use of a restrictive practice had been subject to review by the multidisciplinary team.

**10. Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
It will be done in the next review of the resident with the neurologist, due in the Autumn.
**Proposed Timescale:** 30/11/2017  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The provider failed to ensure that consent had been sought from the resident or their representative for the use of a restrictive practice.

11. **Action Required:**  
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

**Please state the actions you have taken or are planning to take:**  
Resident and family have signed a consent form in July 2017, for this practice to continue and a risk assessment has been completed. Psychology review of resident’s plan is due in Aug 2017.

**Proposed Timescale:** 31/08/2017

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**Outcome 09: Notification of Incidents**  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The person in charge failed to ensure that the chief inspector had been notified of an allegation of staff misconduct within three working days of the event.

12. **Action Required:**  
Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

**Please state the actions you have taken or are planning to take:**  
NFO7 was submitted on 6th July 2017, linking in with form NFO6 to do with this particular matter that was submitted in May 2017.

**Proposed Timescale:** 30/09/2017

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**Outcome 12. Medication Management**  
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The person in charge failed to ensure that residents had been assessed to self...
medicate.

13. **Action Required:**
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Please state the actions you have taken or are planning to take:**
An assessment will be held with each resident in Sept by the PIC and families in order to determine their capacity to self medicate.

**Proposed Timescale:** 30/09/2017

**Theme:** Health and Development

The **Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The person in charge failed to ensure that
- Medications were administered as prescribed
- Prescription sheets contained the route and frequency of administration
- Administered medications were individually signed as administered
- Epilepsy care plans and prescription sheets were in line in regards to the timeline for the administration of medication.

14. **Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

**Please state the actions you have taken or are planning to take:**
- Medication management system was reviewed to ensure that all medications, in future, will be administered as prescribed.
  We are looking at :-
  a. putting a more specific medication recording system in place including route, in consultation with GPs;
  b. providing more in house training.
- We have reviewed the medication recording system to ensure all medications are signed, as administered and as prescribed.
- We have reviewed the epilepsy care plans to ensure they are in line with the prescription sheets and Buccolam Protocol.

**Proposed Timescale:** 30/11/2017

**Outcome 14: Governance and Management**
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider failed to ensure that six monthly audits had been conducted as required by the regulations.

15. Action Required:
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:
Provider will do an unannounced visit to the designated Centre in Sept 2017, in accordance with Regulation 23 (2) (a).

Proposed Timescale: 30/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that employment histories were available for all staff employed in the designated centre.

16. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
PIC is working with all staff in relation to this, to fill in any gaps in their employment history, on their application form.

Proposed Timescale: 31/10/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that an accurate staff rota was maintained.

17. Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota,
showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
New staff rota system will be developed.

**Proposed Timescale:** 31/08/2017

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that all staff had received training in manual handling.

18. **Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
Manual handling refresher will be completed on 14th Aug 2017.

**Proposed Timescale:** 14/08/2017

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider failed to ensure that
- A policy was available on staff training and development
- A policy was available on the provision of information to residents
- The policy on residents accessing education, training and development did not clarify how this would be supported from the designated centre.

19. **Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
A staff policy on training and development will be put in place.
A policy on the provision of information to residents will be put in place.
The policy on accessing education, training and development was reviewed to include how training and development will be supported from the designated Centre.
Proposed Timescale: 30/09/2017