<table>
<thead>
<tr>
<th>Centre name:</th>
<th>MooreHaven Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003723</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Tipperary</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>MooreHaven Centre (Tipperary) Designated Activity Company</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gary Kiernan; Laura O'Sullivan</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>19</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 24 January 2018 10:30  
      24 January 2018 18:30  
      25 January 2018 09:30  
      25 January 2018 15:30

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

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

Summary of findings from this inspection

This was an 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

The previous inspection was on 5 July 2017 and as part of the current inspection inspectors reviewed the actions the provider had undertaken to complete on that occasion.

How we gathered our evidence:
As part of the inspection, inspectors spent time with eleven residents. The inspector also met with staff members, the person in charge, and the person authorised to act on behalf of the provider. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre comprised four community houses, three of which accommodated four residents, and one which accommodated five residents. Two of the homes were bungalows, and two were two storey houses, all located in close proximity to the nearest small town with easy access to local shops, services and to public transport. The service was available to adult men and women who have intellectual disabilities.

Overall findings:
Overall, inspectors found that a person centred service was offered and good practice was demonstrated in many areas. There was also provision for meaningful activities and residents told inspectors how much they valued this. However, there were significant shortfalls in risk management, healthcare and safe medication practices. Inspectors issued three immediate actions during the course of the inspection relating to unsafe medication transcribing practices, poor management of risk and inadequate response to a significant healthcare issue. All these actions were addressed promptly by the provider, and the risk reduced to an acceptable level prior to the close of the inspection.

The provider and person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that both were fit persons to participate in the management of the centre. However management systems were not adequately robust in identifying areas of risk and required improvements.

Good practice was identified in areas such as:
• residents were facilitated to communicate (Outcome 2)
• positive relationships with family and friends were promoted (Outcome 3)
• staff were well known to residents and were knowledgeable in relation to their needs and preferences.(Outcome 17)

The inspectors found that the lack of effective governance and management systems had resulted in:

• residents’ rights and their privacy and dignity not being promoted by staff on a consistent basis (Outcome 1)
• risks being identified in health and safety due to poor risk management procedures (Outcome 7)
• poor safeguarding measures and medication management systems which could expose residents to risks (Outcome 8 and 12)
• poor healthcare arrangements resulting in residents not being assisted or facilitated
to achieve best possible health (Outcome 11)

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):
No actions were required from the previous inspection.

Findings:
There was a clear ethos of respect and an atmosphere of affection for residents from both staff and management in the centre. Residents were listened to and involved, and appeared to be comfortable and content in their homes. However some improvements were required in signage, in the limiting of access of residents to their homes and in the guidance and practices around cigarette smoking.

Residents were consulted about the running of their houses, both individually and at residents’ meetings which were held regularly where residents chose to engage in meetings. Various items were discussed at these meetings, including menu planning, activities, fire safety and other health and safety issues. Residents were involved in the organisation of their homes and included in some of the household tasks if they chose to be.

However, one of the houses was closed at weekends and some evenings, on which occasions some of the residents were accommodated in another of the houses of the designated centre. There was insufficient evidence that the closing of the house was in relation to the needs and preferences of residents as opposed to being service-led decisions to meet the needs of the organisation.

There was an advocate available to residents, and clear evidence of their involvement when required by residents. A list of possessions was maintained, and all valuables were accounted for. However, there was excessive signage in some of the houses relating purely to staff guidance, that was inappropriately placed in residents’ living areas.
There was a complaints procedure in place in sufficient detail as to guide staff, residents and their families. It was available in an accessible version and was clearly displayed in the centre. There was a named complaints officer for residents to refer any complaints to. A complaints log was maintained in which to record any complaints and the outcomes.

Mealtimes were observed by inspectors in two of the houses, and were found to be social occasions amongst groups of residents who had a good relationship with each other. For example one group sat together over the evening meal each discussing their day and chatting together.

There was a distinct smell of cigarette smoke in one of the living areas of one of the houses and an ashtray was kept in this room. The guideline around smoking gave conflicting information as to whether the practice of smoking in this room by residents of the adjacent house was sanctioned. As none of the residents who lived in the house were smokers, inspectors found that smoking in this area required review.

Residents told the inspectors that they liked their houses, and would never want to live anywhere else. One resident explained that they felt safe with the security of their home. Another showed the inspectors the shopping list they had compiled together with their housemates, and said that the staff were great at making sure they had choices. Residents also brought the notes of house meetings for the inspectors to read.

**Judgment:**
Non Compliant - Moderate

---

**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:**
There were clear and person centred communications strategies in place between residents and staff, and information was made available to residents.

Most of the residents had good verbal communication skills, and staff also used systems such as social stories to communicate with residents.

Information was made available in an accessible version for residents, for example a picture of staff coming on duty was displayed, as was information to assist residents who required a consistent routine.
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):
No actions were required from the previous inspection.

Findings:
Residents were supported to maintain relationships and to have links with the local community. There was documentary evidence of this in residents’ personal plans, and some residents described their friendships and activities to the inspectors.

Residents were involved in community events and facilities, and the day service that some residents attended had events such as open days so as to include the local community.

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

Findings:
Written agreements of care were in place which were dated and had been signed by residents or their representatives. However the wording of the contracts did not make clear exactly what services were included or what fees would be incurred. The provider was required to review the contracts and address this matter.
Judgment:
Substantially 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was evidence that some supports were offered to residents to ensure a meaningful day and there was a personal plan in place for each resident which was based on assessments of needs, although there was insufficient evidence of steps being taken towards maximising the potential of residents as required by the regulations.

An assessment of needs was in place in each personal plan, but these assessments were not dated so that it was unclear whether the information was contemporary. Assessments did not include the input of all the relevant and appropriate members of the multi-disciplinary team.

Plans contained many out of date documents which meant that it was difficult to retrieve the relevant and current information. While goals had been identified for residents, they were vague and lacked sufficient guidance for staff or residents. However, the person in charge had identified the issues found by inspectors in the personal plans, and presented a plan to address them.

Steps had been taken towards ensure in the information in personal plans was accessible to residents, and both residents and their families had been involved in the development of plans.

Residents were involved in various activities both in their homes and in the community, and told the inspectors some of the things they had been doing and planned to do that week. Activities and day services were person centred, and it was clear that residents were involved in making choices in this area.
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):
No actions were required from the previous inspection.

Findings:
This designated centre comprised four community homes all within close proximity of the local town. Three of the houses accommodated four residents, and one accommodated five residents. Two of the homes were bungalows, and two were two storey houses.

Each of the homes had a functional outside area, and there were sufficient communal and private areas in the house to meet the needs of residents. Each resident had their own room which was decorated and furnished according to their preferences. Some of the resident showed the inspectors their rooms, and some of their personal possessions such as collections.

There was adequate storage for residents’ personal possessions and any equipment, and sufficient bathrooms to meet their needs. Each house had a kitchen dining area and facilities for laundry.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
There were some systems in place in relation to fire safety and a process of risk assessment and management, although several risks identified by inspectors had not been included or managed appropriately.

Appropriate fire safety equipment was in place in all four houses, however fire doors were only in place within one house. Following inspection the provider gave assurances that outstanding fire doors had been ordered and were awaiting installation. While regular checks of fire equipment were recorded, there was no evidence of quarterly maintenance as required. Regular fire drills had been undertaken and evacuations had been completed in a timely manner.

While there was a risk policy in place and a system for assessing and managing risk, several risks identified by the inspectors had not been assessed, risk rated or managed. For example there was no risk management plan in place in relation to lone workers, stranger danger, risk of a resident going missing or use of a smoking room. In addition, while there was a risk register in place, not all risks were accurately represented in it in accordance with the provider's own procedures and policies.

A significant falls risk to one of the residents had not been assessed or managed appropriately and the provider was asked to address this risk as a matter of urgency. Appropriate referrals were made, and a piece of equipment was replaced prior to the close of the inspection.

While the majority of the living areas were well maintained and clean, one of the bathrooms was significantly stained and unkempt. This bathroom was cleaned immediately and the provider undertook to organise a deep clean as a matter of urgency and regularly thereafter.

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):
No actions were required from the previous inspection.
**Findings:**
There were structures and processes in place in relation to safeguarding residents, but improvements were required in the use of some therapeutic interventions and in the development of intimate care plans.

Where therapeutic interventions such as restricting access to the internet and phone calls, and in particular a medication which represented a significant limitation for a resident were in use, these had not all been managed in line with best practice. Not all had been recognised and notified as required to HIQA, and not all were recorded as required. The medication had been in use for a significant time without appropriate review. The risks which had led to the use of these interventions had not been assessed and recorded in sufficient detail.

Staff had received training in the protection of vulnerable adults, were knowledgeable about their role in this area. There was evidence of robust systems in place in the event of any allegations of abuse.

Where residents required behaviour support there were detailed behaviour support plans in place which had been reviewed and were up to date. Recordings were kept up to date in accordance with any plans. Staff had received training in the management of behaviours of concern.

There were robust systems in place in relation to the management of residents’ finances. Residents were independent in this regard for the most part, and those few who required support were also supported to be as independent as possible.

There were no intimate care plans in place for residents as required by the regulations.

**Judgment:**
Non Compliant - Moderate

---

**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:**
While some incidents had been notified to HIQA in accordance with the regulations, not all the notifications had been made to HIQA, for example the use of some therapeutic interventions had not been notified.
**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:**

Residents were supported to have a meaningful day, and busy routines if they so chose. A range of opportunities was available, including employment and learning opportunities, and some residents had access to a job coach.

**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:**

Significant shortfalls were identified in both the healthcare plans and in the implementation of some required healthcare. The provider was required to immediately address a healthcare issue whereby a significant follow up had been ordered by a resident’s GP and had not been implemented. The provider responded promptly when this issue was identified during inspection and this follow up was organised for the following day.

Where there were healthcare plans and interventions in place, all staff engaged by the inspectors were knowledgeable about these interventions and the reasons for them.
However the documentation did not include sufficient detail as to guide staff in many cases, and in some cases healthcare issues had no supporting documentation. Recommendations made by a member of the multi disciplinary team some time previously were not implemented, and there was no evidence that a more recent review had resulted in a change to the recommendations.

While some changing healthcare needs had been referred to the multidisciplinary team, not all appropriate referrals had been made, for example there was not a detailed multidisciplinary falls assessment in place for one of the residents at risk.

There was evidence of good practice around food and nutrition. There was clear evidence of a balanced and varied diet being available with both healthy options and treats being available. Residents had clear choices of food, and mealtimes were seen to be social and pleasant occasions.

Judgment:  
Non Compliant - Major

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:  
Whilst inspectors found evidence of some good practice in relation to medication management, for example relating to the safe storage, return of unused medications, weekly stock checks and medications received from pharmacy, significant improvements were required in other areas including documentation, training and review of medications. Not all actions required from the previous inspection had been implemented, and inspectors required the provider to take immediate action regarding the unsafe practice of transcribing prescriptions which was being undertaken by a sole member of staff. An additional check was put in place by the provider on the afternoon of the first day of the inspection.

Improvement was required in the area of transporting of medications from day service and home. No signature bank (list of staff signatures whom were assigned to administer medications) was available to inspectors.

Medication being used as part of the therapeutic response to a historic behavioural issue had not been reviewed for a significant period of time. There was evidence of poly-
pharmacy (multiple medications) in the treatment of epilepsy which had not been reviewed by a neurologist.

Staff had not received training in the area of safe administration of medications. Some in-house information had been presented by the external pharmacist, however some of the information included in the presentation was ambiguous, and in the absence of any formal or competence based training there was no evidence that medications were being administered by competent staff.

Medication administration record sheets did not include all the information required to ensure safe practices, for example there were no maximum doses identified, there was no facility to record non-administration of medication to residents and there was no photographic identification of residents.

All residents had been assessed in the self-administration of medications and some residents were undertaking some aspects under supervision from staff. However, the assessments and practice fell short of affording residents the maximum level of independence.

The medication management policy was reviewed by inspectors, and was found to lack adequate detail as to guide staff practice. In addition there was inadequate auditing of medication management, although a detailed audit tool had been developed and was presented by the person in charge who undertook to implement this audit tool.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
There was a statement of purpose in place which described the service being offered to residents. However, it did not include all the requirements outlined in schedule 1 of the regulations, for example the information relating to the management structure was not current and information about specific care needs and days services was insufficient.

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

**Findings:**  
There was clear management structure in place including a recently appointed new person in charge and manager. However improvements were required in monitoring of the service.

There was a suitably qualified and experienced person in charge in place on the day of the inspection, who had been appointed to the position in early December, and had received a full handover by the second week in January, prior to the inspection. This person in charge had identified many of the issues identified during the course of the inspection, and presented to the inspectors a quality improvement plan to address them. She had also developed a template in areas such as audit and personal planning which were of a good standard. While the response to the action plan from the previous inspection was not robust, the person in charge outlined plans to address this,

Inspectors noted that at the time of the inspection the role of the person in charge was not full time, as she was required to work on floor as core staff for a significant amount of time. Inspector found that which would have an impact on the capacity of the provider to oversee the service and the implementation of plans if not resolved.

Six monthly visits had been conducted by the provider, and an annual review had been prepared. However, there were significant gaps in auditing, and the processes in place were not adequate to identify and address areas for improvement of risk in the centre.

**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:**
There were appropriate arrangements in place in the event of any absences of the person in charge, although no lengthy absences were expected.

**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:**
Residents' homes were comfortable and well maintained, and there were vehicles available as required. Whilst it was not clear that staffing levels were at a level at all times to meet the needs of residents, there was no evidence that this was due to a lack of resources.

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

**Findings:**
Staff members were familiar to residents who told inspectors that they felt staff were supportive to them, and where training had been offered it was of a good standard. However staffing numbers were not sufficient on all occasions and not all required training had been provided.

Staff were familiar to residents, and all interactions observed by the inspectors were caring and respectful, and it was clear that there was a good relationship between staff and residents. Residents told inspectors that they were fond of staff members, and that staff did various things very well.

Staffing rosters were maintained, both planned and actual as required by the regulations. However there was no adequate staff supervision in place, and no policy to guide supervision practice.

The risk assessment for one of the residents required two staff to assist in personal care, but frequently there was only one member of staff on duty. In addition it was not clear that the closure of houses at evenings and weekends were based on the preferences of residents, or whether they were to facilitate lower staff numbers.

While there was training in place for some aspects of care delivery, for example the management of behaviours of concern and safeguarding of residents, there was no training in the safe administration of medication for staff who were administrating medications on a regular basis.

A sample of four staff files was reviewed by the inspectors, and three of these were missing the required photographic identification documents.

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

#### Findings:
While some of the documentation required by the regulations were in place, some of the policies required under schedule 5 were either missing, out of date or lacked sufficient detail.

There was no policy on the provision of information to residents, and there was insufficient detail in the policies on infection control, medication management, restrictive interventions and staff training and development. The policy on the provision of intimate care did not relate to residential services, and therefore did not provide guidance to staff in the requirement to develop and intimate care plan for each resident.

#### Judgment:
Substantially 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:
Julie Pryce  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by MooreHaven Centre (Tipperary) Designated Activity Company

Centre ID: OSV-0003723

Date of Inspection: 24 & 25 January 2018

Date of response: 08 April 2018

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents did not have continuous access to their homes.
There was inappropriate signage in some of the homes.
Smoking guidelines and practices within one of the houses were unclear.

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 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
1. A five day house is now open seven days (since beginning of Feb ‘18) for a resident and other residents in the home can stay if they so wish.
2. Excessive signage has been removed from the walls.
3. Smoking policy has been revised for all four homes to be non smoking. Outside designated smoking areas have been communicated to residents. The Smoking Policy now reflects this.
4. The soft furnishings in the living area where there is a smell of smoke are to be replaced.

**Proposed Timescale:** 29/03/2018

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Written agreements of care did not clearly outline the services offered to resident and the fees to be incurred.

2. **Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The contract for Services policy now accurately reflects:
1. the offer of general and personal supports to the prospective resident;
2. the weekly contribution that is paid by the resident for their weekly stay in the Designated Centre.

**Proposed Timescale:** 29/03/2018

**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:**
Assessments were not dated and not all required multi disciplinary assessments had been sourced.

3. Action Required:
Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
A new Personal Plan is being put in place for residents. This will include:-
1. A health care plan;
2. All relevant assessments e.g. risk assessments, multi-disciplinary reviews; medical history etc;
3. A log of all referrals by multi-disciplinary team;
3. A copy of the referrals will be kept by the PIC and the day and residential co-ordinator to ensure follow up and ongoing review;

A person in on respite will be assessed by an appropriate health care professional prior to admission, should the decision be taken to admit the person as a full time resident, owing to circumstances.

The process i.e. putting a new personal plan in place will be carried out one resident at a time with the first completed personal plan on 15-04-18.

Proposed Timescale: 01/09/2018
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all supports for maximising the potential of residents were included in the personal plans.

4. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
The goal is to integrate the person centred planning process for the resident by having a joint approach to the process throughout the service. The steps taken to address the gap include:-
1. A copy of the resident’s person centred plan will be in their personal file, to ensure that goals for maximising each person’s potential will be supported.
2. This will include a tracking system to ensure the resident is being supported to achieve their goals.
Proposed Timescale: 01/09/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Risk management was not sufficiently robust as to mitigate all identified risks.

5. 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 steps taken to address the gap are:-
1. The management structure has been reviewed recently to strengthen the management team. The structure now includes an extra layer i.e. where the PIC and day & residential manager roles are now separate roles where the PIC is reporting to the day & residential manager. This will bring greater focus to the whole area of risk assessment, risk management and ongoing review of risk.
2. The PIC and the day & residential managers are identifying all risks which will be discussed at the Risk & Quality Committee meeting on 25 April 2018. Note, the Risk and Quality committee is chaired by a member of the Board.
3. A risk rating will be given to each risk that will determine how often the risk needs to be reviewed at operational level and with the Risk & Quality Committee.
4. The Risk Policy is to be reviewed.

Proposed Timescale: 01/09/2018

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One of the bathrooms required cleaning and maintenance.

6. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
An updated cleaning schedule has been communicated to all homes, to ensure a high standard of cleaning is carried out on a daily basis by staff.
2. Centre’s infection control policy will be reviewed and developed in line with best practice.

**Proposed Timescale:** 01/06/2018  
**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
There was no evidence of required quarterly maintenance of fire safety equipment.

**7. Action Required:**  
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:  
Quarterly maintenance of fire safety equipment is in place, which is recorded in the fire register in place in each of the homes. This is signed by the person carrying out quarterly maintenance on the fire safety equipment.

**Proposed Timescale:** 12/03/2018

**Outcome 08: Safeguarding and Safety**  
**Theme:** Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
Not all therapeutic interventions had been managed in accordance with best practice.

**8. 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:  
The steps taken to address the gap are:-  
1. A more robust restrictive practice policy is being developed at present.  
2. This will include a restrictive practice committee.  
3. The committee will review old, current and new restrictive practices.  
4. The policy will state all residents will have a restrictive practice plan that will be signed by a member of the restrictive practice team.  
5. Training will also be provided in relation to the new policy.  
6. Staff will continue to attend MAPA training as a mandatory requirement.
**Proposed Timescale:** 01/05/2018

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were no intimate care plans in place.

9. **Action Required:**
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

**Please state the actions you have taken or are planning to take:**
The steps taken to address the gap are:-
1. A new intimate care policy is under development at present.
2. This will include the development of an individual intimate care plan. The policy will take account of the Statement of Purpose, the Contract for Service and Admissions, Discharge and Transfer Policy documents. The timescale is 01-05-18.
3. Once the intimate care plan policy is in place, an intimate care assessment and support plan will be completed with each resident. The proposed timescale is 15-05-18.
4. All staff involved in the intimate care of an individual will complete appropriate training. Proposed timescale is 01-06-18.

**Proposed Timescale:** 01/06/2018

---

**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:**
Not all therapeutic interventions had been notified to HIQA.

10. **Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**
The NF39 was completed and submitted with regards to quarter 4 of 2017 on 30 Jan 2018 by the PIC. This will continue to be the practice for each quarter going forward.

**Proposed Timescale:** 31/01/2018
Outcome 11. Healthcare Needs

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all referrals to the multi-disciplinary team had been made as required.

11. **Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

**Please state the actions you have taken or are planning to take:**
A review of each individual’s personal plan has been undertaken and as a result referrals have been made to the relevant members of the multi-disciplinary team i.e. physiotherapist, occupational therapist. A log of all referrals for each resident will be kept in their personal plan in order to ensure follow up and review.

**Proposed Timescale:** 01/03/2018

Theme: Health and Development

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Not all healthcare needs had been addressed.

12. **Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
The steps taken to address the gap are:-
1. As indicated, a new personal plan is being put in place for residents;
2. This will involve a review of their existing plan, to inform the resident and the organisation of the health care needs of each resident.
3. A health care plan will be put together for each resident.
4. All other relevant assessments will be included in the personal plan.
5. The PIC and day & residential manager will keep a log of all referrals for checking to ensure follow up and review.
This process will be carried out one resident at a time with the first expected personal plan completed by 15-04-18.

**Proposed Timescale:** 01/09/2018

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:
Residents were not supported to maximise their independence in medication management.

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:**
The current administration of medication assessment tool will be reviewed in line with the updated medication policy. This assessment will be completed with each resident and medication administered in line with the outcome of the assessment.

**Proposed Timescale:** 01/08/2018
**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Significant improvements were required in documentation and practices relating to documents, in auditing, policy development and staff training.

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:**
The steps taken to address the gap are:-
1. The service medication policy is currently under review to ensure best practice in all areas of medication management.
2. A medication system audit tool has been developed and will be completed on a quarterly basis in each house of the designated centre.
3. The local pharmacies are developing a MPARS system for each individual to ensure unsafe transcribing practices are no longer the practice in the centre.
4. Each medication file will now contain a signature bank.
5. A review schedule will be put in place for each resident prioritizing those with polypharmacology and medication used as therapeutic intervention.

**Proposed Timescale:** 01/08/2018
**Theme:** Health and Development
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that staff engaged in the administration of medication were competent to do so.

15. **Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:
The steps taken to address the gap are:-
1. All staff members responsible for the administration of medication successfully completed Safe Administration of Medication training on 5th and 6th February 2018.
2. This training is now mandatory for new staff joining and they must complete the training prior to commencing work in the Centre.
3. All staff must attend refresher training every 2 years.
4. This will be followed up by practical on site assessments.

Proposed Timescale: 06/02/2018

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not include all the requirements outlined in schedule 1.

16. **Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 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:
The Statement of Purpose is being reviewed to accurately reflect what is within the scope of the service and what is outside the scope of the service.

Proposed Timescale: 23/04/2018

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The post of person in charge was not full time.

17. **Action Required:**
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**
With regard to the person in charge, the mix of hours worked on duty working in the homes versus those hours protected for the administration of the role have been revised downwards and upwards respectively. Now the PIC is working 28% on shift with 72% of the 39 hour week for administration. The view of the Board of Directors is that the Person in Charge should work in the homes to get to know the residents, to have a first-hand knowledge of the residents.

**Proposed Timescale:** 23/02/2018

**Theme:** Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Management systems were not in place to ensure that care and support was safe and effectively monitored.

18. **Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
The management systems to provide for the safe, effective and efficient administration of the residential service are being provided by
1. addressing the concern over the PIC role not being a full time one. This is reflected in the changes to their protected administration time, see action 17 above.
2. Strengthening the management team through separating the role of PIC from day & residential manager.

**Proposed Timescale:** 23/02/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce
### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all the information required in schedule 2 of the regulations was available.

19. **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:**
A review will be taken of all staff personnel and any gaps in the information required under Schedule 5 will be sourced.

**Proposed Timescale:** 27/04/2018

**Theme:** Responsive Workforce

### The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was insufficient evidence that staffing numbers were adequate to meet the needs of residents at all times.

20. **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:**
A five day house is now open seven days (since beginning of Feb ’18) for a resident and other residents in the home can stay if they so wish.

**Proposed Timescale:**

**Theme:** Responsive Workforce

### The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Formal supervision was not in place.

21. **Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
The steps taken to address the gap are:-
1. A staff supervision policy is under development.
2. The policy will include the documentation required to record staff supervision.
3. Once completed, individual staff supervision meetings will take place with all of the
staff members in the residential team.

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/12/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all required training had been provided.

22. **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:**
All staff members responsible for the administration of medication successfully completed Safe Administration of Medication training on 5th and 6th February 2018.

| Proposed Timescale: 06/02/2018 |

<table>
<thead>
<tr>
<th><strong>Outcome 18: Records and documentation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
</tr>
</tbody>
</table>

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Not all the policies required under schedule 5 of the regulations were in place.

23. **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:**
The steps taken to address the gap are:-
1. Policy on provision of information to residents has been developed, to address the policy requirement under Schedule 5 of the Health Act, 2007.
2. Further work will be done on infection control, medication management, restrictive practice, staff training and development policies.

| Proposed Timescale: 30/09/2018 |