<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Community Living Area 23</th>
</tr>
</thead>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005245</td>
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<tr>
<td>Centre county:</td>
<td>Kildare</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Muiríosa Foundation</td>
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<tr>
<td>Lead inspector:</td>
<td>Andrew Mooney</td>
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<tr>
<td>Support inspector(s):</td>
<td>Jillian Connolly</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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</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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 November 2017 10:30
To: 28 November 2017 18:30

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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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<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 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 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 in a centre operated by the Muiriosa Foundation to monitor compliance with the regulations and standards and to monitor the receipt of a piece of unsolicited information.

How we gathered our evidence:
As part of the inspection process, inspectors spoke briefly with residents the new Person in Charge, a Clinical Nurse Specialist, Social Care Staff and a member of the Provider's Senior Management team. The inspectors reviewed documentation such as personal plans, medical records and risk documentation.

Description of the service:
The provider had produced a document called the statement of purpose, as required by regulation. This document described the service provided. The inspectors found that the service was being provided as it was described in that document. The centre was a wheelchair accessible detached bungalow that provided dementia specific residential services for four people. Provisional feedback was given during the inspection to the Person in Charge, a Clinical Nurse Specialist and a member of the Senior Management team.
Overall findings:
Overall the inspectors found that residents had a good quality of life in the centre and the Provider had arrangements to promote the rights of residents. The inspectors were satisfied that the Provider and Person in Charge had put systems in place to ensure that the regulations were being met. This resulted in positive experiences for residents. Inspectors were also satisfied that no further actions were necessary in relation to the unsolicited information received. Of the nine outcomes assessed six were found as compliant and two as substantially compliant. Health and Safety and Risk Management (Outcome 7) was found as moderately non-compliant.

Good practice was identified in the following areas:
• Residents rights were upheld and promoted (Outcome 1)
• Healthcare Needs (Outcome 11)
• Governance and Management (Outcome 14)

Inspectors found that improvements were required in the following areas:
• Social Care Needs (Outcome 5)
• Health and Safety and Risk Management (Outcome 7)
• Workforce (Outcome 17)

The reasons for these findings are explained under each outcome in the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**
Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**
Inspectors found there were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights.

The inspectors found that residents were consulted with in relation to their care and the day to day running of the centre. For example, residents met weekly to plan activities and meals and to share information. Minutes of this process were taken and actions were recorded.

The inspectors found that residents' rights were protected and promoted in the centre. Families were welcomed to the centre and inspectors viewed a number of letters complimenting the service being provided to their relatives.

There was a complaints procedure that was readily available and accessible to residents. There was a complaints log in place but none had yet been recorded.

Easy read documents were available to residents, including an easy read complaints procedure, statement of purpose and residents guide.

Inspector's witnessed staff treating residents with dignity and respect during the inspection.

**Judgment:**
Compliant
Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
Inspectors found that residents were supported to engage in activities that met their needs. However, it wasn't always clear how the assessment process impacted residents planning process. At times this resulted in a lack of evidence based decision making.

Inspectors reviewed a sample of personal plans and found that there was a comprehensive assessment of the health care needs of residents. There was also a plan of care in place to meet most assessed needs. For instance, residents had various interventions in place to monitor their healthcare needs.

However, there wasn't sufficient guidance in some of these plans to guide staff practice effectively. For example, a resident was assessed as being at risk of developing a healthcare related condition but there was not clear guidance in place for staff to enable them to prevent the onset of this condition.

Care plans were reviewed but the reviews did not measure the effectiveness of the plans and therefore recommendations could not be added to the planning of care goals.

Allied health professionals were consistently involved in the assessment of residents’ clinical needs and their recommendations were incorporated into the personal plans of residents.

Families were kept informed of the wellbeing of their loved ones and attended support meetings which were aimed at reviewing resident's personal plans.

Judgment:
Substantially Compliant

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

**Theme:**
Effective Services

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

**Findings:**
The Health and Safety of residents, visitors and staff was promoted and protected. However, improvements were required in the documentation of hazard identification. There was not an adequate risk assessment in place for an identified risk, nor was there documentation outlining the rationale for not installing fire doors. Improvements were also needed in the infection control system.

It was not clear that the provider had explored the needs of the centre in relation to the adequate containment of potential fires. The centre did not have fire doors installed throughout. The Person In Charge had presented a document called "Fire Safety Management" and it stated that "where deemed necessary (eg High risk, vulnerable resident) it may be necessary to provide enhanced protection to an escape route by installation of one or more fire doors". It was not clear that this risk associated with not installing fire doors had been explored fully.

There were fire detection and alarm systems in place, emergency lighting and fire fighting equipment. This included equipment to assist any evacuation of residents with mobility needs. These systems and equipment were checked and serviced periodically by a professional and records were maintained. There were clearly defined exit points, and there were appropriate checks including daily checks of escape routes and alarm systems. There was a written personal evacuation plan for each resident and staff had all attended fire training. Fire drills were undertaken regularly and response times were maintained.

An environmental hazard that was identified by inspectors during the inspection and had been previously identified by staff at the centre had not been appropriately risk assessed. Therefore, appropriate control measures were not put place in a timely manner. This was discussed on the day with the Person in Charge and the risk was addressed during the inspection.

Good individual risk assessments for residents were in place, which detailed control measures needed. For example residents who were at risk of choking, control measures included modified diets and speech and language intervention.

The infection control system in place was not supported by evidence based practice and required improvement. Staff did not always have access to appropriate hand washing/sanitising facilities. This was discussed at feedback with the Person In Charge. The centre was visibly clean, warm and homely.
**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:**
The Provider had ensured that there were measures in place to protect and safeguard residents.

There was a policy in place in relation to restrictive interventions and where restrictions were required they were risk assessed. Restrictions were reviewed with appropriate allied healthcare professionals and in line with the Regulations.

There was a policy in place on the protection of vulnerable adults and all staff had received training in the protection of vulnerable adults. There had been no safeguarding concerns within the centre. The Person in Charge outlined the robust systems that would be put in place for the management of any allegations of abuse. Staff engaged by the inspector were knowledgeable and could describe their role in the safeguarding of residents. Contact details of the relevant Designated Officer for the area were prominently displayed within the centre.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Residents were supported to achieve good health in the centre.

From a sample of plans viewed inspectors found that an assessment of residents' healthcare needs had taken place. Staff spoken with were aware of the residents' healthcare needs. Healthcare interventions were in place to guide staff practice, which was reviewed regularly by staff. However, as discussed previously these reviews did not evaluate the effectiveness of the plans.

Residents had access to a range of allied health professionals to support them which included a physiotherapist, dietician and occupational therapist. Regular multidisciplinary meetings were held to review supports in place.

Interventions were in place for residents who required specialised diets. Staff were clear about the residents' support needs and this was also observed in practice.

Residents' meals were prepared by staff in the centre. Meals were planned weekly at resident meetings. Inspectors viewed mealtime routines and observed very good practice.

**Judgment:**
Compliant

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

**Findings:**
There were structures and processes in place in relation to the safe management of medications.

There were good systems in place for the receipt, storage and return of medication.

Where medication errors occurred, they were documented, reviewed and any learning from the error was taken back to staff team meetings.

All staff had received training in the safe administration of medications and medication audits were completed regularly.
There was a policy in place in relation to medication management.

**Judgment:**
Compliant

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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:**
This inspection found that there was a clear management structure in place which identified the lines of authority and accountability in the centre. There was a new full-time Person in Charge in place who was a suitably skilled, qualified and experienced manager.

Regular staff meetings were held and minutes were kept of these meetings. A sample of agreed actions from the meetings reviewed by the inspectors had been implemented. The Person in Charge outlined that she will meet her line manager weekly and will meet the Provider Nominee monthly at regional Person in Charge team meetings.

A supervision process was in place to formally support staff quarterly.

Audits had been conducted in the management of medication, infection control, health and safety and monthly fire register. There had been six monthly unannounced visits on behalf of the Provider as required by the regulations and an annual review. Any identified actions reviewed by the inspector's had been implemented.

The Person in Charge was suitably qualified, skilled and experienced. She was knowledgeable regarding the requirements of the regulations. The Person in Charge was clear about her roles and responsibilities and provided evidence of continuing professional development.

**Judgment:**
Compliant
Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

Findings:
There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services to residents. Staff were found to have up-to-date mandatory training and access to appropriate education and training to meet the needs of residents.

As with the previous inspection, there were still improvements required in the maintenance of a planned and actual roster. At times it was difficult to ascertain the duration of staff shifts as the document did not reflect the practice within the centre. For example, sleepover staff were not recorded on the roster between the hours of 11pm and 8am, despite still being onsite. Additionally, it was not always clear which staff worked on any given shift. At times relief or agency staff were not always clearly marked on the roster.

The inspectors found during inspection that staff were continually provided with training and refresher training in mandatory areas such as fire safety, safe manual handling practices, safeguarding vulnerable adults and safe administration of medication. A comprehensive training record document was reviewed by inspectors and this correlated with a sample of training certificates reviewed.

Staff meetings were held regularly to ensure consistent care and shared learning. These meetings were documented and actions identified were addressed appropriately. Staff spoken with were competent and professional in their knowledge of their role.

Overall the inspectors found that the staffing and staff training and development met the requirements of the regulations and standards. Staff knew residents well and the staff team contained a good skill mix and balance. Staff presented as very interested in their work within the centre.

Judgment:
Substantially Compliant
Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
All appropriate records to be kept in the designated centre in respect of each resident were in place and the actions required from the previous inspection were satisfactorily completed.

A comprehensive staff induction folder was maintained, a sample of these records confirmed that the most recent staff members employed by the centre had received induction.

An up to date Directory of Residence was in place and it contained all the necessary information required under Schedule 3.

All the policies required under Schedule 5 were in place and available in hard copy.

All records viewed during the inspection were kept secure and easily retrievable.

Judgment:
Compliant

Closing the Visit

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

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

Report Compiled by:

Andrew Mooney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiríosa Foundation</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005245</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>28 November 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20 December 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were reviewed but these reviews didn't measure the effectiveness of the plans.

1. Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
All care plans are being transferred over on to the Epicare computer system at present and as they are being updated they will be reviewed and their effectiveness will be shown.

**Proposed Timescale:** 31/01/2018

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As the effectiveness of care plans were not identified, recommendations were not be added to the planning of care goals

**2. Action Required:**
Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

**Please state the actions you have taken or are planning to take:**
As each of the care plans are reviewed their effectiveness will be evaluated, any changes will be identified and actioned accordingly in relation to planning any future care goals.

**Proposed Timescale:** 31/01/2018

**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:
An environmental hazard that was identified by inspectors during the inspection and had been previously identified by staff at the centre had not been appropriately risk assessed.

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

**Please state the actions you have taken or are planning to take:**
The cooker hood was fitted with a steel clasp to ensure it safe and secure attachment to the wall during use. This was rectified and put in place on the day of the inspection. The risk assessment has since been updated to reflect same.
### Proposed Timescale: 28/11/2017

**Theme:** Effective Services

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

Staff did not have access to appropriate hand washing/sanitising facilities after supporting residents with intimate care.

**4. 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:**
To avoid staff using the main bathroom a sink will be fitted in the resident’s bedroom so staff will have direct access to handwashing / sanitising facilities after supporting the resident with intimate care. A new foot pedal bin is now in place to dispose of incontinence wear appropriately.

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### Proposed Timescale: 31/01/2018

**Theme:** Effective Services

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

It was not clear that the provider had explored the needs of the centre in relation to the adequate containment of potential fires. The centre did not have fire doors installed throughout the centre.

**5. 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:**
A risk assessment has taken place since the inspection resulting in the need for the doors exiting from the kitchen and the main sitting room to be fitted with smoke seals.

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### Proposed Timescale: 31/01/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was difficult to ascertain the duration of staff shifts as the document did not reflect the practice within the centre. For example, sleepover staff were not recorded on the roster between the hours of 11pm and 8am, despite still being onsite.

It was not always clear which staff worked on any given shift. As at times relief or agency staff were not always clearly marked on the roster.

6. 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:
Rosters are generated on a computer system (CORE) - going forward the PIC has developed an Excel spread sheet which now indicates staff on sleepover and it is clear what staff are working any given shift.

Proposed Timescale: 08/12/2017