## Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name</th>
<th>Mullaghmeen Centre 4</th>
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<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0005479</td>
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<tr>
<td>Centre county</td>
<td>Westmeath</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>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection</td>
<td>2</td>
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About monitoring of compliance

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 01 February 2018 10:00  
To: 01 February 2018 17:00

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

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<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 08: Safeguarding and Safety</td>
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Summary of findings from this inspection
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Individualised Supports and Care

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

Findings:
The Inspector found there were structures in place relating to the management of complaints, in ensuring consultation with residents and in upholding their rights. However, the structures for managing complaints were not consistently used and needed improvement.

A log of complaints and compliments was maintained. However, complaints were not always recorded using the centre’s own reporting format. Therefore, it wasn't always clear what actions were taken, the outcome of the actions and the satisfaction of the complainant. The inspector could not ascertain had all complaints been addressed.

The inspector 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 decide on menus and activities.

The inspector found that residents' rights were protected and promoted in the centre. An external advocate was available to residents, and the contact information was readily available.

The mix of residents living within the centre was being carefully assessed by the Provider. Consideration was being given to the compatibility of residents and their preferences, for example their preference for a quiet environment.

The inspector viewed numerous positive interactions between residents and staff. Staff members treated residents with dignity and respect throughout the inspection.
Systems were in place to protect residents’ finances. As residents required assistance with their finances, there was a clear and accountable system for checking transactions. Receipts were maintained and staff members signed where transactions were made on behalf of residents. Audit systems were in place to check that this system was working to protect residents.

**Judgment:**
Non Compliant - Moderate

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**Outcome 03: Family and personal relationships and links with the community**
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
Residents were supported to develop and maintain personal relationships.

Individualised arrangements were in place for each resident to receive visitors. Adequate private communal space was available within the centre to support this.

Where appropriate families were informed of residents' wellbeing. From a sample of personal plan reviews, it was clear that in accordance with residents' wishes, families were invited to attend these meetings.

Residents' were supported to maintain links with their families, in line with their assessed needs.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

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

**Findings:**
Admissions and discharges to the service were timely. Each resident had a written agreement in place, detailing the services to be provided to them and any fees to be charged.

There was a policy on, and procedures in place for admissions, including transfers and discharges. There had been one planned discharge from the centre and this was managed in line with the policy.

**Judgment:**
Compliant

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

**Theme:**
Effective Services

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

**Findings:**
Each resident’s wellbeing and welfare was maintained by a high standard of care and support. There was evidence of appropriate steps having been taken to provide a meaningful day for residents and all residents had a personal plan in place. However, improvements were required with the annual personal plan review process.

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

The inspector reviewed a sample of personal plans and found that there was a comprehensive assessment of the health and social care needs of residents. There was also a plan of care in place to meet residents' assessed needs. For instance, residents' had various care plans in place that detailed specific interventions. They also had goals outlined and the steps required to achieve these goals. These included attending
concerts and some important family events. However, whilst personal plans were updated regularly, there was not an annual review process in place that assessed the effectiveness of personal plans.

Families were kept informed of the wellbeing of their loved ones and were invited to attend 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):**
This was the centre's first inspection by the Authority.

**Findings:**
There were systems in place to ensure fire safety and to manage risk.

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 these took account of the mobility and cognitive understanding of residents'. Fire drills were undertaken regularly to ensure that all residents had an opportunity to partake in a drill. Clear records of fire drills undertaken and response times were maintained.

Individual risk assessments for residents were in place which detailed control measures, for example the use of specific equipment to support residents' with mobility support needs.

The centre was visibly clean and hand hygiene facilities were available. The service had a cleaning checklist which was completed by staff and reviewed by the Person in Charge.

**Judgment:**
Compliant
Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The provider had put systems in place to promote the safeguarding of resident’s and protect them from the risk of abuse. However, these systems were not always followed. Significant improvements were required with the management of a specific safeguarding concern.

There was a policy on the protection of vulnerable adults in place. Staff members spoken with were knowledgeable regarding the contents of this policy. All staff who attended the centre had received training in the protection of vulnerable adults. However, one safeguarding concern identified by the inspector had not been recorded appropriately. The incident was not appropriately investigated or responded to in line with the centre’s policy, national guidance or legislation. The detail of this incident is omitted from the report in order protect the anonymity of the resident concerned. Furthermore, at the time of inspection the incident had not been communicated to the resident’s family.

The inspector observed staff interacting with residents in a respectful, warm and caring manner.

Staff had been provided with training in the management of behaviours that challenge and there were systems in place for the management of these behaviours, if they arose. Residents had access to appropriate allied health professionals such as the psychiatrist or members of the behavioural support team in the event that they needed this.

There were some restrictions in place but these were being monitored and reviewed appropriately.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
There was a notification system in place within the centre to ensure pertinent incidents were drawn to the attention of the person in charge in a timely manner. Where appropriate these incidents were notified to the Authority, as required by the Regulations.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
Each resident was being supported to achieve and enjoy the best possible health. Residents healthcare needs were being met and a nutritional and balanced diet was offered in accordance with the preferences of residents.

Any healthcare interventions required by residents were supported within the centre. Residents were supported by members of the multidisciplinary team and their recommendations informed their care plans. There was evidence of multidisciplinary appointments and a record of the outcome of these appointments was kept. Multidisciplinary supports included dieticians, physiotherapy, occupational therapy and speech and language.

There was a healthcare plan in place for each resident and these plans were regularly reviewed. Plans examined by the inspector were in sufficient detail as to guide staff. Staff spoken with were knowledgeable about residents and could describe healthcare interventions that were in keeping with good practice.
Meal time was a positive and social experience for residents’. Snacks and drinks were readily available and choices were facilitated in accordance with residents’ assessed needs.

**Judgment:**
Compliant

### Outcome 12. Medication Management

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
Residents' were protected by the designated centres’ policies and procedures for medication management.

A review of prescription practices, administration records and procedures for the storage of medication, illustrated that medication management practices were in compliance with the Regulations.

Staff had received appropriate medication management training and received clinical assessments prior to administering medication.

Monthly audits were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately. Out of date medication or spoiled medication was stored securely and collected by the pharmacy.

**Judgment:**
Compliant

### Outcome 14: Governance and Management

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
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 full-time Person in Charge in place who was a suitably skilled, qualified and experienced.

Staff meetings were held every 6 weeks and minutes were kept of these meetings. A sample of agreed actions from the meetings reviewed by the inspector had been implemented. There were also regular meetings between the person in charge and the area director.

A quarterly supervision process was in place to support staff.

Audits had been conducted in the management of medication, Health and Safety and residents’ files. 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 had been addressed.

The Person in Charge was suitably qualified, skilled and experienced. He was knowledgeable regarding the requirements of the regulations and had detailed knowledge of the health and support needs of the residents. The Person in Charge was clear about his roles and responsibilities and provided evidence of continuing professional development.

**Judgment:**
Compliant

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**
The number and skill mix of staff was appropriate to the assessed needs of the residents. However, the actual roster required some improvements.

There was a planned and actual roster onsite. However, the actual roster did not clearly identify the staffing arrangements within the centre. The inspector reviewed the actual roster and it wasn't always clear how many staff or which staff worked on any given day.

Records were maintained of staff training. These records showed that there was ongoing training in a range of areas such as first aid, medication management, behaviours that challenge and food safety. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

On the day of inspection staff members interacted with residents in an informed, caring and professional manner.

There were also regular meetings with the staff with regard to the management of the centre. Minutes of these meetings outline operational developments and learning from incidents.

Staff supervision was conducted monthly and staff described it as a supportive process.

**Judgment:**
Substantially Compliant

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**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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiríosa Foundation</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005479</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>01 February 2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 February 2018</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 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:
Complainants were not informed of the outcome of their complaints.

1. Action Required:
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
• Person in Charge to ensure that all complaints are being recorded using the centres own reporting format as per organisational policy. All actions following complaints to be documented stating the outcome of the actions and the satisfaction of the complainant.

• Person in Charge to ensure that complainants are informed of the outcome of their complaint within specific timeframes as per organisational policy.

• Person in Charge to communicate this to all staff at upcoming team meeting in March.

Proposed Timescale: 31/03/2018

Theme: Individualised Supports and Care

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
As the organisational policy on complaints was not always being followed, complaints were not always appropriately recorded. Details of any investigation into a complaint, the outcome of a complaint and any action taken on foot of a complaint were not always available.

2. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint and any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
Actions Taken:
• Person in Charge has attended refresher Complaints Training on the 15th February 2018.

• The Person in Charge will review current complaints to ensure that the necessary information has been appropriately recorded.

Actions Planned:
• Person in Charge to ensure that all complaints are documented on the organisational template for complaints and that all complaints are followed up as per complaints policy.

• All actions following complaints to be documented stating the outcome of the actions and the satisfaction of the complainant.

• Person in Charge to communicate this to all staff at upcoming team meeting in March.
**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:
There was no annual personal plan review in place.

**3. Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
- Person in Charge will ensure that a formal personal plan review will take place annually.
- The annual review will measure the effectiveness of the plan; the changes required and identify the person responsible for implementing these changes.
- Person in Charge to communicate with all staff at upcoming team meeting in March.

**Proposed Timescale: 31/03/2018**

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews did not assess the effectiveness of personal plans.

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

Please state the actions you have taken or are planning to take:
- The Person in Charge will ensure that the reviews of personal plans will measure the effectiveness of the plan; the changes required and identify the person responsible for implementing these changes.

**Proposed Timescale: 31/03/2018**

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A safeguarding concern had not been recorded in line with national policy and was therefore not reported to the organisations designated officer and the HSE safeguarding and protection team.

The safeguarding concern was not investigated and responded to in line with the centre's policy, national guidance and legislation.

5. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

• Area Director contacted designated officer regarding the identified concern and sent report to the HSE safeguarding and protection team.

• The Person in Charge notified the resident’s family of the incident.

• The Person in Charge sent notification to HIQA and put an interim safeguarding plan in place in the centre.

• The incident was investigated by the Area Director and Person in Charge in line with organisational policy and national guidance.

• Supervision and informal counselling have taken place with relevant people.

• Person in Charge updated residents care plan and risk assessments to mitigate a reoccurrence of the incident.

• Learning outcomes discussed at staff team meeting on the 09th February 2018.

Proposed Timescale: 09/02/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The actual roster was not always clear. It was difficult to establish how many staff or which staff members were working.

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:**
- The Person in Charge to ensure that the roster clearly identifies the staffing arrangements within the centre.
- The Person in Charge to ensure that the core rostering system is updated as changes arise to ensure rosters are accurate and up to date at all times.

**Proposed Timescale:** 22/02/2018