

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0002723
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiriosa Foundation
Provider Nominee:	Brendan Broderick
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 November 2014 10:30	04 November 2014 17:30
05 November 2014 10:30	05 November 2014 14:30

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

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

Summary of findings from this inspection

This monitoring inspection of a designated centre operated by Muiriosa was the first inspection of the centre by the Health Information and Quality Authority (the Authority). Five residents live in this designated centre which is operated from a large, detached domestic house on its own grounds.

The inspector found that residents received good quality support and care. There was evidence of a good level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Evidence of this was reflected in a number of positive

outcomes for residents.

The service was managed and run by a competent and professional person in charge who was fully engaged in the governance and management of the centre. The person in charge was supported by a strong staff team who had the required knowledge and experience to support and enable residents to achieve their individual goals.

Residents were treated with respect and were encouraged and supported to lead independent lives. Residents' views were listened to and respected. Residents were consulted about the development of their personal plans which were regularly reviewed. Support was provided to residents by a range of allied health professionals including the behavioural support team. The health care needs of residents were met. Residents were supported to actively participate in their local community.

Satisfactory risk management and fire safety procedures were in place. Systems and procedures were also in place for the safe management of medications. Appropriate protection and safeguarding systems were in place to protect resident from the risk of abuse.

However, some areas of improvement were identified. The assessment of the health and social care needs of residents needed to be improved. A satisfactory record of the nutritional intake of residents was not maintained.

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:

Effective systems were in place for consulting with residents and respecting their rights and dignity.

Weekly residents' meetings were held. The inspector read a sample of the minutes of these meetings and found that they were used to consult residents and to consult them about their routines and activities for the week. Residents views were listened to and issues raised at these meetings were promptly acted upon by the staff. Residents told the inspector that staff respected their wishes and supported them in their preferred weekly routines. The inspector observed the staff and residents communicating freely and openly on both days of inspections. Staff members were very aware of individual resident's communication needs and the staff used effective techniques to communicate with each of them.

Residents political and religious needs were respected. The person in charge had ensured that each resident was registered to vote. Some residents had voted in recent elections. Residents' religious beliefs were respected and promoted. Residents were supported to attend religious services. Some residents were supported to visit the church and light a candle. There was access to an advocacy service for those residents who required this.

The inspector found that the staff in the centre had a positive attitude towards the management of complaints. However, there was a need for some improvement with regard to the management of complaints. It was noted that complaint information had been received from the family of a resident. While this information had been acted upon

appropriately, the matter had not been recorded and addressed in line with the requirements of the Regulations. For example, the detail of the investigation and the satisfaction level of the complainant with the outcome of the investigation had not been recorded. There was complaints policy in place to guide practice. The complaints procedure which was displayed did not provide accurate information to guide the making of a complaint.

Judgment:

Non Compliant - Minor

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Residents in the centre had varied communication needs. Staff responded to each resident in a personalised way in accordance with their needs. Residents' communication needs were identified in the personal planning documentation and supports were put in place. As discussed under outcome 11 (Healthcare) some residents had not been seen by the speech and language therapist (SALT) as part of the multi-disciplinary assessment process. The inspector found this assessment and care planning process for communication could have been improved with this input.

Easy to read versions of documents such as residents' guide had been developed for residents. Staff in the centre had also developed a range of communication books using photographs and pictures. These books were used to facilitate residents to express choice around meal options, activities and outings. The planned roster was also displayed using photographs of the staff on duty. Work had also been carried out to modify residents' personal plans, using pictorial formats, in accordance with their needs.

Residents had access to television, radio, social media and internet. Some residents had their own mobile phones and were provided with support and skills training to use them, where required.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. The inspector spoke to visitors who commented how they were always made very welcome in the centre. Residents told the inspector about their weekend trips away to see family members. Care plans were in place to support this process and residents told the inspector about their families and showed the inspector pictures of their visits with them.

Residents participated in their community in a number of different ways, for example, residents described their trips to local restaurants and businesses. Residents attended local events and concerts. A number of residents were also part of local voluntary groups such as an active retirement group.

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):

This was the centre's first inspection by the Authority.

Findings:

The admissions process was appropriately managed and contracts of care were in place.

There had been no recent admission to the centre and the majority of residents had

lived in the centre for a considerable number of years. There were policies and procedures in place to guide the admissions process. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre.

Each resident had a tenancy agreement and there was also contract of care in place to deal with the service to be provided to the resident. The inspector read these documents which dealt with the service to be provided and the charges to the residents. Easy read versions of these documents had been developed and the inspector saw that residents retained their own copies. All residents were charged the same weekly rate as per their tenancy agreement.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents' wellbeing and welfare was promoted through a high standard of evidence based care and support. However, some improvements were required in the assessment and personal planning process.

The arrangements to meet the majority of resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that these personal plans were developed to a high standard and provided detailed guidance on supporting residents to lead full and interesting lives. Residents' individual goals and aspirations were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to.

The personal plans which had been developed were person centred and were based on appropriate assessment carried out in accordance with the requirements of the Regulations. The inspector found that there was multi-disciplinary input in the care of residents as provided by nursing staff, social care workers, the psychiatrist and members of the behavioural support team. Planning meetings were held in order to

facilitate consultation with the residents and their families on the development of the plans.

However, in the case of one resident an appropriate assessment of the resident's health and social care needs, by a suitably qualified professional, had not been carried out. Suitable plans had not been put in place to ensure that some identified needs in areas such as nutrition and social care were met in a consistent way. For example, the resident was at risk of social isolation, however this had not been addressed in the personal planning process. The inspector noted that prior to the inspection, some steps, including a family meeting, had already taken place aimed at addressing this situation.

Resident's files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships. Residents showed the inspector their own easy to read versions of their personal plans which were colourfully illustrated with photographs. Residents and their families were consulted regarding the development of the personal plans.

Residents described busy daily routines which involved attending day care services and activities in the community. Residents said that staff members supported them with their daily routines and to travel using public transport. The inspector noted that staff had worked closely with residents and carried out skills training to support residents in social situations. One on one activities were organised for residents who did not like to participate in group activities.

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):

This was the centre's first inspection by the Authority.

Findings:

The premises was purpose built and met the needs of the residents to a high standard.

The centre was located within walking distance from a town centre and was close to a range of shops, cafe and local amenities. Some of the residents walked to these amenities. The premises consisted of a large, detached single storey house set on its own site with well maintained gardens, patio areas and vegetable patch. A self contained one bedroom apartment was also provided to provide more independent living arrangements.

for one resident. The apartment could be accessed directly from the main building and it also had its own front door entrance.

In addition to the apartment there were five bedrooms one of which was allocated for staff. A kitchen, laundry area, and two living rooms were provided. The rooms were of a suitable size and layout to meet the needs of the residents. The premises had been designed with the current and future needs of the residents in mind. All parts of the centre were fully accessible. Suitably adapted toilet and bathrooms were also provided.

Residents had access to suitable private space. The second living room afforded residents a space where they could be on their own. The centre was decorated in accordance with the choices and preferences of the residents. There was a homely and inviting atmosphere. A number of residents showed the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Residents had personalised their rooms with their own furniture, pictures and personal belongings.

A good standard of hygiene was noted and there was appropriate heating, lighting and ventilation. A separate laundry area was provided and suitably equipped to meet the needs do the residents.

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to promote and protect the health and safety of residents, visitors and staff.

There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre and which had been drawn up in line with the requirements of the Regulations. The inspector reviewed the local risk register which was regularly updated in response to risk assessments which she and the staff carried out. Risk assessments were routinely carried out where risk issues were identified. Staff spoken to during the inspection were knowledgeable regarding these risks and their control measures. For example, the inspector read a number of risk assessments which related to risks within the centre such as hot kettles. There was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation.

A safety statement and risk register was in place which set out the risks in the centre and the associated control measures. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge and the local manager. Systems were in place for health and safety audits to be carried out on a routine basis. For example the person in charge completed a monthly "House Check" which covered areas such as the fire register, the hygiene and premises checks.

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this regular fire drills were carried out and documented. Documentation was maintained in relation to each drill including the total time taken to evacuate the centre. The inspector found that residents were aware of the fire evacuation procedures in place. The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding the procedures to be followed and the information contained in the personal evacuation plans. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. In addition to the checks described above the inspector noted that the Muiriosa's own fire officer also regularly visited the centre in order to carry out checks and give advice on fire safety.

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 residents and protect them from the risk of abuse.

There was a policy on the protection of vulnerable adults in place. The policy provided sufficient detail to guide staff in the event of any suspicion of abuse of allegation made. Staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents and all staff in the centre had attended mandatory training in this area. Residents stated that they felt safe and secure in the

centre.

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 was evidence of a high standard of practice in this area. The inspector saw that staff in centre received support from the behaviour support team where necessary. The inspector reviewed a number of positive behaviour plans which had been developed in response to residents' assessed needs. The inspector found that the plans were of a high standard and contained detailed guidance to help support the resident having regard to evidence based practice. The triggers to these behaviours were identified as well as agreed reactive strategies. Behaviour monitoring charts were extensively used and this information was used to inform and update reactive strategies and informed responses to residents' behaviour.

A restraint free environment was promoted and no forms of restraint or restrictive practices were in use.

Systems were in place to protect residents from financial abuse. Some residents had their own bank accounts and managed their money independently. In the case of residents who required assistance the person in charge had a clear and accountable system for checking all transactions made on behalf of residents on a weekly basis. Receipts were maintained and two staff members signed where transactions were made on behalf of residents. Skills training was carried out with residents with regard to money in order to promote independence. The person in charge assessed each resident's ability to manage money with the aid of an assessment tool on a regular basis.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Systems and practices were in place to promote residents quality of live and this included opportunities for new experiences, social participation, education and employment.

Residents were encouraged to participate in education and employment. No residents were participating in paid in employment at the time of inspection in accordance with their preferences. Some were involved in an active retirement group on a weekly basis. Residents had a busy schedule of activities each week. Art classes were provided and other residents attended swimming or went to the local leisure centres. The staff also did a considerable amount of one on one training with residents which was aimed at helping them with social situations. Literacy and numeracy training was also provided by the staff. A record of each resident's participation in activities was maintained and was reviewed by the inspector.

Residents described going on holidays and also for weekend trips away. Some residents were looking forward to Christmas themed trip away which was planned for them. Regular shopping trips and visits to local restaurant and coffee shops were also important to the residents.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Residents received good support to achieve and maintain health. An area for

improvement was required with regard monitoring of nutritional intake.

There was good access to the general practitioner (GP) and allied health professionals. Residents told the inspector that they were happy with their GPs and could see them whenever they wished. The inspector reviewed the appointment record for each resident and observed that they were regularly seen by their GP. There was also good access to the allied health professionals such as the speech and language therapist (SALT), dentist, optician, physiotherapist and occupational therapist.

Nursing assessments were carried out for each resident and covered areas such as nutrition, falls and skin integrity. Care plans were drawn up based on the results of these assessments where particular health issues were identified. For example, in the case of resident who had epilepsy, a care plan had been drawn up which guided staff on how to detect the onset of seizure activity and how to respond. Staff members had been provided with training in this area and were knowledgeable about the contents of the care plan.

As described under outcome 5 residents received support from the behavioural support team where necessary and there were records maintained of consultation with this team.

Measures were in place to meet residents' food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw residents enjoying wholesome and freshly prepared meals during the inspection. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices were appropriate. Mealtimes were flexible and fitted around resident's social and work life. Residents stated that they were happy with the food which was prepared in the centre and it included treats such as occasional takeaways.

Staff told the inspector about nutritional concerns regarding one of the residents who frequently chose not to eat meals prepared in the centre. The inspector found that the resident was provided with support and information regarding healthy eating choices. However, a satisfactory record of residents' nutritional intake was not maintained in accordance with the requirements of the Regulations. The person in charge undertook to address this matter. This requirement is addressed under outcome 18 (Records and Documentation)

Judgment:
Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. Staff had received training and monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents' prescriptions was carried out. The inspector reviewed the records of a medication error and found evidence of good practice which included thorough follow up by the person in charge. Action was taken to prevent reoccurrence.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. An easy to read version of the statement of purpose had been created for the residents. The person in charge was aware of the need to keep the statement of purpose under review.

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:

There was an effective management structure in place which supported the delivery of safe care and services.

The inspector found that the arrangement for the post of person in charge fully met the requirements of the Regulations. The person in charge was fully engaged in the governance and management of the centre. The person in charge had the required experience and had a relevant qualifications in nursing and in behaviours that challenge. During the inspection the person in charge demonstrated knowledge of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She took up the post in April 2014 and in that time she acquired in depth knowledge of the residents and their care needs. She demonstrated a clear commitment to improving the service offered to these residents. Staff members stated that the person in charge was readily available and provided strong support to them.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of performance development was in place and the inspector was shown a sample of these. The person in charge stated that this system was operating effectively and provided a framework for identifying training needs.

There were systems in place for monitoring the quality and safety of care. The person in charge carried out regular audits of areas such as health and safety, medication management and care planning documentation on a weekly and monthly basis. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies were promptly rectified and addressed by the person in charge.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

The inspector found that sufficient resources were provided to meet the needs of residents.

The centre was maintained to a good standard inside and out and had a fully equipped kitchen and laundry. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. The person in charge had the Authority to authorise additional staff hours as required. A car were provided and available for use by the residents when needed.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

The numbers and skill mix of staff were appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as first aid, medication management, the personal planning process and behaviours that challenge. Staff told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff and the person in charge had used the staff meeting to provide training regarding these documents.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

Records and documentation were securely stored and the required policies were in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of appropriate insurance cover was in place.

As discussed under outcome 11 (Healthcare) a satisfactory record of residents nutritional intake was not maintained.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0002723
Date of Inspection:	04 November 2014
Date of response:	04 December 2014

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

Satisfactory details were not maintained regarding the steps taken in response to complaint information which was received. The satisfaction level of the complainant with the outcome of the complaint investigation was not recorded.

Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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, 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:

The Person in Charge has reiterated with all staff in the designated centre that all complaints need to be logged in the Complaints Logbook which records the details of the complaint, the outcome of the complaint, the action taken and the satisfaction level of the complainant.

The complaints procedure has been updated to reflect the most up-to-date and accurate information.

Proposed Timescale: 28/11/2014

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:

A comprehensive assessment of health and social care need was not carried out for a resident who required this.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A comprehensive assessment will be completed with the individual with a view to developing a care plan.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

A personal plan was not in place to deal with the health and social care needs of one of the residents.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A comprehensive care plan will be put in place which will identify and meet the individual's health, personal and social care needs.

Proposed Timescale: 31/01/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

A satisfactory record of nutritional intake was not maintained.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

Supervision will be put in place to ensure the individual has sufficient nutritional intake and this intake will be recorded on a daily basis. The individual's weight and BMI will also be recorded on a monthly basis.

Proposed Timescale: 04/12/2014