

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0004076
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiriosa Foundation
<b>Provider Nominee:</b>	Margaret Melia
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	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:
11 November 2014 11:00	11 November 2014 19:00
12 November 2014 10:30	12 November 2014 14:00

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 was the first inspection of this designated centre operated by Muiríosa Foundation which is based in Kildare. As part of the inspection, the inspector visited the two units of the designated centre and met with residents, relatives and staff members. The inspector also reviewed questionnaires which had been completed by residents and some relatives. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

This designated centre is made up of two units which are located directly across from

each other, have a similar resident group, and provide the same type of service. This designated centre supports seven female residents, all over the age of 50 years with an intellectual disability. Residents have access to a formal day service setting each week. Some residents who had reached retirement age enjoyed spending time at home during the week, and others attended the local community day care centre for the retired.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. The person in charge had only stepped into post in October of this year, but had previously deputised for the person in charge of this centre. The inspector found effective leadership and guidance in place, as evidenced through compliance across all of the areas inspected. Appropriate staff recruitment and supervision was in place. The inspector found that the staffing level on offer in the designated centre was suitable to the needs and number of residents. Two staff members, one in each unit of the centre were clearly identified to deputise in the absence of the person in charge, if necessary.

Overall, the inspector found that residents received a good quality service in this designated centre, as was very clearly outlined in the centre's statement of purpose. There was evidence of compliance in 18 outcomes with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and this was reflected in a number of positive outcomes for residents. Residents spoke with the inspector and expressed satisfaction with their home, relatives expressed this also. Both units were noted to be extremely clean and offered a homely feel, with ample communal and private areas available for residents.

The findings from this inspection are outlined in the below report under the relevant outcome headings.

**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 was satisfied that residents were consulted with and took part in the running of the centre as far as possible. There was evidence of regular house meetings with residents to discuss any changes and to gather residents' opinions. Residents had particular responsibilities within the centre to contribute to the running of the house. For example, setting the table and assisting with preparing meals. Residents were aware of their care plans and personal goals, and their input was evident in the documentation.

The inspector found a good culture of advocacy was in place for residents in the centre. Each resident had a key worker who acted as a key person in ensuring they were reaching for goals, and their needs and rights were being met. There was access to an external advocate should a resident require additional support in this area. The inspector saw evidence that one resident was seeking this support at present. Guides to rights were available in accessible formats in the centre. For example, a leaflet entitled "have your say" which outlined how residents could speak out and advocate for themselves. One resident attended the tenancy group meetings for residents living in Muiríosa Foundation.

Residents were supported to value and protect their belongings and possessions in the centre. There was an updated policy in place with regards to protecting residents' finances and belongings. Each residents' file had an inventory list of their possessions which was kept up to date. There was a transparent system in place in relation to residents' finances. Accounts were securely kept, and well managed. All residents had completed a money assessment to determine the level of support they required with managing their finances. Residents had access to their money, and were encouraged as

much as possible to take responsibility for their finances. Any fees and rent charged was clearly outlined in the contracts of care. Residents were supported one to one with paying their weekly rent and contributions to the centre. The inspector was satisfied that any previous issues in relation to protecting residents' finances, had been adequately addressed and learning gained. On the day of the inspection, the inspector was satisfied that practices around the management of residents' finances ensured protection against financial vulnerability.

The inspector was satisfied that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and residents, and safe storage of personal information. Each resident had their own bedroom decorated to suit their own tastes and interests. Both units had a spare bedroom which provided an extra activity space for residents or separate space should they wish to have time alone, or with visitors. Residents spoke with the inspector, and outlined that staff were very helpful, and treated them well.

The complaints policy for the organisation was currently under review, to ensure the most effective process was in place. The provider nominee assured the inspector that this was currently being drafted, to ensure what happened in practice, was reflected in the policy. In practice, the inspector was satisfied that residents and their relatives knew how to make a complaint. There was a photographic display outlining the local manager as the contact point for complaints that could not be solved locally. The inspector reviewed the complaint log and found there to be no complaints. Questionnaires received by residents and families expressed this also.

The staffing available in the two units ensured that residents were supported to make choices, and have control over their daily lives. Overall, the inspector was satisfied that residents' rights, privacy and dignity were promoted, and that residents were consulted and involved in their care and the running of the designated centre in so far as possible.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied that residents were assisted and supported to communicate at all times in the designated centre. Individual communication requirements of

residents were highlighted in their care plans. Most residents living in the centre could talk to the inspector. Residents with alternative means of communicating had this outlined in their care plans. The inspector saw evidence of the staff team's awareness and understanding of each resident's unique means of communication. This was clearly documented in the residents' files, and observed in practice. Residents with hearing difficulties were supported to attend audiology services, and had hearing aids to improve their hearing.

The inspector found that the designated centre used photographic and pictorial signs to assist residents with daily living. For example, there was a photo board to show which staff were on duty, a photo menu board displaying meals, and easy to read versions of information on residents' rights and the complaints procedure. Residents had various types of photo albums and books in relation to important people in their lives, their goals and likes and dislikes, and showed these to the inspector. Some residents had hand held devices with photographs to assist them to communicate in the community.

The inspector found that some residents' bedrooms were decorated with photographs of important people in their lives. The inspector found that residents had access to media, with televisions in communal areas and also available in residents' bedrooms.

**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:**

The inspector was satisfied that relationships between residents and their families or friends were supported and encouraged in the designated centre. Resident spent varying time with their families, depending on their wishes and circumstances. The inspector found evidence that residents were supported and encouraged to visit home as often as possible. There was evidence of family involvement in setting the goals and care needs for some residents. There was an open visiting policy in the centre, and a portable phone was available to residents so that they could keep in contact with friends and family.

The inspector spoke with family members who expressed that they felt welcome in the designated centre at all times, and kept up to date and involved in the residents life and plan for the future. The relative questionnaires expressed this also. One resident had

been supported to plan a memorial service for her mother, and had invited her family back to the centre after the service for tea and sandwiches.

All residents attended formal day services during the week and were supported through this service to take part in the community. For example, some residents attended the local community day care centre for the retired. The inspector was satisfied that the statement of purpose, and the staffing available in the centre ensured that residents were supported to maintain links with their local community in the evenings and weekends. Two residents took part in the local tidy towns initiative, one resident had obtained employment in a local shop, and all residents were encouraged to use the local amenities as much as possible. For example, local shops, hairdressers and beauticians.

**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 inspector was satisfied that there was a transparent criteria for admissions into this designated centre, and at present there were no vacancies. During the inspection, the person in charge amended the statement of purpose to clarify the specific criteria for admission should a vacancy arise. This local criteria was supported by the organisational policy for admissions, transfers and discharges for Muiriosa Foundation. The inspector viewed documentation in relation to the most recent admission, and found that this had been done in a planned, and safe manner. For example, there was numerous meetings with the resident multidisciplinary team, visits to the centre and action plans followed through.

The inspector reviewed residents' files and found that there were signed written agreements in place which clearly outlined the terms and conditions of their residence, what care and support would be delivered, and any costings associated with all aspects of care. The inspector was satisfied that these agreements clearly detailed the services to be offered to residents.

**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:**

The inspector determined that residents' social care needs were being assessed, planned out and met in the designated centre. There was a clear assessment of need completed for each resident, which outlined the support required in all aspects of life. Residents had care plans along with their person centred plans, which were updated and reviewed regularly. The inspector found that the assessments and plans included the personal, emotional and social supports that residents required to ensure they were active participants in their lives and communities.

The inspector was satisfied that residents had opportunities to participate in meaningful activities suitable to their age, preference and abilities. For example, some residents were involved in the tidy town initiatives, another resident had her own glasshouse on the grounds and was growing fresh vegetables from seed. One resident, who had reached retirement age, had been supported to have a day off each week to enjoy relax at home and spend time in the local community.

The inspector reviewed the transition plan for a resident who had recently moved into the centre, and found that the move had been well planned and managed and included input from the resident, family members and the multidisciplinary team. A clear plan had been put in place to ensure a smooth transition for the resident.

**Judgment:**

Compliant

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**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 inspector found that the design and layout of the centre met the individual and collective needs of residents, and was in line with the statement of purpose. This designated centre is made up of two bungalows, which are located across the road from each other. The inspector found that both locations were warm, bright and nicely decorated. There was personal art work created by residents on display, along with photographs of important people and events in residents' lives. The inspector found that the two locations were kept to a very good standard. They were clean and had sufficient equipment to assist residents with their daily living. One of the units had an open fire which offered a very homely feel. The inspector was satisfied that the premises met the requirements as set out in Schedule 6 of the Regulations. Residents spoke with the inspector and confirmed that they could access the building with ease, and that it was a comfortable place to live. During the course of the inspection, the inspector saw documentary evidence of fire and planning compliance certificates, which had been recently submitted to the Authority.

**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:**

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected in the designated centre. The inspector found that there was a

good culture of health and safety, and documentation was clear to show ongoing review and audit. The inspector found that health and safety checks were carried out on a daily, weekly, monthly and quarterly basis in the centre.

The inspector was satisfied that there were adequate precautions to prevent and detect fire in the designated centre. The inspector reviewed documentary evidence to show that the fire detection and alarm system was routinely serviced and checked, along with the emergency lighting and fire fighting equipment, in line with requirements. Staff carried out regular evacuations at various times to ensure all staff and residents were fully aware of the procedure to follow in the event of an emergency. There was an evacuation plan in place, which was on display in the centre. The inspector found that efforts had been made to ensure residents with hearing difficulties were alerted to the alarm and aware of the procedure to follow. For example, one resident used a smart phone App to alert a vibration pad beneath her pillow in the event of the alarm sounding. All residents had their support needs clearly outlined in their personal evacuation plans.

The inspector found that there was a strong system in place to identify, assess and manage risk in the designated centre from both an environmental and clinical perspective. The risk management policies had been reviewed and updated in August 2014, and met the requirements of the Regulations. There was an active risk register which showed the inspector how all risks in the centre were identified and assessed. Control measures had been put in place to reduce or alleviate any identified risks. Clinical risks were well managed by the staff team and clinical risk assessment tools in place for residents who required it.

There was a safety statement in the designated centre which included control measures to deal with all risks in the building and on the premises. All staff had up to date training in fire safety and evacuation in line with the organisation's policy.

All accidents, incidents and near misses were clearly recorded and reviewed and triggered the completion of a risk assessment. Any improvements or changes required were clearly outlined and signed off by the person in charge and the area manager. For example, following the fire extinguisher in the car leaking while in transit, the person in charge put additional control measures in place to prevent this from happening again.

There were policies in place to guide staff on safe infection control, and access to an internal infection control nurse located in Moore Abbey. All staff were trained in level 1 food safety in the designated centre.

Overall the inspector found that practices in relation to health and safety and risk management were robust, and there was ongoing review of the systems in place by the staff team and the person in charge.

**Judgment:**  
Compliant

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**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 inspector found that residents living in the centre were safeguarded and protected from harm in the designated centre.

There was a policy in place on safeguarding and protection of vulnerable adults, which had clear guidelines for staff on how to identify and report suspicions or allegations of abuse. An additional policy "Trust in Care" outlined how the organisation responded to allegations or suspicions against a staff member.

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and through discussion with the person in charge, the inspector determined that there were no restrictive practices in place in the centre. One lap-belt was in use, which was prescribed by an allied health care professional and promoted the safety of the resident. The resident could verbalise if she did not want to use it at any time, and was included in the risk assessment process.

The inspector reviewed the policy entitled "Listening and responding to individuals who demonstrate behaviours of concern", and was satisfied that the policy offered clear guidance to staff. At the time of inspection, the centre wasn't supporting any residents who presented with behaviour that was concerning. Residents had access to a consultant psychiatrist, and all appointments, reviews and advice were clearly evidenced in residents' files. Residents who were queried as having dementia, had access to a clinical nurse specialist employed by the organisation for assessment, review and advice.

The inspector reviewed practices in relation to the protection of residents' finances as discussed under outcome 1, and found a transparent system in place in the designated centre to safeguard residents' money.

From reviewing the training records, the inspector found that staff had received training in safeguarding and protection. This was updated on a two yearly 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:**

The inspector was satisfied that a clear record of all incidents was maintained. Where required these had been notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted to date as necessary.

**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:**

The inspector was satisfied that residents were supported to participate socially in activities suitable to their age, interests and needs. The inspector spoke with residents and reviewed documentation and found that residents were provided with suitable activation in line with their own goals and preferences and relevant to their changing needs. All residents had access to a formal day service provided by Muiríosa during the week, with some residents attending a day service specifically for retired residents. Some residents attended the local community day care centre for one day a week. One resident had paid employment in a local shop, and another was seeking a voluntary role in a charity shop. Two residents who had reached retirement age, spent part of their week at home in 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):**

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

**Findings:**

The inspector was satisfied that residents were supported on an individual basis to achieve and enjoy their best possible health.

The inspector found that the person in charge and the staff team had a good understanding of the health needs of the residents in the centre, which were clearly documented in the resident personal files. Access to allied health care professionals was timely, and appropriate referrals and treatment sought to meet residents' diverse health care needs. The inspector found that any identified need in relation to health care, had a clearly documented plan in place to show both the clinical and social support required to meet those needs. Residents living in this centre were over the age of 50. The inspector found good access to a clinical nurse specialist in dementia, and appointments had been made for residents who had queried dementia. Residents were supported to avail of screening programmes such as cervical check, bowel check and breast check through their GP.

Residents care and support plans were updated in a timely manner following any incidents or changes to a residents health. For example, following a fall or medical review. Any suspicion or observation of something out of the ordinary with regards to a residents health, was promptly investigated and planned out. Documentation in relation to assessments and care plans were of a high standard.

The inspector found that there was good selection of meals available to residents in the designated centre. Residents were encouraged to decide on the menu for the week at resident meetings. Residents who wanted to assist in the preparation of meals were encouraged and supported to do so. The inspector found that where advice had been sought by allied health care professional for a resident, it had been documented and catered for. Relevant tools were in place to assess risk of malnutrition if deemed necessary and appropriate action taken. All staff were trained in food safety to level one.

**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):**

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

### **Findings:**

The inspector was satisfied that residents were protected by safe medication management practices in the designated centre. There were medication management policies in place, along with local procedures and protocols relevant to the needs of the residents in this centre. For example, a protocol on how to clean the crusher for a resident. The inspector reviewed the systems in place for prescribing, ordering and storing medication in the centre, and found them to be robust. Medication was stored securely in each residents' room, to reduce the risk of errors, and include the resident as much as possible. Residents were supported to understand their medication as far as possible, and one resident was being supported to improve her skills to self medicate at the time of inspection. Residents' abilities regarding taking responsibilities for their own medication had been risk assessed and documented in their files.

The inspector spoke with the person in charge who outlined that there had been a high number of medication errors over the course of the year. The inspector reviewed the accident and incident log, and found there to be a no blame culture in the centre, with a clear record of all near misses or omissions documented. Any medication error had been reviewed, risk assessed and analysed to try to ascertain a pattern and gain learning. The person in charge had done a recent audit of all errors, and had put improvements in place to prevent the likelihood of a re-occurrence. For example, new procedures in relation to the administration of a weekly medication and a reminder system in the communication book.

The inspector identified one area for improvement on the first day of inspection in relation to the crushing of medication. The prescription kardex did not specify which individual medication was to be crushed, as prescribed by the GP. This had been swiftly addressed by the person in charge by the second day of inspection. The inspector was satisfied that documentation regarding the crushing of medication was clear, in line with best practice, and reduced any risks of errors.

### **Judgment:**

Compliant

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**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:**

The inspector was satisfied that there was a written statement of purpose in place in the designated centre. The inspector was satisfied that this document clearly outlined what services and facilities were on offer to residents living in the centre. Over the course of the two days of inspection, the inspector determined that the care and support offered to residents, was a true reflection of what was in place. For example, the statement of purpose outlined a philosophy of community involvement, and encouraging residents to be active citizens, this was evident through inspection. The inspector requested the person in charge further specify the admissions criteria for this centre in the statement of purpose, and outline the exact whole time equivalent of staffing. These amendments were completed and shown to the inspector at the end of the first day of inspection. The inspector was satisfied that the statement of purpose clearly demonstrated the practices and services in place.

**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:**



The inspector was satisfied that there were effective management systems in place. The inspector found that there was a clear management structure in the designated centre, and organisation. The person in charge reports directly to the local manager, who reports to the area director, who was currently acting as provider nominee. Once the role of Director of Nursing / regional director was filled, this person would take on the role of provider nominee. The inspector found that there were clear lines of authority and accountability for the residential staff working in the centre. There was clear communication in place in the centre, with staff meetings held regularly with the person in charge and local manager. All identified persons in charge for this area met on a monthly basis with the senior management team, along with anyone with the role of deputising in the absence of the person in charge.

The inspector was satisfied that the person in charge met the requirements of the Regulations. The person in charge had only recently taken on the role in October 2014, and had deputised for the person in charge previously. The person in charge worked full time, was a registered nurse in the area of intellectual disabilities, and had previously worked in the Muiríosa community nursing team since 2011. The inspector observed that the person in charge was known to residents and families, as outlined in relative questionnaires received. Although newly appointed, the person in charge could talk with ease about the health and social care support needs of residents living in the centre. The person in charge had plans to achieve a qualification in management by 2016 as required by the Regulations. This was outlined in her performance appraisal document and seen on inspection.

There was a system of audit and review put in place in the designated centre, with evidence of ongoing monthly audits completed by the person in charge, to capture key areas of care and support. A relative questionnaire was completed in October 2014, and the inspector saw that the findings had been gathered and analysed for learning. A complete yearly audit had been carried out over two days in October 2014, which looked at the themes of the standards and Regulations and outlined where any improvements were required. The inspector noted changes that had come about as a result of this audit to improve outcomes for residents.

**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 inspector was satisfied that there were arrangements in place to ensure effective governance in the absence of the person in charge. There had been no absence of longer than 28 days at the time of the inspection, and the person in charge and staff deputising in her absence were fully aware of the requirements to notify the Authority of any such absence. The inspector found that the arrangements in place to cover short term leave such as annual leave and sick leave were sufficient. The inspector met the two staff who had been identified as persons responsible for this leave.

**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 there was a clear allocation of funds in the designated centre. Contributions from residents were clearly outlined in the resident contracts and transparently recorded. The inspector found that the centre was adequately resourced with staffing and transport to sufficiently meet residents' assessed needs.

**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 inspector was satisfied that there was an appropriate number and skill mix of staff in the designated centre. The inspector reviewed the staffing roster and found that staffing levels were suitable for the needs of residents. For the seven residents over the two units, there was three staff on duty for the majority of the rostered hours, this was reduced to two staff on Wednesday evenings and Sundays. The inspector determined that the level of staffing at present in the centre was resulting in positive outcomes for residents. The inspector found evidence that staffing and shift hours had been amended to suit the request of residents who wished to have a day off during the week.

The inspector found that there was a wide variety of education and training available to staff in the designated centre to meet the particular needs of residents. Training records determined that staff working in the centre had up to date training in the mandatory fields. For example, fire safety, protection, and manual handling. Other training had been delivered to staff to the benefit of residents, For example, training in the use of oxygen and food safety training. The education and training policy clearly outlined the mandatory and optional training available to staff. Staff spoke with the inspector and expressed that they felt they had good access to training.

Staff files were not reviewed as part of this inspection, however, a full review of staff files took place on 18 September 2014 in the providers head office in Moore Abbey. The inspector was satisfied that the majority of staff files that were reviewed on this date contained the required information as outlined in Schedule 2 of the Regulations. The inspector reviewed a cross section of organisational staff working in different roles within the organisation and from all designated centres in the area. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker, and relief and agency staff. The inspector found good practice regarding the maintenance of staff records, and determined that staff were recruited, selected and vetted in accordance with best recruitment practices.

The inspector spoke with the person in charge and reviewed documentation, and found there to be an evidenced system of supervision and performance review in place in the designated centre.

**Judgment:**

Compliant

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**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records. Documentation in relation to the care and support offered to residents was organised, and ensured the needs of residents were clearly addressed and met. Documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, as required by Schedule 5 of the Regulations.

Staffing records were maintained as required and outlined under outcome 17 Workforce, and the inspector found that appropriate insurance cover was in place for the designated centre.

**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:***

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