

# eDeposit Ireland

## A designated centre for people with disabilities operated by Muiriosa Foundation, Laois

Item Type	report
Authors	Pryce, Julie
Citation	Julie Pryce, 'A designated centre for people with disabilities operated by Muiriosa Foundation, Laois', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-12
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-03-13 05:31:20
Link to Item	<a href="https://hdl.handle.net/20.500.14765/72830">https://hdl.handle.net/20.500.14765/72830</a>

**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 Muirosia Foundation
<b>Centre ID:</b>	OSV-0002724
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muirosia Foundation
<b>Provider Nominee:</b>	Sheila O'Neill
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<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:
30 September 2014 10:00	30 September 2014 18:30
01 October 2014 08:30	01 October 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**

As part of this inspection the inspector met with management, residents and staff members during the inspection, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures, staff training records and staff files.

The designated centre was a spacious home for three residents, two of whom had single rooms on the ground floor and one who had a self contained apartment on the first floor.

Residents appeared to be comfortable and content in their homes, and some residents discussed their homes and daily lives in a positive manner with the inspector and were happy to show their rooms.

While the inspector found evidence of a good quality service in the main, some improvements were required, for example in the area of implementation of personal plans which are discussed in the body of the report and included in the action plan.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found that there were structures in place to promote the rights of residents, for example, the residents had recently been supported to vote. Residents' meeting was held weekly, notes of these meetings were kept and residents had access to this folder.

Residents were involved in everyday decisions, for example, in menu planning and in arranging activities.

There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required. The accessible version of the procedure was clearly displayed in the centre.

There was evidence of the inclusion of residents in the organisation of the centre, both in individual houses, and in the form of a representative from one of the houses on the residents' forum.

A list of each residents' belongings was held and these included photographs of the items.

**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):**

No actions were required from the previous inspection.

**Findings:**

Each resident had a personal plan in relation to their communication. Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring.

Residents had access to information, including television, photographs and accessible versions of information. Residents had been shown the accessible version of the standards and these had been discussed with them by staff.

**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 designated centre is situated centrally in a small town, and residents availed of services in the community, including local shops, community pharmacist, involvement in community groups and attendance at classes.

Family involvement was supported by facilitating visits to the centre and involvement in personal planning.

**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:**

Contracts of care were in place which outlined the services provided and any costs incurred by residents. All residents had signed these contracts which were available in an accessible version to assist understanding.

**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 person in charge had put structures in place to ensure a meaningful day for residents. Activities were taking place both in the home and in the community, and were planned in accordance with the preferences and abilities of residents.

Personal plans were in place for all of the residents. These plans included likes and dislikes, preferred and activities, information about the worries of the residents and healthcare plans. Implementation of the personal plans was documented.

These plans were made accessible to the residents, for example, by the use of photographs and by an 'About me' section. The plans identified clear goals for

residents, based on their assessed needs, and a record of progress towards meeting these identified goals. Implementation of personal plans was recorded, and they were reviewed every three months or more frequently if needed.

There was evidence of the domestic and community skills of the residents being both maintained and developed, for example, one of the residents was learning how to cross the road independently.

**Judgment:**  
Compliant

**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 were specifically designed and laid out to meet the assessed needs of the residents. Two of the residents had single rooms on the ground floor, and one resident had a self contained apartment on the second floor. This was accessed both by a staircase and a lift.

There were sufficient private and communal areas to meet the needs of the residents, the home was spacious and well decorated and included an outside area.

**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 was evidence that fire safety procedures were well managed, there was a thorough personal evacuation plan for each resident and an emergency plan which included the plan to manage major events. Fire equipment maintenance records were up to date including emergency lighting and fire alarms. Fire training for staff and fire drills were regularly conducted. Staff were aware of the procedures to follow in the event of an emergency.

There was evidence of structures in place for the management of risk, for example system of accident and incident recording and reporting was in place. There was also a policy relating to the management of risk which included all the requirements of the regulations. A risk register was in place and there was evidence of individual and local risks having been assessed and managed.

The centre appeared to be clean and staff were aware of infection control issues. However, the storage of mops was not adequately managed, in that they were stored against an outside wall.

**Judgment:**

Non Compliant - Minor

**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 the provider had systems in place to manage residents' personal finances. Each resident had been assessed using a financial decision making tool, and personal spending was also managed with the assistance of staff for the most part. Money was held in each resident's personal cash box, receipts and signatures were evident for each transaction and these were returned to the organisation's head office for further verifications. Weekly audits of finances was conducted. A list was maintained of each residents' possessions, and these included photographs.

There was a policy on the protection of vulnerable adults which provided guidance for staff and identified the designated person. Staff were aware of what constitutes abuse and what to do if there was an allegation or suspicion of abuse.

**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 person in charge was aware of any issues which require notification to the authority. The actions reviewed by the inspector following notifications had all been completed.

**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 provider had provided facilities and opportunities for residents to engage in occupation and recreation in accordance with their assessed needs.

Residents were involved in the community and there was evidence of a meaningful day for all 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:**

The inspector found some arrangements in place to support the healthcare needs of residents, but some improvements were required in relation to the implementation of healthcare plans.

Residents all had access to a general practitioner of their choice, to an out of hours GP service and to other healthcare professionals as required. Healthcare plans were in place for ongoing conditions and also for changing needs, for example there was a healthcare plan in place for one resident in relation to recurrent infections. However there was not always evidence that the plans were being implemented. Implementation of one such care plan was commenced immediately, and a recording chart to document this implementation was available to the inspector on the second day of the inspection.

Access to transport was not ensured where required. A car was accessed from another service for several days a week, however, one resident missed two consecutive healthcare appointments and staff reported this was because there was no car to transport her to the appointments.

There was evidence of a balanced and nutritious diet. A record of nutritional intake is maintained, and residents and access to appropriate healthcare professionals. Choice was offered consistently, snacks were always available and residents planned their weeks' menus every Friday.

**Judgment:**  
Non Compliant - Moderate

**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:**

Staff were able to discuss and demonstrate safe administration of medications. Structures were in place to safely manage the ordering, receipt and storage of medications. However the inspector was concerned that some of the structures in relation to administration from prescriptions were not adequate to safeguard residents. For example, the times of prescriptions did not match the times on the blister packs from which medication was administered. In addition the inspector found an error in the signatures on the administration sheet for one of the residents so that it was unclear as to whether the medication had been administered.

Protocols were in place to guide the decision making around the administration of 'as required' (PRN) medications.

**Judgment:**

Non Compliant - Minor

**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 Statement of Purpose included all the requirements of the regulations and adequately described the service provided in the centre.

**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 provider had established a management structure in which the roles of managers and staff were clearly defined. Regular management meetings and staff meetings were held. These meetings were minuted and the actions identified were monitored by reviewing the minutes of each meeting.

A system for the review of the safety and quality of care and support provided had been introduced. Monthly audits were conducted and the provider had begun to make the required unannounced visits to the service.

The inspector found that the person in charge was appropriately skilled and qualified and had continued her professional development. She demonstrated a clear knowledge about the needs of each resident and was aware of her responsibilities under the regulations.

**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:**

Appropriate arrangements were available in the event of the absence of the person in charge, and the person in charge was aware of when absences must be notified to the Authority.

**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 centre was well furnished and maintained and adequately equipped to meet the needs of the residents. It appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**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 found that there were appropriate levels of staff on the day of inspection to meet residents' needs within the layout of the premises. Each resident had an identified key worker.

Staff were in receipt of up to date training in mandatory areas, and in other areas appropriate to the needs of the residents, for example, the management of epilepsy.

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. The inspector was satisfied that staff files that were reviewed on this date contained the required information and met the requirements of the Regulations.

A formal staff appraisal system had been developed and the person in charge had begun to implement it. In addition there was documented supervision of staff practice in various competencies available.

**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:**

All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were examined by the inspector.

**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:***

Julie Pryce  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0002724
<b>Date of Inspection:</b>	30 September 2014
<b>Date of response:</b>	3 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 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

Not all infection control risks were being managed.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with

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

the standards for the prevention and control of healthcare associated infections published by the Authority.

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

An area has been identified for the storage of mops to ensure residents are protected against the risk of infection.

**Proposed Timescale:** 02/10/2014

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Recommended medical treatment was not always facilitated.

**Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Approval has been received for the purchase of a vehicle specifically for this designated centre which will ensure that any arranged medical appointments will not be cancelled due to the lack of transport.

**Proposed Timescale:** 31/12/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

It was not always evident that medication had been administered as prescribed.

**Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The Pharmacist has amended the times on medication blister packs so that they now match the prescription times.

The Person In Charge met all staff in the designated centre and reiterated that as per the organisation's policy all staff must initial each medication following administration. The Person In Charge will ensure that all relief staff are inducted to this policy.

**Proposed Timescale:** 25/10/2014