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

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**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Muirosia Foundation |
| Centre ID: | OSV-0002705 |
| Centre county: | Kildare |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Muirosia Foundation |
| Provider Nominee: | Brendan Broderick |
| Lead inspector: | Conor Brady |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 15 |
| Number of vacancies on the date of inspection: | 2 |

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: |
| 03 September 2014 09:30 | 03 September 2014 18:00 |
| 04 September 2014 07:40 | 04 September 2014 18:00 |

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

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| 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 registration inspection the inspector met with members of management, the person in charge, nursing staff, health care assistants, the occupational therapist, residents and families. In addition, the inspector met with members of the personnel department at the providers head office to inspect staff files and training records. The inspector observed practice and reviewed documentation. There were 15 residents in this designated centre which was a campus based ward setting. The inspector noted there was also one vacant bed for respite and one vacant bed for emergency admissions.

Overall the inspector found that there was a good standard of care provided in the designated centre. However, the inspector found that some areas required further improvement to meet the requirements of the Regulations. For example,

- Residents access to their personal finances,
- Links with the community,
- Fire safety training/procedures,
- Medication Management.

All of these areas are discussed in more detail in the main body of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspector found that in general there were good practices regarding the promotion of resident's rights, dignity and consultation.

The inspector viewed evidence of consultation with residents regarding various aspects of care services provided. For example, the inspector noted consultation with residents regarding personal plans, social outings, menu choice and activities. Residents spoken to stated they were very happy in the designated centre and were complimentary of the staff working with them. Family members were highly complimentary about the service they received and the consultation they experienced. The inspector viewed evidence of monthly resident meetings occurring. The inspector noted information on the notice board/living room for residents including:

- Easy to read Statement of Purpose.
- People First Group - Resident Forum.
- Easy to read HIQA Standards.
- Be Heard in Elections - Voting Information.
- National Advocacy Service Information.
- Complaints Information.
- Resident Brochure/Guide.

The inspector reviewed arrangements in place regarding resident's finances. The inspector reviewed a recently updated policy entitled 'Guidance on protecting service users personal possessions/property/finances 28/08/2014 - Issue 3'. The inspector was also shown a 'Step by Step Guide to your Monies' which provided information regarding

the organisations management practices regarding residents finances. The inspector noted a process in place assessing residents financial decision making was in place. The inspector found that a number of residents had HSE Patient Private Property Accounts (PPPA's), a number of residents had Local PPPA's and some residents had their own bank account/credit union account. The inspector noted staff members completed a 'Money Request Form' for residents (whose finances were managed by the provider) when they needed money and that this process usually took between 1-2 weeks. The inspector was informed that the amount of money residents could retain in the designated centre had been recently increased. The inspector found that most residents had finances freely available to them however one resident (whose finances were reviewed) did not have access to their finances on site. This was discussed with the person in charge and the provider who highlighted that this was unfortunate and assured the inspector that this resident does usually have access to their finances.

The inspector reviewed the complaints policy (2014) and complaints procedures which were displayed in a prominent position. The complaints procedures indicated the person in charge as the first point of local contact and the area manager as the next point of contact for all complaints. The inspector reviewed the complaints log and was satisfied that there was an appropriate system in place whereby complaints were acknowledged, dealt with and reviewed appropriately by a designated complaints officer. The inspector spoke to residents and families who were aware and satisfied that they knew how to make 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:

Overall the inspector found that all resident's communication needs were supported and facilitated. The inspector was satisfied that resident's communication needs were provided for in a respectful and person centred manner.

The inspector observed appropriate and respectful communication with residents over the course of inspection and residents and families informed the inspector they were very happy with how staff communicated with them. The inspector noted good use of pictorial format mediums and good reading of body language/non verbal cues as a central feature of the communicative approach with non verbal residents within the designated centre. All staff were very aware of individual residents communication

needs. The inspector found updated care plans that included individual communication guidelines for staff. The inspector observed residents had appropriate access to communication media such as television, radio and newspapers/magazines. Staff highlighted the importance of being aware of resident needs, wishes and preferences and also advocating same on the resident's behalf where necessary.

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 found that residents were supported to develop and maintain personal relationships and some links with the wider community. However, the inspector found that resident's access to the community required some improvement. While residents did have activities available to them, the majority of these activities took place on the organisations campus.

Regarding the promotion of family relationships, the inspector noted residents families were encouraged to get involved in resident's lives. The inspector saw evidence of resident's family members visiting the designated centre and participating in residents personal planning meetings. The inspector found that staff had a good knowledge of resident's families and recognised the importance of maintaining good communication channels with families. The inspector spoke to a number of resident's families who were highly complimentary of the designated centre management and staff.

The inspector found that the majority of residents appeared to partake in activities based on the campus. For example, residents visiting the coffee shop, swimming pool, mobility activation, walks and day services. While these activities were appropriate to residents needs, they all occurred on the campus. The inspector noted that while residents appeared to have some opportunities to participate in community based activities these opportunities were limited.

Judgment:

Non Compliant - Moderate

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 found good practice in relation to the admission of residents into the designated centre. All residents presented as happy with their living arrangements and the inspector noted good efforts on the part of staff to ensure residents had a good quality of life. The inspector was informed all residents did not have agreed written contracts of services (inclusive of fees that are charged) in place which does not meet the requirements of the Regulations. The inspector saw evidence of recently signed contracts for some residents however these were not yet in place for all residents. The provider stated a plan is in progress to address this area.

Judgment:

Non Compliant - Moderate

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 was satisfied that each resident's wellbeing was maintained by a good standard of evidence-based care and support. The inspector noted good evidence of individualised assessment and personal planning and saw that residents had good opportunities to pursue individual interests and preferences.

The inspector reviewed a number of resident's personal plans and saw appropriate evidence of comprehensive multi-disciplinary involvement and review. The person in charge signed all plans at review stage to ensure she was aware of all goals and objectives. Some residents chose not to have a person centred plan and the inspector saw evidence whereby this was recorded. The inspectors noted personal plans reviewed contained details of resident's interests and preferences and many residents kept their own plans in their rooms. The inspector noted many social activities occurred in the designated centre and surrounding campus (See Outcome 3) however the inspector also saw some evidence that residents occasionally went to a local events within the community.

Staff demonstrated good knowledge of resident's plans and some residents discussed their plans with the inspector. It was clear that residents were involved in the development of their plans. The inspector found that taking into account the age profile and specific needs of the residents that social care needs were met to a good standard.

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 inspector was satisfied that the location, design and layout of the centre is suitable for its stated purpose. The inspector found that the designated centre comprised of a ward building on a campus based setting. The environment was appropriate for meeting the needs of the elderly residents who lived in the designated centre.

Overall the inspector found that all residents had:

- Adequate private and communal accommodation.
- Space for social, recreational, dining and privacy.
- Kitchen facilities
- Adequate storage facilities.
- Ventilation, heating and lighting facilities.
- Baths, showers and toileting facilities.
- Appropriate equipment.
- Laundry facilities.

While the designated centre was a campus based ward setting the provider had ensured that residents each had their own rooms decorated to their own tastes. Residents who shared a room (of which there were only 2) did so by choice as they knew each other very well. The provider ensured appropriate space and screening was provided for privacy where shared rooms were provided. In addition, family member's informed the inspector that their feedback was taken on board by the provider and a visitors room that was very homely and decorated to a high standard was developed following consultation with families. Family members highlighted to the inspector they were very satisfied with the designated centre.

The inspector spoke to residents who were happy with their living arrangements and the space they had at their disposal. Residents told the inspector they felt safe and well cared for in the designated centre. The inspector found that the designated centre was maintained to a good standard. The inspector spoke to family members who visited the centre on a regular basis who stated the centre was always 'immaculately clean'. The inspector noted that the designated centre was very clean, bright and well maintained throughout inspection.

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 found that the health and safety of residents, visitors and staff was promoted and protected. However, further improvements were required in the areas of fire safety and staff knowledge of fire safety equipment.

The inspector found health and safety policy and procedures, a safety statement and a risk management policy in the designated centre. The risk management policy (2014) contained appropriate information and guidance regarding:

- Risk
- Risk Register
- Risk Management
- Hazard identification
- Risk Control
- Risk Assessment

The inspector noted policy and procedure for the management of risk and the individual service user and viewed the two templates for assessing risk (Level 1 and Level 2). The inspector saw evidence of these assessments being used in practice. The person in charge had commenced a risk register that included some of the risks prevalent within the designated centre. For example, residents falling and moving/assisting residents from their chairs. The inspector found individual risk assessments completed for residents on their files. The inspector found hazard identification and risk control forms completed regarding various equipment based risk. The inspector was satisfied with procedures and practices in place regarding infection control and witnessed nursing staff using hygiene hand cleaning gel over the course of inspection.

The inspector saw that the person in charge had some auditing systems/check lists in place. For example the person in charge reviewed:

- Daily fire exit, medication storage, oxygen condensers, temperature checks
- Weekly 'as required' (PRN) medication check and fire alarm tests.
- Monthly resident finance balance checks.
- Monthly fire safety and equipment checks.
- 3-6 Monthly checks of Care Plans/person Centred Plans.

Regarding fire safety the inspector viewed some appropriate equipment, service records and checking systems in place. Many resident's rooms had fire exits and the inspector noted residents had evacuation plans in place. In examining the fire procedures with the person in charge and staff, the inspector was informed that the staff were to go to the fire panel in the event of a fire/alarm sounding to locate where the fire was. The inspector found that the person in charge and staff spoken to did not have appropriate knowledge of this fire panel or the zones within the designated centre. For example, staff did not know how to read the fire panel to locate where the fire was. In addition, the inspector noted that the fire panel was showing a fault in 2 zones. Staff did not have knowledge of why the fire panel was showing faults. The maintenance staff were called to address this issue on the day of inspection. The inspector was concerned that despite reviewing various checking systems/audits for fire equipment, this fire panel issue was not addressed or known about. Other than this issue, staff did present as risk aware regarding fire safety over the course of inspection.

Judgment:

Non Compliant - Moderate

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:

Overall the inspector found that the provider had good measures in place to protect residents from harm and the risk of abuse.

The inspector found appropriate policy in place regarding the protection of vulnerable adults. The inspector found that staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. The inspector found that staff knowledge of policy was of a good standard. Staff training records were reviewed and all staff reviewed had been provided with training in the protection of vulnerable adults.

The inspector found staff were knowledgeable in terms of behaviours of concern and behavioural support planning was in place and appropriately reviewed. Any restrictive practices that were operational in this centre were risk assessed and clear protocols were in place regarding same. For example, the use of bedrails and lap-belts. The inspector found these practices were appropriately managed and reviewed and were applied in accordance with evidence-based practice. The inspector found residents care planning documentation was updated and considered the maintaining of a safe environment for individual residents safety needs. For example, epilepsy care plans. All residents spoken to stated they felt safe in the designated centre.

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 record of all incidents occurring within the designated centre was appropriately maintained and, where required, notified to the Chief Inspector.

The person in charge was fully aware of her regulatory responsibilities regarding notifications and had a comprehensive list of all notifiable events on display in the

designated centre. The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

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:

Overall the inspector was satisfied that residents had their welfare needs met to a good standard and that staff ensured residents were engaged in activities suitable to their preferences, wishes and capacities.

All residents attended a day service and one of these day services was in the designated centre. This service focussed on many residents with dementia and did a variety of reminiscence and creative memory based activities. As highlighted previously in this report a lot of activities occurred on the organisations campus which while meeting residents needs was not ideal from a community integration perspective. However a number of residents informed the inspector that they have lived on the campus for over 50 years and enjoyed being on campus. Given the age and ability profile of residents within the designated centre, the inspector noted that resident's welfare and development needs were met to a good standard in the designated centre. For example, residents enjoyed bingo and exercise programmes over the course of inspection and the inspector found that staff were very attentive to residents promoting choice at all times.

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:

Overall, the inspector was satisfied that all residents were supported on an individual basis to achieve best possible health.

The inspector found that residents had appropriate access to General Practitioner (GP), Psychiatry, Psychology, Physiotherapist, Dentist, Occupational Therapist, Chiropracist and Speech and Language Therapy (SALT). The inspector found that health plans were in resident files and that these plans were regularly reviewed, updated and they guided practice. For example, each residents needs were regularly reviewed and monitored and any required medical or clinical intervention was sought/provided. Health plans were very well documented in the residents' files and appropriately kept under review. The inspector found staff were knowledgeable regarding individual residents health needs. For example, one resident who was admitted to the designated centre in very poor health made a substantive recovery following admission to the designated centre. The inspector reviewed this residents care planning and spoke to the resident's family. The inspector found that this resident received a high level of quality clinical and nursing care.

Regarding food and nutrition, the inspector found appropriate knowledge of food and nutrition was evident. Residents told the inspector the food was very good. Choice was facilitated through consultation with residents and the recording and rotation of menus. The inspector found that food came to the centre from the main canteen and there was a menu available each day. Resident's preferences were recorded the night before and there was choice of meals and deserts. Residents were encouraged to eat healthily and maintain balanced diets. The inspector noted residents with special dietary requirements had appropriate assessments and had their nutrition and hydration needs met. For example, fluid and food consistencies were altered as per assessment. The inspector noted that residents who required support at meal times were assisted in a manner that was dignified and respectful.

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 found that the person in charge had systems in place to support staff in

protecting residents in relation to medication management. However, the inspector found while a system was in place the management and monitoring of this system required some improvement.

The inspector noted:

- A medication management policy was in place.
- Medication systems for the prescribing and administration of medication were in place.
- Drug error procedures were in place and a clear reporting system of same was in place.
- Drug disposal protocols were in place with evidence of pharmacy deliveries/disposal taking place.
- Guidance for staff regarding medication types.
- Guidance for staff regarding all medication (Including PRN) protocols.

Residents' medication was stored and secured in a safe and hygienic manner. Each resident's medication was stored clearly and separately. The medication keys were held securely. All residents' medication administration records reviewed by the inspector had photographic identification and supporting resident information.

The inspector followed up on a recent notification regarding the alleged mismanagement of a resident's medication. In inspecting this area the inspector found that there was an issue in the designated centre whereby medication counts were not adding up following a full cycle of medications. Hence a surplus for some medications was being accrued at the end of each medication cycle. The person in charge and nursing staff stated they did not know why this was happening and it was an on-going issue. The inspector saw evidence of one audit that had taken place by the pharmacy but the inspector noted a lack of internal auditing to address this issue of surplus medications. In addition to this, the inspector noted evidence of staff nurses signing the administration sheets for medications that they were not directly administering. The inspector also noted that not all 'as required' (PRN) medications had the maximum dosage stated.

Judgment:

Non Compliant - Moderate

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 found a written statement of purpose that accurately described the services provided in the centre. The inspector found that services and facilities outlined in the statement of purpose outlined the manner in which care was provided in the designated 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 inspector noted that the governance and management arrangements in place monitored the quality of care and experience of the residents. The inspector found that there was a clearly defined management structure in place. During the inspection there was some concern regarding the role of the person in charge, however this issue was clarified by the provider following inspection.

The inspector found the designated centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge had qualifications in nursing and management and had over 30 years experience in the area. The inspector was informed that all of the person in charges experience has been with the provider on the organisations main campus. The person in charge demonstrated good professional knowledge and clearly knew the centre, the residents and the resident's families very well.

The inspector was concerned that the role of the person in charge was on the designated centres nursing quota on the roster and worked as one of the allocated nurses in the designated centre on each shift. For example, of the two nursing staff on duty on the rota, the person in charge accounted for one of these posts. While the inspector saw some evidence of check lists, auditing, and review by the person in charge, this required further development. The inspector noted given the dependency levels of the residents the nursing duties in the designated centre were considerable, the inspector was concerned as to the time being afforded to the person in charge to fulfil all of her regulatory responsibilities.

However in reviewing documentation submitted to the Authority following inspection, the inspector found that the person in charge was allocated 25 hours per week to exclusively fulfil the role of person in charge. This correspondence highlighted a meeting that occurred with the person in charge with the Area Director allocating this time and providing additional support staff to cover.

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 appropriate arrangements in place regarding the absence of the person in charge. The inspector found that a senior nurse assumed local responsibility for the designated centre in the case of the person in charge's absence. In addition, the area manager and director of nursing were highlighted as persons involved in the absence of the person in charge. The person in charge was aware of the notification process regarding any proposed absences that require notification to the Chief Inspector. The inspector found all staff spoken to were aware of deputising arrangements in the absence of the person in charge.

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:

Overall the inspector found that the centre was resourced to ensure the effective

delivery of care and support.

The inspector noted appropriate staff numbers available and all residents were supported well throughout the two day inspection. However staff members and members of resident's families highlighted to the inspector that staffing was an area that required improvement. For example, staff informed the inspector that weekends, sick leave and holiday cover were times when staffing numbers were at their lowest. Residents families indicated in relative questionnaires sent to the Authority and to the inspector on the inspection that staff were often 'under pressure' and commented that they felt the designated centre needed more staff. The inspector noted appropriate staffing levels over the course of inspection. The inspector noted that there were appropriate facilities and equipment in the designated centre. The inspector found that the designated centre had the use of a bus and a 7-seater vehicle for outings.

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, staff and families concerning staffing and found that staffing arrangements were sufficient to support and enable residents in their daily routines. As discussed earlier in the report, while some families and staff highlighted staffing levels as requiring improvement, the inspector viewed good quality care delivered to residents over the course of inspection by a sufficient number of staff.

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, managing behaviours of concern and working with dementia.

There were staff meetings taking place 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. The person in charge did not have a formal system for supervising staff and stated supervision occurs informally through on-going discussion and review. The person in charge stated this is an area she is currently looking at developing.

The inspector found that all staff Schedule 2 documentation and training records (aside from fire safety training as outlined under Outcome 7) reviewed met the requirements of the Regulations.

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:

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

The inspector read the residents' guide and found that it provided some detail in relation to 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 and these documents were reviewed and updated. The inspector found that staff members in the designated centre were sufficiently knowledgeable regarding operational policies. The inspector found that personal information, files and records and other information, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained and up-to-date. The inspector was satisfied that the required records and documentation relating to the designated centre were maintained in a manner that ensured completeness and accuracy.

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:

Conor Brady
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-0002705 |
| Date of Inspection: | 03 September 2014 |
| Date of response: | 17 October 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector found that all residents did not have access to their finances.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

The PIC will ensure that all individuals have access to their finances in line with the Muiriosa Foundation's Guidance on Protection of Service Users' Personal Possessions, Property & Finances.

Proposed Timescale: 16/10/2014

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

Theme: Individualised Supports and Care

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

Residents did not have a high level of access to the wider community as the majority of residents activities took place on the providers campus.

Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

The PIC will ensure that each individual is given the opportunity to participate in community based activities if they wish to do so.

Proposed Timescale: 20/11/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts for the provisions of services were not in place for all residents.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A contract of care had been drawn up at the time of the inspection. These had been sent to the family representative for those individuals who were not in a position to sign their own contract of care. The PIC will ensure that all of these contracts of care have been returned from the family members and are in place.

Proposed Timescale: 31/10/2014

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:

The fire panel was showing a number of faults and the maintenance records did not reflect these faults.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

Faults on the fire panel have been addressed. A procedure has been implemented in conjunction with the maintenance department to address faults as they arise. The PIC will ensure that any faults arising are recorded.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

Staff were not appropriately knowledgeable regarding the use of all fire safety equipment in the designated centre.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff will receive training on how to read the fire alarm panel and the use of all fire safety equipment in the designated centre. A floor plan will be displayed adjacent to the fire panel to provide a visual aid to staff in identifying the location of alarm activation on the unit.

Proposed Timescale: 31/10/2014

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:

Medications were not administered by the persons signing the administration sheet.

Medication stocks were in surplus at the end of cycle with no explanation for same.
Maximum dosages for PRN medication was not evident on medication documentation.

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 PIC will ensure that all medications are administered by the persons signing the administration sheet.

Any surplus of medication stock at the end of cycle will have an explanation for same. The PIC will ensure a daily check and audit is carried out on medications during course of the medication cycle, auditing a different individual's medication each day. The PIC will review any discrepancies in the stock at the end of the cycle and liaise with the pharmacy. The pharmacy will conduct a 3 monthly medication audit of the designated centre

All PRN medications will have a maximum dose recorded on the kardex.

The PIC has introduced a Standard Operational Policy on the ordering, receipt, storing and disposal of medications and will ensure that all medications are administered in line with the Muiriosa Foundation Medication Management Policy & Guidelines.

Proposed Timescale: 17/10/2014