

# eDeposit Ireland

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

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**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-0002726
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiriosa Foundation
<b>Provider Nominee:</b>	Heather Hogan
<b>Lead inspector:</b>	Gary Kiernan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	1
<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:
27 January 2015 10:30	27 January 2015 17:30
28 January 2015 10:30	28 January 2015 19:00

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 monitoring inspection of a designated centre operated by Muiriosa was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with the resident, relatives and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

The centre, which is designed to provide person centred care for one resident, is located in a quiet rural setting. The centre is operated from a modern domestic house on its own grounds. A large perimeter fence provides a secure yard and garden to the rear of the house. A separate adjacent building, within the rear yard

provides staff accommodation, office and cooking facilities.

The inspector found that a high quality and evidence-based support programme was in place. The support provided was highly individualised with the aid of a trained team of core staff who had developed strong care and support relationships with the resident. There was evidence of a good level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 in the majority of areas.

However, some areas for improvement were identified. The assessment and management of risk was not consistently carried out in accordance with the centre's risk management policy. The provision of interesting and meaningful activities required improvement. A number of aspects of the physical environment were not satisfactory. The requirement for advocacy services was not met.

The requirements for the role of person in charge were fully met. The person in charge had good systems in place for overseeing and managing the centre. The person in charge was supported by the behaviour support team who had a key role in the operation of the service and ensured that the centre was run in line with the statement of purpose.

Good records of the care provided were maintained. There was detailed consultation with regard to the development of personal plans which were regularly reviewed and updated. Systems were in place for multi disciplinary input in the care provided.

Systems and procedures were in place for the safe management of medications. Appropriate protection and safeguarding systems were in place to protect against the risk of abuse. Arrangements were in place to meet the requirement for the provider to carry out unannounced checks on the quality and safety of care provided.

These matters are discussed further in the report and in the action plan at the end 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:**

Effective systems were in place for consultation with the relevant stakeholders with regard to the operation and management of the service. Some improvement was required in the provision of meaningful activities. Access to advocacy services was not satisfactory.

Staff members were aware of the need to facilitate social participation having regard to the assessed needs and capacities of the resident. The inspector read a plan which had been drawn up with the aid of the behavioural support team which was aimed at promoting and maximising social participation having regard to the individual needs of the resident.

While recorded steps were taken to implement this plan and it was updated on a regular basis, some improvement was required. For example, no television was provided in the centre at the time of inspection. Steps were being taken to source a suitable television, however it was not installed at the time of inspection. The inspector found that this was not satisfactory given that there were significant periods each day when there were no scheduled activities or social interactions. An electronic tablet with music and photos had been purchased for the resident, however, at the time of inspection it had not been introduced as part of the daily routine. The inspector also noted that a range of sensory stimulation items had been purchased in consultation with the occupational therapist (OT), however, at the time of inspection they had yet to be provided to the resident. Staff told the inspector that the introduction of new activities and objects had to be carefully timed having regard to the assessed capacities of the resident. However, the inspector was not satisfied that sufficient progress had been made in this area.

The provider and person in charge had put systems in place seek regular feedback regarding the operation of the centre. There were very good systems in place for consulting with family members. The person in charge formally did this on at least three occasions each week and family members commented that they were listened to and their views were respected. Family members told the inspector that they felt their views were valued and where they made suggestions with regards to any aspect of the service they were listened to.

The person in charge ensured that the resident's views were listened to. Choice was offered in relation to daily routines, food, bed times and outings and continual encouragement was provided to promote autonomy. Daily interaction records documented when these choices were offered. The inspector observed the communication interactions of staff while providing care and found that their communication style was respectful and caring and promoted free and easy dialogue.

Staff members were aware of need to respect and facilitate religious beliefs. The care plans addressed this issue and set out guidance on how to provide support and respond to questions in this area. Satisfactory arrangements were in place to respect privacy and dignity and the design of the centre provided for ample private space.

The inspector found that the staff in the centre had a positive attitude towards the management of complaints. The person in charge and other staff members told the inspector that they viewed complaints as an opportunity to introduce improvement. The complaints procedure was displayed in the staff area and the inspector discussed ways in which to make this information more visible and accessible for all interested parties. Relatives told the inspector that there were no barriers to making any complaint.

While good systems were in place to consult with the resident and family members, suitable provision had not been made for access to an advocacy service. The person in charge said that a suitable person had been identified to fulfil this role. However at the time of inspection this service had not been set up.

**Judgment:**

Non Compliant - Moderate

**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:**

Systems were in place to promote communication in accordance with assessed needs and preferences.

Staff members were aware of the communication needs of the resident and interacted effectively using phrases and responses which were meaningful to the resident. Communication needs were identified in the personal planning documentation and supports were put in place as required. For example the person in charge had designed a picture board system in order to provide a system for offering choice at meal times.

Easy to read versions of documents such as residents' guide and statement of purpose had been developed. A pictorial list of personal property was maintained. A mobile phone was provided and staff gave support and skills training in the use of this device in order to promote communication skills.

**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:**

Systems were in place to promote positive personal relationships with the family members and links with the wider community.

Family members were encouraged to participate in the operation of the service and the inspector saw that they were regularly consulted and kept up to date. In accordance with the preferences of the resident there was regular phone contact between the resident and various family members. Care plans were in place to support this process and family members told the inspector that staff encouraged and support family contact.

In accordance with the assessed capacities of the resident and in accordance with the preferences of the resident there was a plan in place for a stepped and incremental approach to increasing social and community participation in the community. The behaviour support team provided advice in this regard and this was documented. The inspector was satisfied that appropriate steps were being taken to implement this plan. Appropriate staff numbers were available to facilitate community participation in accordance with the wishes of the resident.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

The admissions process was appropriately managed.

A written agreement dealing with the service to be provided to resident and the fees to be charged was in place. The agreement was signed by the resident and a family representative and members of staff. The person in charge was fully aware of the need to manage any future admissions to the centre in a planned way.

**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 found that residents' wellbeing and welfare was promoted through a high standard of evidence based care and support.

The person in charge had ensured that there was a good system in place for the multi-disciplinary assessment of health and social care need. The inspector read a number of reports which demonstrated that wide range of health and social care professionals had been consulted as part of the assessment process. The arrangements to meet assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found

personal plans were developed to a high standard and were focussed on improving the quality of residents' lives. Residents' individual goals and aspirations were identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to.

The inspector found that there was multi-disciplinary input in the assessment and care provided in areas such as nursing, psychiatry, psychology and the wider behavioural support team. The inspector found that advice from these professionals was incorporated into the personal plans. For example, the inspector read a report from a health professional with specialist knowledge in psychiatry which related to an assessment carried out in November 2014. A written action plan had been put in place to implement the recommendations made in this report and the inspector noted that progress was being made to attend to most of these recommendations. One of the recommendations related to the use of a specialised human rights-based risk assessment tool with regard to certain aspects of the care provided. Assurances were provided to the inspector, that this matter was being addressed through the setting up of a human rights committee within the organisation.

The person centred plans provided detailed guidance in relation to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships. Supplementary additional documentation provided additional guidance in areas such as behavioural support, responding to behaviours that challenge and the management procedures for the single occupancy living arrangement. All of these documents were detailed and staff spoken to by the inspector were sufficiently familiar with their contents.

**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:**

Improvements to the physical environment were required.

The premises consisted of a large dormer bungalow set on its own grounds with a large garden to the front and rear. A fence encased a secure yard and garden area to the rear of the premises. Some of the bedrooms were used for storage and did not form part of the designated centre. A staff accommodation unit was located in an adjacent building.

This consisted of a single room with attached en suite toilet facilities and some storage. This room was used as an office, sleep over accommodation and for preparing and cooking meals for the resident. The inspector was concerned that a separate kitchen facility had not been provided and staff were required to prepare and cook meals in a room which was used for sleeping.

The inspector was also concerned that some aspects of the design of the centre did not allow for sufficient supervision from the staff area. For example, one of the two windows in the staff area was frosted and the remaining window was fitted with a venetian blind which obscured the view. The inspector found this did not provide for sufficient supervision from the staff area. While, staff had identified the need for the installation of second intercom unit in the kitchen area this had not been implemented at the time of inspection and it was stated that the matter was under review having regard to the changing needs of the resident.

Suitable communal, bathroom and bedroom accommodation was provided. There was ample space in this centre which was intended for single occupancy. The furnishings were limited to those which were acceptable to the resident and the centre was not decorated in a homely way. The staff produced documentary evidence of furnishings and furniture which had been purchased, however, most of these were not in accordance with expressed preferences of the resident. Kitchen facilities were not provided in the main house in accordance with these preferences. The inspector discussed ways of improving the physical environment including additions to the garden and yard area. The person in charge undertook to review this matter.

The inspector visited the bedroom accommodation and found that it was comfortable and provided with ample storage and an en suite bathroom. The centre had been assessed by an occupational therapist when the service was being set up.

A satisfactory standard of hygiene was found at the time of inspection. The inspector noted that prior to the inspection a number of daily cleaning duties had been assigned to the staff and a checklist had been introduced. Additional support had also been provided by means of contract cleaner shortly before the inspection. The inspector was given assurances that these cleaning and hygiene supports would be provided on a routine basis going forward.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

There were systems in place to promote and protect the health and safety of residents, visitors and staff. However, risk management was not consistently carried out in accordance with the organisations' risk management policy.

The person in charge had consulted with the organisation's own fire safety professional regarding the required safety arrangements having regard to the assessed needs of the resident. The provider had also contacted the Local Authority fire officer prior to the inspection in order to arrange a visit to the centre. This had not yet taken place at the time of inspection. The inspector was informed that fire drills were not conducted having regard to the assessed needs and preferences of the resident. This risk of fire was addressed in the risk register and in a risk management plan which dealt with the single occupancy living arrangement. Preventative strategies and precautions had been put in place in response to this risk, for example, an air sampling fire detector was installed, trip switches were provided and electrical equipment such as hair dryers were removed from the house. A personal evacuation plan had been drawn up and staff were sufficiently aware of the contents of this document.

The inspector found that staff on duty at the time of inspection had attended mandatory training in fire safety and were knowledgeable regarding many aspects of fire safety. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. The staff also carried out regular, documented checks on fire safety. The in-house fire officer, for Muiriosa, also visited the centre regularly and carried out documented fire safety checks. The centre did not have a hard wired emergency lighting system. However, the issue had been addressed through the provision of torches for this purpose. The person in charge reviewed fire safety procedures as part of the monthly audit of the quality and safety of care.

A location specific safety statement and risk register was in place and had been updated regularly. There was a risk management policy in place which identified the procedures for the identification and management of risk in the centre. The inspector found that the person in charge and other staff were very aware of risk management procedures in the centre. Risk assessments were carried out for any identified hazards and the local risk register was regularly updated by the person in charge. However, the inspector was concerned that the risk of self injurious behaviour had not been addressed in line with policy. The policy required all moderate risks to be escalated to the regional risk register. However, this risk had not been addressed at the regional level. The inspector found that this was not satisfactory given the necessity for the ongoing management of self injurious behaviour as described under outcome 8.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records which were maintained. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge.

There was an emergency plan in place which guided staff regarding incidents such as loss of power and flooding. An alternative accommodation site was identified in the event of emergencies.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

The provider and person in charge had put systems in place to promote safeguarding and the protection of residents.

There was a policy on the protection of vulnerable adults in place. Staff members spoken to by the inspector were knowledgeable regarding the contents of this policy and their responsibilities. Family members told the inspector that they were assured that appropriate safeguarding measures were in place.

Staff had been provided with training in the management of behaviours that challenge including self injurious behaviour and there were systems in place for the management of these behaviours if they arose. There was very good access to the psychologist and the behavioural support therapist who visited the centre frequently and who provided on-call support seven days per week. There was also frequent reviews by the psychiatrist and the GP as needed. A comprehensive positive behaviour support plan had been drawn up in consultation with these professionals and the family. This plan was of a good quality and was regularly reviewed and updated based on detailed analysis of behaviour data by the behaviour support team. The inspector noted that a plan on responding to self injurious behaviour had been drawn up and agreed in consultation with the psychologist, the staff and family members. The inspector read data which indicated that this plan had been effective in reducing incidents of this behaviour. However, as described under outcome 7, the risks associated with implementing this plan had not been addressed in accordance with the organisation's risk management policy.

A restraint free environment was promoted by staff in the centre. There was an emphasis on removing or reducing any form of restraint. For example, the use of PRN "as required" psychotropic medication had been discontinued in order to eliminate any potential chemical restraint. The inspector reviewed the management of environmental restraint as there was no unsupervised access to and from the centre. A specific

management plan had been drawn up to address this form of restraint. The inspector found that the document was comprehensive and addressed the principles set out in the National Policy on restraint such as consultation, consideration of alternatives and risk assessment. The person in charge discussed plans for the environmental restraint to be removed with the aid of education and training from the behavioural support team.

Systems were in place to protect against the risk of financial abuse. Receipts were maintained for all transactions and staff members signed these receipts in duplicate. A family member retained control over all financial decisions and there was consultation in relation to all transactions made on the resident's behalf. The person in charge carried out regular and thorough checks on all financial transactions in order to provide assurance that the required procedures were followed. The inspector read a number of these audits and found that full compliance was identified in each case.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

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

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

Systems and practices were in place to promote residents' quality of life.

A good quality management plan was in place to promote participation in the community. Staff members were aware of this plan and daily records showed that it was implemented in practice. For example, trips to local shops were organised and carried out in a way which reflected the residents' assessed needs. Staff members described how they provided gentle encouragement to increase social interaction in ways which had been agreed with behaviour support team.

Staff encouraged the development of personal interests for example in the area of nail care and hair care. The inspector read records which showed that resources such as hair dryers, hair products and nail polish were regularly provided to facilitate this interest. All interactions and activities were recorded and the behaviour support team analysed this data in order to develop routines which were person centred and maximised social interaction.

The inspector found that improvement was required in the provision of opportunities for meaningful activities on a daily basis and this is addressed under outcome 1.

**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:**

Systems were in place to ensure that healthcare needs were met.

There was good access to the general practitioner (GP) and allied health professionals. The inspector reviewed the appointment records and observed that there were very regular domiciliary visits by the GP. There was also good access to the allied health professionals such as the psychologist, dietician and speech and language therapist (SALT) as required. The inspector read a copy of a nursing assessment record which had been recently carried out in order to proactively identify and manage any health issues which required nursing input.

Care plans were in place to address any identified health care needs. For example, a good care plan had been put in place for a health condition which was associated with seizures. Staff members spoken to by the inspector were knowledgeable regarding the steps to take in the event of any seizure and had been provided with specific training in

this area. Procedures were in place to respond to behaviour that challenges including self injurious behaviour. Staff members, spoken to by the inspector, were sufficiently familiar with these procedures, and the documentation showed that the procedures were implemented, for example, if there was a wound of a head injury. However, as described under outcome 17, staff had not been provided with appropriate training in relation to first aid and head injury assessment.

Measures were in place to meet food and nutritional needs and there was an emphasis on preparing fresh wholesome food. A nutritional review had been carried out by a dietician. The dietician had made recommendations and records maintained of daily dietary intake showed that these recommendations had been implemented. Good practice was observed in relation to regular nutritional screening and monitoring of weight and body mass index (BMI).

**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 each resident was protected by the designated centres' policies and procedures for medication management.

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

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was a statement of purpose in place in accordance with the requirements of the Regulations. Some additional information was required in the statement of purpose.

The inspector read the statement of purpose and found that it described the centre and the facilities provided. However, this document did not address all of the regulatory requirements in sufficient detail. For example, the specific care needs the centre was intended to meet were not sufficiently described.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

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

The inspector found that the arrangement for the post of person in charge met the requirements of the Regulations. The person in charge had the required experience and had a number of qualifications which were relevant to the role. The person in charge held a relevant degree qualification and attended a range of continued professional development training in areas such as behavioural analysis, epilepsy and medication management. During the inspection the person in charge demonstrated knowledge of

the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities and demonstrated a clear commitment to improving the service offered on an ongoing basis. Satisfactory deputising arrangements were in place as provided by the psychologist and the behavioural support therapist. Both of these person participated in the inspection and demonstrated the required skills and knowledge necessary to carry out the deputising role.

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

There were systems in place for monitoring the quality and safety of care. The person in charge and her staff carried out a range of audits and checks in areas such as safety and finances. The inspector reviewed a sample of these audits and found that they were focussed on improving the quality of the service. Any discrepancies were promptly rectified and addressed by the person in charge.

The inspector saw that there was a system to carry out checks on the quality and safety of care provided. For example, a recent unannounced visit had been carried out. The report of this visit was detailed and identified a number of areas requiring action. The inspector noted that the person in charge had drawn up an action plan in order to address these areas and bring about the necessary improvements. For example, this audit identified the need for the implementation of standard wound care protocol. The inspector saw that this had been implemented as part of the standard documentation.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

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

**Judgment:**

Compliant

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<b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
<b>Theme:</b> Use of Resources
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.  <b>Findings:</b> The inspector found that sufficient resources were provided.  The centre provided ample space for single occupancy. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. The person in charge had the Authority to authorise additional staff hours as required. A suitable adapted car was provided and was available at the centre at all times.
<b>Judgment:</b> Compliant

<b>Outcome 17: Workforce</b> <i>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.</i>
<b>Theme:</b> Responsive Workforce
<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.  <b>Findings:</b> The numbers and skill mix of staff was appropriate to provide the service as described in the statement of purpose. However, provision of staff training was not satisfactory.  The inspector was not satisfied that all relevant training had been provided to the staff in order to allow them to provide the required level of care. For example, staff members, that did not have a clinical background, were required to provide care in instances where first aid was necessary. The inspector was concerned that staff did not have up to date training in this area. The inspector was also concerned that staff were required to monitor and complete head injury documentation in the absence of specific training in

this area. The matter was brought to the attention of the person in charge and the area manager who undertook to address this as a matter of priority.

Staff training records showed all staff had attended mandatory training in medication management, fire safety and protection of vulnerable adults. In addition to this mandatory training all staff members had attended a diploma course in applied behavioural analysis. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue.

The inspector reviewed the staff rosters and spoke to family members concerning staffing and found that staffing arrangements were based on assessment of need and having regard to the layout and design of the service. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules and needs.

There were also regular meetings with the staff with regard to the management of the centre. A two weekly review meeting took place with the staff and the behaviour support team. A good record was maintained of these meetings and an action plans was developed and implemented after each one. The inspector noted that copies of the regulations and the standards were available to the staff and the person in charge had used the staff meeting to provide training regarding these documents.

The requirement to assess recruitment and vetting documentation for staff and volunteers was assessed as part of another inspection of a Muiriosa designated centre and was found to be met.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

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

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

Written operational policies were in place to inform practice and provide guidance to staff. As highlighted under outcome 8 the risk management policy was not implemented for an identified moderate risk which should have been escalated to the regional level.

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

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0002726
<b>Date of Inspection:</b>	27 January 2015
<b>Date of response:</b>	11 March 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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

**Theme:** Individualised Supports and Care

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

Access to a suitable advocacy service was not available.

**Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

The resident had access to the national advocacy service at the time of the inspection and this access continues. An independent advocate had also been identified at the time of the inspection. The independent advocate's commencement is subject to Garda vetting.

The Registered Provider will liaise with the Person in Charge on the commencement of the independent advocate.

**Proposed Timescale:** 30/05/2015

**Theme:** Individualised Supports and Care

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

The provision of opportunities for engaging in meaningful activities was not satisfactory.

**Action Required:**

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

The Registered Provider will liaise with the Person in Charge to ensure the implementation of this plan. The registered provider will audit the implementation of the plan.

The Person in Charge had a plan in place prior to the inspection to increase the resident's access to meaningful activities. This plan will be expedited.

**Proposed Timescale:** 30/04/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The design of the staff area did not provide for sufficiently close supervision.

**Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Registered Provider has liaised with the Person in Charge and Principal Clinical Psychologist and will ensure appropriate supervision is provided in line with the residents needs. The registered provider will organise for a separate building to be

installed adjacent to the staff area which will support close supervision as required.

A second intercom is clinically contraindicated. The positive behaviour support strategy teaching the resident to use the existing intercom in the house which was implemented prior to the inspection has continued to be effective.

The Registered Provider will audit progress in this area.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

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

Separate kitchen facilities were not provided.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Registered Provider has liaised with the Person in Charge and Clinical Psychologist, and will provide separate cooking facilities in an adjacent building to the staff area.

**Proposed Timescale:** 31/08/2015

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not address all of the requirements set out in the Regulations.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Register Provider will liaise with the Person in Charge to ensure that the statement of purpose and function is updated to address all the requirements set out in the regulations.

**Proposed Timescale:** 13/03/2015

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

Staff members did not have appropriate training in first aid and providing care following possible head injury.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Person in Charge will organise appropriate staff training in first aid and assessment of possible head injury.

**Proposed Timescale:** 04/05/2015

## Outcome 18: Records and documentation

**Theme:** Use of Information

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

The risk management policy had not been implemented in full with regard to an identified moderate risk.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The registered provider will ensure that the risk management policy is fully implemented.

**Proposed Timescale:** 09/03/2015