

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0002740
Centre county:	Offaly
Email address:	cuanleanbh@muiriosa.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiriosa Foundation
Provider Nominee:	Brendan Broderick
Lead inspector:	Eva Boyle
Support inspector(s):	Maureen Burns Rees
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 June 2014 09:00 To: 03 June 2014 18:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an announced monitoring inspection which took place over one day. As part of the monitoring inspection, inspectors met with children, members of staff, a parent and the management team. Inspectors observed practices and reviewed documentation such as person-centred plans, policies and procedures.

The centre which was part of the Muiriosa Foundation provided overnight respite breaks for boys and girls from aged four to eighteen years with moderate or profound intellectual disability. On the day of inspection, four children attended for overnight respite breaks. Overnight respite breaks were provided for up to a maximum of three nights.

Inspectors found a number of risks that required immediate action and took the unusual step of issuing an immediate action plan on the day after the inspection. These risks related to windows not having appropriate restrictors fitted and latex gloves being within reach of children in their bedrooms and bathroom. The provider confirmed that arrangements had been made for window restrictors to be fitted and latex gloves were safely located out of reach of children.

Children told inspectors that they enjoyed their time on respite in the centre. Staff were respectful and inspectors observed staff interacting with children in a sensitive and timely way. However, there was no overall holistic assessment of children's needs. While some of the children's needs had been assessed by professionals, there was a focus on medical or clinical need. Inspectors found that there was not an

adequate focus on the children's social, emotional and participation needs. The centre had written person-centred care plans in place for children. However, these plans required more multi-disciplinary input, as well as input from children and their families. There were insufficient plans in place for children who were approaching adulthood.

The centre had a defined management structure in place. However, inspectors found limited documentation which illustrated management oversight within the centre. The manager was aware of her responsibilities but was not in compliance with all of the requirements of the regulations. The centre was not in compliance with Schedule 5 of the regulations as there were a significant number of draft policies in place, for example recruitment and child protection. The centre had no formal systems in place to supervise staff.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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):

No actions were required from the previous inspection.

Findings:

While there were personal plans in place for children, their needs were not holistically assessed. Personal plans were largely focused on the children's medical needs and did not adequately focus on their social, emotional and participation needs. Children and their families were not consulted when personal plans were being developed and or reviewed. While the centre had multi-disciplinary reports on files, there was no formal process in place for multi-disciplinary input in relation to the children's plans. Children who were approaching adulthood had no plans in place in relation to their transitions to adult respite services.

Children's personal plans had a health focus and did not adequately focus on the child's specific social, emotional and participation needs. Children, parents and multi-disciplinary teams were not routinely involved in the drawing up of children's personal plans. While children's psychological and occupational therapy needs had been assessed by professionals, other needs such as their religious and social needs were not always assessed. Not all assessed needs and recommendations from the multi-disciplinary reports were always incorporated into personal plans. For example, an occupational therapy report made specific recommendations around activities for a child; however, these were not incorporated into the child's plan under work and play.

The majority of plans reviewed by inspectors had no specific goals identified. Plans varied in the level of detail that was recorded, such as some files in the eliminating section, it was recorded the steps to take to reduce constipation with a specific child, while in another plan, under the same heading "usual practice and full assistance" was recorded. The variation in personal plans meant that a staff member may not be clear from reading the plan how to meet a child's needs. Inspectors found that in the sample of files that were reviewed by inspectors that the majority of identified ongoing and short-term life events focused on the child's diagnosis and illness, rather than key

significant events that occurred in the child's life. Inspectors found that some specific elements of plans had been reviewed by the manager but the process of review was unclear and was not signed off by the manager. The manager informed inspectors that children and families had not received copies of personal plans and this was confirmed by a parent.

Children were not supported in preparing for adulthood. Children who were approaching adulthood did not have plans in place in relation to their preparation and transition to adult services. There were no records of multi-disciplinary planning for children to transition from the centre to an adult respite centre. A parent told inspectors that he/she was not aware of what respite plans would be in place for his/her child once they reached 18 years of age. Staff told inspectors that some children would help out with chores in the centre as part of their preparation for independent living.

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):

No actions were required from the previous inspection.

Findings:

There were some measures in place that promoted and protected the health and safety of residents, visitors and staff. There was a health and safety statement in place and some precautions to monitor fire safety. However, there were limited records of completed fire drills in which children and staff participated. Not all risks within the centre had been identified, assessed and mitigated against and inspectors identified a number of serious risks which required an immediate action plan to be issued. The centre had a local risk register and the overall organisation held a corporate risk register.

The centre had a health and safety statement dated November 2013 which was centre specific. There was a designated local safety representative in place. The centre had policies and procedures in place for use of personal protective clothing, accident and incidents, chemical agents, risk of falls, first aid, and transport policy. There were guidance documents in relation to safe work practices which were completed in February 2014. The centre had completed health and safety audits which reviewed the work environment, floor surfaces, electrical safety, housekeeping and emergency readiness. The centre had systems in place in relation to inspection chemicals that were held within the centre.

There were deficits in risk management. Not all risks within the centre had been identified or risk assessed. Inspectors identified a number of risks during the course of the inspection, which were unassessed. For example, not all windows had appropriate restrictors fitted, so there was a potential risk that children could exit the building through windows and latex gloves were available within reach of some children in the bedrooms and bathroom. The authority took the unusual step of issuing an immediate action plan to safeguard the wellbeing and protection of children with identified timelines. The regional director provided assurances to the authority on 25 April 2014 that arrangements had been made to fit window restrictors and latex gloves were out of reach of children. The organisation had a risk management policy "Guidance on the management of risk and the individual service user" (May 2014). The policy did not meet the requirements of Regulation 26 (1)(c) as it did not include the hazard identification and assessment of risks throughout the designated centre. While the risk management policy referenced that the guidance related to Regulation 26 1 (c), it did not explain the measures and action in place to control the unexplained absence of an individual, accidental injury to children, visitors or staff, aggression and violence and self-harm. However, the centre had a local risk register, which identified hazards, the number of people affected, existing control measures and a risk rating. It identified hazards such as the potential risk of injury from manual handling. The centre used an accident, incident and near miss recording system. There was only one entry for 2013 and one to date for 2014, both recorded where children had sustained minor injuries during respite stays.

The centre had a policy and procedure on fire safety management completed in 2003 and fire evacuation guidelines 2014. However, not all centre's records in relation to fire safety were comprehensive. The centre had completed fire equipment maintenance in January 2014. Fire evacuation procedures were displayed in the hall of the centre. The fire alarm system had been serviced and tested in April 2014. Inspectors found that evacuation plans for children were completed and these focused on the children exiting the centre. The manager informed inspectors that family members would be contacted in the event of an emergency. The person in charge told inspectors that fire drills generally took place once a month, but said that these would not always be documented. Inspectors found two records in relation to fire drills, one undated which outlined that two staff and three children were involved in a fire drill, but the names of children were not recorded. The second record was dated 17 January 2014, and it recorded that two staff and no children were involved in a fire drill. Therefore, all staff and children may not be aware of what to do in the event of a fire. The centre had records of twice monthly fire alarm tests occurring in the centre and emergency lighting systems had been tested on a three monthly basis by an external company. Inspectors reviewed fire safety training records for staff in the centre and external to the centre and found that the majority of staff had up to date fire safety training. The records of fire training held in the centre were not up to date. The centre had an emergency plan dated May 2014 in the event of fire, electrical failure, water failure, major flooding and in the event of a suspected gas leak.

Infection prevention and control measures were in place. The centre had a range of comprehensive policies and procedures in relation to many medical conditions/procedures such as MRSA , communicable diseases and respiratory suctioning. Personal protective equipment was available to staff, for example disposable

gloves and aprons and written guidance on hand washing for staff was available within the centre. The centre had hand hygiene guidelines 2011, which recommended training in hand hygiene every two years. Inspectors did not find recent records of hand hygiene in the training records in the centre.

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):

No actions were required from the previous inspection.

Findings:

The centre had some measures in place to safeguard children and protect them from harm. Staff were aware of what action to take if they had concerns in regard to a child's welfare. The centre had a draft policy and procedure on child protection and welfare. The centre had a policy on dealing with behaviours of concern. However, this policy was not fully implemented by staff working in the centre. An audit of the use of restrictive practices within the centre was being conducted during the course of the inspection.

The centre had some measures in place to safeguard children and protect them from abuse. All staff members received training in relation to safeguarding and protecting children. The centre had a draft policy and procedure on child protection and welfare (May 2014), and the manager informed inspectors that the service were liaising with the Child and Family Agency in relation to the policy and procedure. The draft policy referenced Children First (2011), described the types of abuse and the procedures for staff to follow. The designated officer for the service was the principal social worker of the service and there were three deputy designated officers, who were also social workers. However, not all staff were aware of who the designated officers were. Staff told inspectors that they would initially contact their manager should they have a concern regarding the welfare of a child. The centre also had a Trust in Care policy (2013) which had procedures should there be child welfare concerns arising from a staff member's contact with children.

The centre manager had no concerns in relation to the welfare of children in its care, and there had been no notifications to the Child and Family Agency of abuse. There

were some protocols in place for staff which had a focus on safeguarding. The management team had a good protocol in place should a child leave the centre without the staff's knowledge. There was also practice guidance on intimate and personal care (July 2013). However, this policy was not child-specific and was focused on care rather than safeguarding.

The centre had a policy "Listening and responding to individuals who demonstrate behaviours of concern policy guidance", which was implemented in April 2014. However, it was not fully implemented by staff. This was a generic document for the entire service. Staff told inspectors that they had not routinely completed forms which focused on identifying triggers to children's behaviours of concern. Inspectors reviewed a sample of children's files and found that they were not consistently used. Therefore as this key information was not always routinely recorded, the behavioural assessment and management plans were not always comprehensive. Inspectors found in one file, that a behaviour management plan was not in place for all identified behavioural risks. The manager identified that the particular behaviour may not have occurred within the respite centre. However, a behaviour management support plan should enable staff to respond to all identified behaviours. The policy document referenced the behavioural management model used by the service. It also outlined that a behaviour support committee would review specific incidents of behaviours or recurring behaviours and any restrictive practices in use within the centre would be signed off by the committee. However, as this policy was recent and there was an audit being completed of restrictive practices within the centre, inspectors did not find reference to this committee in the sample of children's files that it reviewed.

Restrictive practices were in use within the centre. The manager identified that it used a number of restrictive practices including bedrails, lap belts and chest belt/harness on nine of the 23 children accessing the service. An occupational therapist commenced a two month long audit of these practices in May 2014, which included staff monitoring individual children such as those who used bedrails in relation to their positions when they were in bed and consulting with families about the practices. The manager informed inspectors that not all parents may be aware that these practices would be regarded as restrictive practices. Inspectors did not find any earlier reviews of these practices in personal plans. The centre did not have all the documentary evidence of the prescription of restrictive practices. No chemical restraint was used in the centre at the time of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The centre had a medication management policy in place to guide practice. Registered nurses administered all medication. There were no regular audits taking place of medication management.

The centre had a policy and procedure on the administration of medication, dated June 2012. This policy was being updated at the time of the inspection and a draft updated policy was provided to inspectors at the end of the inspection. Neither of these policies were centre-specific and reunification of the child's prescription and medication on arrival and discharge from the centre was not covered. The draft policy referenced local guidelines being in place in local centres which made provision for the control, monitoring and safe custody of medical preparations and administration procedures. However, inspectors did not find local guidelines in the centre. The centre also had practice guidelines on oxygen therapy (April 2012) and on the general management of PEG (gastrostomy tubes) (June 2011).

Medication in the centre was administered by registered nurses. A registered nurse was on duty at all times. In addition some non-nursing staff had received training in the safe administration of medication as was in line with the centre's policy. Inspectors observed that all medication was securely stored in a locked cupboard. Inspectors also observed medications that were brought into the centre on the day of the inspection. All of the medications were in their original medication containers but not all containers had the child's name and prescribed dosage attached. Inspectors observed medications being counted by the registered nurse when children arrived at the centre and this information was recorded. Inspectors reviewed records and found that at the end of the respite period, staff usually recorded the number of medications leaving the centre. Medication prescription sheets were sampled and inspectors found that they included a photograph of the child, their name, the date of birth of the child and the dose of medication. This ensured that all staff were aware that they administered the correct medication to the appropriate child. However, staff were not recording whether medication was crushed.

Administration sheets were generally comprehensive in recording the medications identified on the prescription sheet, the signature of the nurse/staff member administering the medication, and the time of administration matched the prescription sheet. However, administration sheets had not a space to record if a child withheld or refused their medication.

There was no out of date medication in the centre on the day of inspection. The procedure for managing out of date medication was covered in the centre's draft policy.

There were no medication errors recorded and inspectors did not find any medication errors on reviewing medication administration records. The centre's draft policy outlined that in the event of a medication error, the nurse on duty or manager should be informed. The draft policy outlined the steps to take to care for the child affected, and the internal process of investigation and review was detailed comprehensively.

Inspectors did not find that there was any system of ongoing audit in place in relation to medication management.

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:

Inspectors found that the statement of purpose did not meet all of the requirements of schedule 1 of the regulations. The statement of purpose contained current information in relation to the number and dependency levels of children who accessed the service. In addition, it outlined the age range, gender of children, and ethos/mission statement of the service. The staffing team, accommodation facilities which included the dimensions of each room were outlined as well as how information is accessed by children and families. Information on how to make a complaint was also included.

The review of personal plans was referenced in the statement of purpose. However, the timeframe for the review was not defined in the statement of purpose, nor was there sufficient emphasis on the multi-disciplinary nature of the review. The statement of purpose had not specifically outlined the criteria for accessing the service, transitioning and discharge from the service. The criteria for accessing emergency support from the service was not defined. The activities offered to children attending the service were not sufficiently described and arrangements for children's participation in religious services were not outlined. While the statement of purpose provided information regarding health and safety provisions including emergency evacuation plans, but the specific information in relation to where children would be evacuated to in the event of a fire, gas leak, electricity failure was not described. Staff were aware of the statement of purpose.

Not all aspects of the mission statement and practices outlined in the statement of purpose were reflected in the current practice of the centre, as children and their families were not at the time of the inspection actively involved in decision making in relation to children's personal plans. It was not clear if all children and families had been provided with a copy of the statement of purpose.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The management systems in place were not entirely effective and management oversight was not always evident. The person in charge was suitably qualified and experienced, but had not fully implemented his/her responsibilities under the regulations. The designated centre was not in compliance with Schedule 5 of the regulations as some policies were in draft. The centre had completed a review of the quality and safety of care in the centre and had an action plan in place.

There was a clearly defined management structure in place, which identified the lines of authority and accountability in the centre. Muiriosa Foundation was the registered provider. The person in charge, held the position of local manager for respite services and he/she managed the staff of the centre in addition to other centres. The local manager reported directly to the area director for residential services, who in turn reported to the regional director. The regional director reported to the chief executive officer, who in turn reported to a board of management. Staff told inspectors that they were aware of the management structure and were clear about who they reported directly to.

Inspectors found that the person in charge was suitably qualified and experienced. She had substantial experience in the area of learning disability and management. The manager had taken over the management of the centre in August 2013, and staff described the positive impact that the manager had made, as they had not had a manager for a period of time. The manager was described by staff as approachable and they told inspectors that they sought their guidance when required.

The manager was experienced and suitably qualified for his/her role but was not fully implementing his/her responsibilities under the relevant legislation. For example, the person in charge had not ensured that all children had a comprehensive assessment carried out by an appropriate health care professional of the health, personal and social care needs in line with regulation 5.(1). The manager told inspectors that he/she

visited the centre up to five times per week. The manager said that he/she had oversight of the centre by reviewing records and by occasionally working a shift in the centre. There was limited documentation within the centre, which illustrated ongoing formal monitoring. The manager was also responsible for other centres, and in his/her absence, a staff nurse was identified as shift leader. There was an out of hours on call system in place and staff were very familiar with this process.

There were some systems in place to analyse data and the quality of the service. A review of the quality and safety of care was completed in March 2014 and a copy of this report was made available to inspectors. An action plan was completed which detailed individual actions and persons responsible. However, not all actions had defined timescales for implementation. Inspectors found that some of these actions had been implemented or were in the process of being implemented such as an audit of restrictive practice in the centre, and having the photos of the staff roster displayed in the kitchen/living room area. The centre had one external organisational oversight mechanism in place, the behaviour supports committee, which reviewed and made recommendations in relation to a child's behaviours and also reviewed the appropriate use of restrictive practices. A system of regular audits was not in place for issues such as quality of care plans and medication management.

The provider was not in full compliance with Schedule 5 of the regulations as a number of the centre's policies were in draft, for example the recruitment, medication management and the policy and procedures on child protection and welfare. There was no formal protected disclosure policy in place in the centre, if staff had concerns regarding the quality of care provided to children.

There was no performance management system in place where staff were held to account for their personal and professional responsibilities. The manager outlined that he/she spoke to staff about performance issues. However, these discussions were not documented. It was unclear to inspectors how staff performance was managed in order to ensure that the service was continually improving.

The service did not have a service level agreement in place with the Health Service Executive (HSE) at the time of the inspection. The Chief Executive Officer outlined in writing to the inspector that since 2012, the matter had been brought to the attention of the HSE, and had contacted the HSE as recently as May 2014 to regularise arrangements.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Recruitment practices were generally well managed. There were appropriate staffing levels in place to meet the needs of children on the day of the inspection. Staff had received mandatory training in safeguarding children, manual handling and fire safety. However, not all staff had up-to-date first aid training and no training needs analysis had been completed. There were no arrangements or policy in place in regard to formal supervision.

Recruitment practices in the centre were generally effective and were managed centrally by the Human Resource Department. The centre had a draft recruitment policy in place. Inspectors reviewed four staff files and found that they met the requirements of Schedule 2 of the regulations. All staff files had two staff references, evidence of relevant qualifications, Garda Síochána vetting, dates of commencement of employment and full employment history. There was no formal practice in place in relation to the regular updating of Garda Síochána vetting. Garda Síochána vetting had been completed when staff were originally employed, and for some staff this was between eight and 14 years ago. All staff files had evidence of the staff member's identity, personal details, the dates that they commenced employment and working hours. Evidence of professional registration, where required, was present on staff files. While there was an induction policy in place dated April 2006, inspectors did not find any documentary evidence of how student nurses were inducted into the centre.

There were sufficient staff to meet the needs of the children on the day of the inspection. Inspectors observed staff caring for children, and found staff to be respectful and to respond, in a timely manner, to children's care needs. The centre employed 11 staff, including, eight staff nurses and three social care workers, which came to a total of 6.70 whole time equivalent positions. Two staff members were on duty at all times during the day, one of which was always a registered nurse. The second member of staff on night duty, usually a social care worker, was on a sleepover. The core staff team were long standing team members. The centre had a staff roster which reflected who was on duty and had a section for recording variations to the rota due to sick leave. However, the full names of staff were not recorded on the staff rota.

There was no formal needs analysis completed of the training needs of staff against the goals and objectives of the service. The manager explained that training was provided on the basis of ensuring that staff could meet the needs of the children in the centre. For example, staff received training in PEG (gastronomy tubes) as a number of children required this intervention. Staff had completed mandatory training in fire safety, safeguarding children, and manual handling. All staff had been trained in behaviour management. Additional training had been provided in areas such as suctioning

techniques, PEG feeding, care planning, administration of medications, first aid and the administration of specific medications. However, staff had not completed training in risk assessments or risk management and not all staff had up to date first aid training.

Staff received no formal supervision and the centre did not have a supervision policy. The absence of formal supervision meant that staff did not have formal confidential support by the manager or an opportunity for the manager to formally identify positive practice or development needs or areas of improvement or concern to staff. Staff spoke of being able, informally, to seek guidance from the manager as they required it. The manager described that she addressed performance issues such as not having a designated task completed, by meeting with individual staff members. However, there were no documents available that supported this.

Staff were aware of the regulations and standards, and inspectors found they had been discussed at team meetings.

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:

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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-0002740
Date of Inspection:	03 June 2014
Date of response:	05 August 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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Theme: Effective Services

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

Children and their families had not received copies of their personal plans

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The person in charge will ensure that a copy of the personal plan for each child is given to each child and their representative.

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

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

Children and their families were not actively involved in the preparation and review of personal plans

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The person in charge:

1. Will send a copy of the current plan (by 25/7/14) to each child and his/her parents as a basis for review and discussion.
2. Will schedule formal meetings with each child and his/her family to review and develop his/her personal plan in accordance with the child and families wishes, age and nature of his or her disability.

Proposed Timescale: 09/10/2014

Theme: Effective Services

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

Children's needs were not holistically assessed. Information from multi-disciplinary assessments was not always incorporated into personal plans.

Action Required:

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

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

The person in charge will:

1. Ensure that all personal plans are audited.
2. Schedule a meeting with each child, his/her family, keyworker and will seek input from the relevant members of the multi disciplinary teams to ensure that a comprehensive assessment of the health, personal and social care needs of each child is carried out and ensure that this information is incorporated into each child's personal plan.
3. Schedule an annual review of the personal plan or more frequently as required to reflect changes in need and circumstances.

Proposed Timescale: 09/10/2014

Theme: Effective Services

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

Children approaching adulthood had no plans for their transition to adult services

Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

The person in charge

1. Will ensure that a transition plan is developed in consultation with the child, his/her family, keyworkers and members of the multi-disciplinary team [if relevant] for each of the three children due to transfer to the adult respite/family support service in 2014.
2. Will implement a system for ensuring that transition plans are developed 12 months in advance of children who are due to transfer to the adult respite/family support service in the future.
3. Will develop and provide information on adult service in an accessible format to each person and his/her family.

Proposed Timescale: 29/08/2014

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 risk management policy did not include hazard identification and assessment of risks throughout the designated centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. The registered provider will review the risk management policy to include hazard identification and assessment of risks.
2. The person in charge will induct staff in the centre to the policy

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

While the risk management policy referenced that the guidance related to incidents where an individual is absent without staff knowledge, it did not explain the measures and action in place to control the unexplained absent of an individual.

Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

1. The registered provider has reviewed the Guidance on the management of risk and the individual service user (2014).
2. Unexplained absence is referenced in the Guidance on the management of risk and the individual service user (2014) and is the subject of specific guidance detailed in the "Protocol on Management of Incidents where Individuals Who Use the Service are Absent Without Staff Knowledge (2013)" as required in Schedule 5. This protocol identifies the measures and actions in place to control the unexplained absence of an individual.
3. The person in charge will induct staff in the centre to the policy.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions to prevent accidental injury to residents, visitors or staff

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

1. The registered provider has reviewed the Guidance on the management of risk and the individual service user (2014).
2. Incidents and accidents is referenced in the Guidance on the management of risk and the individual service user (2014) and is the subject of specific guidance detailed in the "Accident and Incident Policy and Procedure (2013)" This policy identifies the measures and actions in place to control accidental injury.
3. The person in charge will induct staff in the centre to the policy.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

The risk management policy did not outline the measures and actions in place to control aggression and violence

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

1. The registered provider has reviewed the Guidance on the management of risk and the individual service user (2014).
2. Aggression and violence is referenced in the Guidance on the management of risk and the individual service user (2014) and is the subject of specific guidance detailed in the guidance "Listening and Responding to Individuals who Demonstrate Behaviours of Concern (2014) This policy identifies the measures and actions in place to control aggression and violence.
3. The person in charge will induct staff in the centre to the policy.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

The document " Guidance on the management of risk and the individual service user" did not contain the measures and actions in place to control self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

1. The registered provider has reviewed the Guidance on the management of risk and the individual service user (2014).
2. Aggression and violence is referenced in the Guidance on the management of risk and the individual service user (2014) and is the subject of specific guidance detailed in the guidance "Listening and Responding to Individuals who Demonstrate Behaviours of Concern (2014) This policy identifies the measures and actions in place to control aggression and violence.
3. The person in charge will induct staff in the centre to the policy.

Proposed Timescale: 29/08/2014

Theme: Effective Services

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

The emergency plan did not identify a place of safety for the children and staff should there be a requirement to evacuate the building.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The person in charge will;

1. Make arrangements with the management of two local hotels to provide safe location/facilities for service users and staff until such time as service users can be picked up by their families.
2. Review the 'Emergency Situations' procedure to include;
 - contact with the On-call Manager for support.
 - the role of the senior staff on duty' at the time of the emergency to contact all families concerned and make arrangements for their relative to be picked up from the named location/hotel.
3. Ensure that all staff are aware of 'Emergency Situations' procedure.
4. Write to all families outlining the emergency evacuation arrangements.

Proposed Timescale: 08/08/2014

Theme: Effective Services

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

The centre did not have records of regular fire drills which included children.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

1. The Registered Provider will liaise with the person in charge who will ensure that monthly fire drills are undertaken to include all staff and children.
2. The person in charge will maintain up-to-date records of fire drills carried out in the designated centre.

To commence from 1st of July 2014 and will be implemented on a monthly basis.

Proposed Timescale: 01/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The centre had not discussed restrictive practices with all parents at the time of the inspection.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

1. The Registered Provider is in the process of reviewing all restrictive practices in the designated centre.
2. The person in charge, staff and the occupational therapist have implemented a monitoring system for the review of restrictive practices in the centre which will be completed on the 29th of July 2014. The outcome of this review will be discussed with the children and their families.

Proposed Timescale: 29/08/2014

Theme: Safe Services

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

The policy on intimate care was not specific to children and had a focus on care, rather than safeguarding.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

1. The registered provider will review the policy on intimate care to include guidance on safeguarding measures within the context of providing intimate care.
2. The person in charge will induct staff in the centre to the policy when it is updated.

Proposed Timescale: 29/08/2014

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:

Not all children's medication had their name and dose of medication recorded on the medication container.

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 person in charge:

1. Will undertaken an audit of each child's prescription/kardex. 29th July 2014
2. Has returned the prescriptions/kardex's to the relevant children's parents to have them re-written by the G.P.s. 29th July 2014
3. Will write to each child's family advising that their child's medication must have their name and dose of medication recorded on the medication container at time of admission. 29th July 2014
4. Will induct staff in the centre to the policy when it is updated.

Proposed Timescale: 29/08/2014

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 meet all of the requirements of schedule 1.

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:

1. The registered provider will review the Statement of Purpose and Function to ensure it meets all the requirements outlined in Schedule 1 - 15th September 2014
2. The person in charge will schedule a formal meeting with each child and his/her family to review and develop his/her personal plan and will seek input from the relevant multi-disciplinary team professionals.

Proposed Timescale: 09/10/2014

Theme: Leadership, Governance and Management

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

Children and Families had not received a copy of the statement of purpose.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

The Registered Provider will liaise with the Person in Charge and will forward a copy of the statement of purpose to each child and his/her family.

Proposed Timescale: 07/10/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There were no documented systems of regular audit of practice and the quality of care provided to children.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Registered Provider:

1. Has implemented a local management system for supervision of staff and local practices.
2. 6 monthly audits of practice and quality of care provided to the children has commenced which includes action plans for implementation.

Proposed Timescale: 29/08/2014

Theme: Leadership, Governance and Management

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

There was no system of supervision or staff appraisal in place in the centre, where staff

were held to account for the quality and safety of the service.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

1. The Registered Provider has developed a structured framework for performance management. There will be quarterly reviews with staff which will be rolled out from August 2014.
2. The service provider will develop and implement a supervision policy and organise staff training.
3. Individual staff supervision meetings will be implemented by the person in.
4. The person in charge will schedule team meetings every 2 months.
5. The person in charge has implemented a local management system for supervision of staff and local practices.

Proposed Timescale: 29/08/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no formal training needs analysis completed and not all staff had completed mandatory training

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:

1. Will regularly review and update the current staff training plan which covers mandatory training and staff development needs.
2. The outcomes of the staff performance review will inform the training and mentoring plans.

Proposed Timescale: 29/08/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

There were no formal supervision arrangements in place for staff and the centre did not have a supervision policy.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. The Peron in Charge will formalise a schedule of supervisory meetings for all staff.

Proposed Timescale: 29/08/2014