

**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-0004080
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiriosa Foundation
<b>Provider Nominee:</b>	Margaret Melia
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	2
<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:
21 October 2014 09:30	21 October 2014 18:30
22 October 2014 09:40	22 October 2014 01:45

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an inspection of a designated centre comprising of two residential homes that provided care for two female residents with specific needs. There were two residents in the designated centre at the time of inspection who were provided care on a one to one basis. As part of this announced registration inspection the inspector spoke with the residents, the person in charge, the staff members on duty, and also reviewed information submitted to the Authority by resident's families. In addition, the inspector met three persons participating in the management (within the organisation) as well as meeting the newly appointed provider nominee.

The inspector met with members of the personnel department (on a previous inspection) at the providers head office to inspect staff files and training records to ensure compliance with the Regulations. The inspector observed practice and reviewed relevant documentation such as policies and procedures, personal plans, care planning and health information, risk management protocols, medication management protocols, staff meeting minutes, staff rosters and supervision/performance appraisal information.

The inspector found substantial compliance throughout this inspection and observed many good elements of care provided in the designated centre. For example, the inspector noted staff who were very familiar with residents and attentive to their individual needs. Each location was staffed sufficiently and each resident enjoyed one to one care which the inspector found to be of a high quality. The inspector found that there was some improvement required in the area of maintaining and updating records and documentation. All areas that were inspected are discussed in detail in the main body of the report.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Overall the inspector was satisfied that resident's rights, dignity and consultation needs were met to a good standard. The inspector noted residents had access to appropriate services and resident's rights, privacy and dignity were respected. The inspector found that choice and consultation was afforded to each resident and there was a system in place to deal with resident and family complaints.

The inspector found that residents were consulted with regarding many aspects of their care. For example, the inspector found that residents were supported by a professional staff team in areas such as person centred planning, provision of information, social activities, centre/house issues and food/menus. The inspector noted evidence of meaningful consultation with residents on inspection with staff engaging appropriately with residents at all times. The inspector found one to one individualised services provided to each resident in both locations in this designated centre and reviewed minutes of individualised support meetings continually taking place to improve services for residents.

The inspector found resident's rooms were individually decorated and contained resident's personal possessions. Residents proudly showed the inspector their rooms and stated they were very happy in their homes. The inspector found a system in place for supporting residents managing their personal possessions in consultation with residents families. In addition, the inspector found an appropriate system in place regarding the management and safeguarding of residents finances within the designated centre itself.

The inspector found appropriate policy and procedure regarding complaints that was displayed in a prominent place. Family members highlighted (in feedback

questionnaires) that they knew how to make a complaint and knew who to make a complaint to if required. The inspector found there were nominated individuals to deal with and review complaints within the organisation and these were clearly identified. The inspector found there were no complaints in the complaints log at time of inspection.

**Judgment:**

Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Overall the inspector found that resident's communication needs were facilitated and supported. There were effective and supportive interventions provided to ensure each resident's communication needs were met.

The inspector found that residents had communication care plans that were appropriately reviewed and up to date. These documents gave specific direction as to individual's specific communication needs and requirements. The inspector noted staff communicating with residents in a very professionally supportive and respectful manner throughout the inspection. Staff were very familiar with residents assessed needs and communicative abilities and limitations. The inspector noted a comprehensive staff knowledge and awareness of resident's needs, wishes and preferences. For example, staff member's ability to read residents non-verbal communication, e.g., one resident became slightly irate by the inspection altering her usual routine, staff dealt with this situation very well. The inspector found residents had good access to communication media, such as, television, radio, newspapers and magazines and brochures. The inspector noted communication boards in the houses that highlighted appropriate and accessible information to residents.

**Judgment:**

Compliant

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

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied that residents were supported to develop and maintain links to their families and wider community.

The inspector found that the residents that were residing in the designated centre had moved out of the providers campus based setting. Staff members informed the inspector that community integration was a paramount consideration within the designated centre. The inspector found various examples of appropriate links to the community, such as, a resident attending dance classes, going to dances, concerts and various social outings. The inspector noted continual efforts on the part of staff to ensure residents maintained links with their surrounding community and participated in activities pursuant to interests and preferences.

Regarding family and personal relationships, the inspector noted efforts on the part of the staff to create and maintain resident's relationships with their family members. For example, residents had on-going contact with families who the inspector noted played active roles in resident's lives and were involved in planning meetings regarding their loved ones.

**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:**

Overall the inspector found that admission and discharge policy, procedure and protocol were appropriate within the designated centre. The inspector found that each resident had a tenancy agreement and written contract in place. The inspector found transparent criteria regarding the conditions of resident's tenancy and the contract for provision of services. These clearly outlined the services residents could expect to receive, inclusive of fees charged. The inspector noted consultation had taken place with residents and their families and next of kin also signed these agreements.

**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:**

Overall the inspector found that resident's wellbeing and welfare was maintained by a high standard of care. There were appropriate arrangements in place to meet each resident's assessed needs and these were clearly outlined in residents' individualised personal plans.

The inspector found that residents partook in social outings that reflected their needs, interests and capacities. Residents had good opportunities to achieve goals that were continually reviewed and updated by staff and the person in charge. The inspector noted art therapy, local festivals, music concerts, zumba classes, reading, shopping, food exploration/sampling, cultural festivals, going for drives and dining out as activities that were evident. The inspector found good evidence of residents social care needs being met and reviewed.

The inspector noted comprehensive personal plans that included involvement from relevant professionals where required. For example, psychiatry and psychology involvement were noted on resident's plans who required same. The inspector found that all residents had good access to a multi-disciplinary team and received the required intervention where/when required. The inspector reviewed a number of personal plans and noted they were completed with the participation of each resident and their families and were presented/available to residents in accessible formats. For example, the inspector reviewed personal plans and goal posters containing mainly pictorial format for increased accessibility residents. Overall the inspector found both residents social care needs were well met in their individualised service.

**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:**

Overall the inspector was satisfied that the designated centre met the requirements of the Regulations in terms of the location, design and layout of the designated centre.

The designated centre comprised of two locations. The first location was an attached two bedroom home in a quiet town location. This residence was well decorated and clean throughout. The inspector found the resident lived alone supported by one staff member at all times. The second residence was a five bedroom dormer bungalow in a rural area. This residence was also very well decorated and clean throughout. The inspector found this resident also lived alone and was supported by one staff member at all times.

The inspector found that the designated centre provided:

- Adequate private and communal space.
- Rooms of a suitable size.
- Suitable storage.
- Appropriate ventilation, heating and lighting.
- Appropriate baths, showers and facilities.
- Suitable arrangements for waste disposal.
- Appropriate laundry facilities.

The inspector found both locations in the designated centre were homely and very well equipped to meet resident's needs. The inspector was satisfied that both premises were safe, suitable and maintained to a good standard.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that there were systems in place to promote and protect the health and safety of residents, visitors and staff. A risk management policy was in place and systems were operating regarding the management of risk.

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 aware of risk management procedures in the centre.

Risk assessments were carried out where issues were identified. For example, the inspector read a number of appropriate risk assessments pertaining to behaviours of concern when residents are travelling in a vehicle and receiving assistance with personal care.

A safety statement and risk register was in place which set out the risks in the centre and the associated control measures. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read accident and incident records. For example, medication errors and an instance whereby a staff member was accidentally injured. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge. Systems were in place for health and safety audits to be carried out on a routine basis. For example, daily, weekly and monthly checks carried out by the person in charge and staff. The inspector found there was also an emergency plan which guided staff regarding fire, evacuation and safe alternative accommodation. While the inspector found systems were in place, the inspector found some of the recording and documentation of same required improvement (See Outcome 18: Records and Documentation).

The inspector found that systems were in place for the prevention and detection of fire. The training records showed that there was regular fire safety training for the staff. In addition to this, regular fire drills were carried out. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. The inspector found that overall there was a good risk aware culture present in the designated centre in discussing same with staff. There was a power outage while the inspection was taking place due to poor weather. The inspector observed staff utilising emergency planning kits containing torches and flasks and other emergency equipment. The inspector noted appropriate contingency plans for residents in this instance.

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

The person in charge and staff were knowledgeable about the different forms of abuse and how to respond to allegations of abuse. The inspector found a clear protocol was in place regarding the responding to and reporting of allegations of abuse. The inspector found policies on protecting vulnerable adults were in place. The inspector found that staff knowledge of policy was of a good standard. Staff training records were reviewed and all staff had been provided with training in the protection of vulnerable adults. The inspector checked resident finances in the designated centre which corresponded with the last recorded account entries.

The inspector found staff were knowledgeable in terms of behaviours that challenge/of concern and were appropriately equipped to manage same. The inspector noted a resident with a history of displaying significant and considerable behaviours of concern had experienced substantive improvement since moving into her individualised service. The inspector noted considerable work on the part of the staff team, behavioural support team and clinical support regarding this resident. The inspector found that practices regarding behaviours of concern were appropriately managed and reviewed and were applied in accordance with evidence-based practice.

**Judgment:**  
Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

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

**Findings:**

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

The person in charge and staff were fully aware of their regulatory responsibilities regarding notifications and had a comprehensive list of all notifiable events in the designated centre. The inspector was satisfied that notification protocols in the designated centre were in compliance with the Regulations.

**Judgment:**  
Compliant

**Outcome 10. General Welfare and Development**

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

**Theme:**

Health and Development

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

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

**Findings:**

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

The inspector saw considerable evidence of activities that residents pursued according to their respective interests and preferences. As each resident had an individualised service the inspector noted residents had very good opportunities to pursue new experiences. For example, one resident who was continually interested in alternative music and dance festivals was facilitated to pursue this interest. One resident attended a day service which she informed the inspector that she enjoyed. Both residents presented as enjoying a high quality individualised service. Staff presented as very in tune with residents needs, wishes and preferences.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

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

The inspector found that residents had appropriate access to allied health services. For example, General Practitioner (GP), Psychiatry, Psychology, Dentist, and Chiroprapist. The inspector found that health plans were in resident files and that these plans were regularly reviewed, updated and they guided practice. For example, each residents needs were reviewed and monitored and any required medical or clinical intervention was sought/provided. Health plans were well documented in the residents' files and appropriately kept under review. For example, appointments were regularly checked, facilitated and recorded. The inspector found staff were knowledgeable regarding individual residents health needs. The inspector found that staff were continually working to meet residents physical and mental health needs. The inspector viewed resident's appointments calendar which corresponded with progress notes documenting

all clinical/medical interventions with residents. For example, residents recent hospital appointments.

Regarding food and nutrition, the inspector found appropriate knowledge of food and nutrition was evident. Choice was facilitated through knowledge of resident's likes and dislikes and the rotation of menus. As the service was individualised residents were very well supported to choose the foods they wanted and staff were observed by the inspector to be very respectful to residents in this regard.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found appropriate arrangements in place regarding medication management. All staff employed in the centre were trained in the safe administration of medication. A medication management policy was reviewed by the inspector in the designated centre. The person in charge was a qualified nurse and managed a safe system for medications. The inspector found that the person in charge had good local systems in place to ensure medication practices, recording, documentation and storage adhered to regulatory requirements.

Medications were dispensed from the local pharmacy in blister packs to promote the correct administration. A clear description of each medication was available so staff could recognise the correct medication to be administered. The receipt of medication was being recorded and medication was stored appropriately in secure locked cabinets in resident's rooms. The general practitioner had signed the prescribing sheet for each medication, and the prescription included clear directions to staff on the dose, route and times that medication should be administered. PRN medications (medications that are administered as required) were recorded on the prescription sheet and these included the maximum dose that should be administered in any 24 hour period. The inspector observed corrective action procedures were followed and implemented in an instance whereby a medication error occurred. The person in charge highlighted the importance of strong systems regarding medication management within the designated centre.

**Judgment:**

Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found a written statement of purpose that described the services provided in the designated centre. The inspector found that services and facilities outlined in the statement of purpose reflected the care provided and the diverse needs of residents.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

Over the course of inspection and during discussion with the person in charge and persons involved in the management of the designated centre, the inspector found that the designated centre was managed by experienced, qualified and suitable persons.

The person in charge was a qualified nurse who works a four day week in the designated centre and is supported by a staff team at both locations in the designated centre. The person in charge has a considerable service history and experience working with the provider and this was very evident through her articulate knowledge of the residents needs. The person in charge stated that she has undertaken management training to certificate level but will do a refresher qualification in health service management to ensure she is compliant with the Regulations. The person in charge reports directly to a local manager and stated she is very well supported in her role by her line manager. The person in charge stated structured management meetings

occurred with her line manager and there were also additional monthly person in charge meetings for peer learning. The person in charge stated she has regular contact with her manager and is performance managed in her role as person in charge. The inspector saw evidence of meeting minutes and performance management records to this effect. The inspector was satisfied that good lines of communication and support existed between the person in charge and the provider's management structure. The person in charge demonstrated a good knowledge of legislation and was appropriately familiar with the requirements of the Regulations.

Family questionnaires returned to the Authority were positive and complimentary to the staff and management of the designated centre. The person in charge presented as competent and capable throughout the inspection process. The inspector also met with the local manager who is a nominated person participating in the management of the designated centre. The inspector was satisfied that good oversight and governance arrangements were in place regarding the operational management of this designated centre. Residents presented as very comfortable with the person in charge at all times and clearly knew her very well.

The inspector found that clear lines of authority and accountability were present with staff members expressing satisfaction to the inspector with governance and management systems in place. The inspector was satisfied that the person in charge was appropriately engaged with the governance, operational management and administration of the designated centre and meets regulatory requirements in this regard. The inspector reviewed staff supervision arrangements and noted the person in charge had a newly adopted system in place regarding the supervision and performance appraisal of staff.

**Judgment:**

Compliant

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

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was satisfied that there were arrangements in place regarding the absence of the person in charge. The inspector found that a deputy person in charge (person in charge from another designated centre) assumed local responsibility for the designated centre in the case of the person in charges absence. The inspector advised the provider to ensure persons in charge were not overly burdened with additional deputising responsibilities, in addition to their expectation of fulfilling their own role.

The inspector was informed that the local manager assumed further governance and management responsibility for periods of prolonged absence of the person in charge. The inspector found appropriate arrangements in place to ensure the notification process regarding any proposed absences that require notification to the Chief Inspector. The inspector found all staff spoken to were aware of deputising arrangements in the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

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

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

**Findings:**

Overall the inspector found that the designated centre was well resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The inspector found that the designated centre had suitable facilities, staffing and transport resources in place to meet the assessed needs of residents. Residents were provided with a high standard of care that was supported by the provision of appropriate resources throughout the designated centre. Each location in the designated centre was tailored to residents and individualised services were provided. The residents, families, staff and person in charge were satisfied with the levels of resourcing available in the designated centre.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**



Overall the inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents in the designated centre. The inspector found a good continuity of care provided to residents and noted the provider had professional practices regarding recruitment, training and managing volunteers in place. Each location in this designated centre was individualised with each resident having one to one staffing in place.

Regarding Schedule 2 (Staffing Records), a full review of staff files took place in the providers head office. The inspector was satisfied that the majority of staff files that were reviewed contained the required information and met the requirements of the Regulations. The inspector reviewed a cross section of organisational staff working in different roles within the organisation. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker. The inspector examined staff files from all designated centres within the area. As part of this inspection the inspector also reviewed staff files for relief and agency staff. The inspector found good practice regarding the maintenance of staff records to meet regulatory requirements. There were no issues pertaining to staff files examined relating to this designated centre.

The inspector viewed evidence of supervision/performance appraisal having commenced in the designated centre. While all staff members had not yet had a performance appraisal the inspector saw the person in charges plan to address this in the coming months.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place. However, the inspector found that some improvement was required regarding some residents' documentation and the recording and documentation of organisational protocols and procedures.

The inspector found that written operational policies were in place to inform practice and provide guidance to staff and these documents were reviewed and updated appropriately. The inspector noted that all policies reviewed met with the requirements of the Regulations. For example, the providers Schedule 5 policies were in the designated centre and accessible to staff. The inspector found that staff members in the designated centre were sufficiently knowledgeable regarding operational policies. The inspector found that personal information, files, records and other information, relating to residents and staff, were maintained in a secure and professional manner. For example, resident's information was locked in secure filing cabinets in the staff office. The inspector found that residents' documentation was maintained to a good standard.

The inspector noted some improvement was required regarding auditing documentation. For example, some of the location auditing tools were unsigned or incomplete. In addition to this, the inspector noted some of the records pertaining to fire drills and evacuation needs to be maintained to ensure more clarity and accuracy in terms of the records and documentation in the designated centre. The inspector was satisfied that practices in these areas were safe and the issues identified were recording and documentation based.

**Judgment:**

Non Compliant - Minor

## Closing the Visit

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

### **Acknowledgements**

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

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

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiriosa Foundation
<b>Centre ID:</b>	OSV-0004080
<b>Date of Inspection:</b>	21 October 2014
<b>Date of response:</b>	11 November 2014

### Requirements

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

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

### Outcome 18: Records and documentation

**Theme:** Use of Information

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

All elements of Schedule 4 documentation were not maintained to a sufficient standard to ensure clarity, completeness and accuracy.

**Action Required:**

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for

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

inspection by the chief inspector, the additional records specified in Schedule 4 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:**

All auditing documentation has now been completed and signed by the Person in Charge.

The Person in Charge has met with all staff in the centre in order to emphasise the importance of being clear and accurate when recording in the documentation with regard to fire drills and evacuation.

**Proposed Timescale:** 24/10/2014