

**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-0004082
<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>	Sheila O'Neill
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<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:
15 October 2014 09:00	15 October 2014 16:15
16 October 2014 09:00	16 October 2014 15:00

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

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

**Summary of findings from this inspection**

This was the first inspection of this designated centre operated by Muiríosa Foundation which is based in Kildare. As part of the inspection, the inspector visited the two units of the designated centre and met with residents and staff members. The inspector also reviewed questionnaires which had been completed by residents and some relatives. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

This designated centre is made up of two units which are located within a few kilometres of each other, have a similar resident group, and provide the same type of

service. This designated centre supports eight female residents, all over the age of 50 years. There are four residents living in each unit of the centre. Residents attend a formal day service setting for part of the day on certain days each week, along with being supported to attend local activities such as art and crafts, pottery, boche and the local community day care centre for the retired.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. The inspector found effective leadership and guidance in place, as evidenced through the high level of compliance across most of the areas inspected. Appropriate staff recruitment and supervision was in place.

Overall, the inspector found that residents received a good quality service in this designated centre, as was very clearly outlined in the centre's statement of purpose. There was evidence of compliance in 16 outcomes with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and this was reflected in a number of positive outcomes for residents. Residents spoke with the inspector and expressed satisfaction with their home, bedrooms and the people with whom they lived. Both units were noted to be extremely clean and offered a homely feel, with ample communal and private areas available for residents.

The main area for improvement identified in this centre, was in relation to the number of staff on duty at weekends and in the evenings. The inspector found that with only one staff on duty in each unit, residents' abilities to live their lives as fully as possible were being hampered. The staffing level did not offer residents choice and control over their daily lives, or promote residents to be as socially active as possible. This will be further discussed under outcome 1 and outcome 17 in the report. The inspector noted that due to the good will, and flexibility of the person in charge and staffing team in both units, residents were being supported to meet their social needs as much as possible. The inspector found evidence of staff supporting residents outside of their rostered hours. While this was an admirable thing, the inspector was not satisfied that the provider was ensuring a set number of staff were on duty at all times to empower choice on a regular and consistent basis for residents.

The findings from this inspection are outlined in the below report under the relevant outcome headings.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied that residents were consulted with and took part in the running of the centre and organisation as far as possible. There was evidence of regular house meetings with residents to discuss any changes and to gather residents' opinions. The menu plan for the week was discussed at this meeting. Two residents living in this centre were members of the Muiríosa advocacy group called "People First", and there was evidence of positive changes as a result of these meetings, which fed back to the senior management team. For example, a change was made to one of the service vehicles to better suit the needs of residents. One resident in this centre also sat on the tenancy group for Muiríosa which met monthly in the local library. This group was currently looking to the County Council to build a suitable footpath in the local area.

The inspector was satisfied that residents' privacy and dignity was respected in the centre, through observations of positive and respectful interactions between staff and residents, and the safe storage of personal information. Each resident had their own bedroom decorated to suit their own tastes and interests. There was a second small sitting room should a resident wish to see a visitor in private. Residents expressed that the staff team were nice, and treated them well.

Residents were supported to protect and value their belongings and possessions in the designated centre. There was an updated policy in place with regards to protecting residents' finances and belongings. In practice, the inspector found photographic inventory lists on each residents' file to ensure all belongings were clearly listed in line with the policy. The inspector found practices in relation to protecting residents' money were clear with an accounts ledger system in place for residents who required support

with managing their finances. There was a system of double checking balances on all residents' money each day, and residents were supported one to one with paying for their weekly rent and contributions to the centre. Cost of rent and additional extras were clearly outlined in the resident contracts.

There was a complaints policy and procedure in place in the designated centre. The inspector found that residents knew how to make complaints, and were verbal in voicing their concerns. There was a photographic display outlining the local manager as the contact point for complaints that could not be resolved locally. The inspector reviewed the complaints log, and found there to be no complaints. However, at resident meetings residents had the opportunity to voice any verbal concerns. The inspector saw evidence that these had been followed up on and rectified. For example, residents were not happy with the television reception, a new television had been bought and connection amended.

One area in need of improvement under this outcome, was in relation to residents' abilities to make choices about their daily lives. There was one staff on duty with four residents in each location. While staff had come up with various ways to attempt to offer choice to residents about how to spend their time in the afternoon and weekends, the inspector found that residents either had to go out in a group, or else visit a neighbouring centre to stay behind. The staffing level limited residents' choices around basic daily activities. Residential staff usually did the weekly shopping without residents, as the staffing levels did not afford this to be done with ease. Residents themselves expressed this issue with the current level of staffing through their person centred plans and group meetings. This was an area for improvement, and will be further discussed under outcome 17 Workforce.

**Judgment:**

Non Compliant - Moderate

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied that residents were assisted and supported to communicate at all times in the designated centre. Individual communication needs of residents were highlighted in their care plans and person centred plans, which included detailed profiles on residents' personalities, likes and dislikes and interests.

The inspector found that some residents' bedrooms were decorated with photographs of important people in their lives. Residents who had hearing difficulties were supported to

attend audiology services, and had hearing aids to improve their hearing.

The inspector found that residents had access to media, with televisions in communal areas and also available in residents' bedrooms.

**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 relationships between residents and their families or friends were supported and encouraged in the designated centre. The inspector found evidence that residents were supported and encouraged to maintain contact with their families as far as possible. Some residents spoke of visiting family members abroad and at home, and showed the inspector photographs of their visits. The inspector heard of a resident who was working towards using technology to maintain communication with this family member.

The inspector was satisfied that residents were supported, through the day services staff, to maintain links with the community. For example, two residents visited the community day care centre during the week without staff support. Other residents attended the local library for various community events, and some residents were supported to attend art and crafts in a local community based studio. As will be discussed under outcome 17, this engagement with the local community could be further realised with increased staffing levels at evenings and weekends.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that residents' admissions were in line with the criteria as set out in the statement of purpose. The services offered to residents were suitable to meet their needs.

The inspector reviewed contracts of care that were signed off by all residents. The inspector found that each resident has an agreed written contracts in place which deals with the support, care and welfare being offered, and clearly outlined any costings and terms and conditions.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

The inspector was satisfied that the social care needs of residents were being assessed and planned out in the designated centre. There was an effective system of assessment in place to ensure residents' social care needs were identified, and evidence that these needs were planned for and met. A person centred plan was in place for each resident, which the inspector found to be easy to read and contained photographs and decoration individual to the resident. There was a mixture of short term and long term goals in place. For example, to have a pet cat, to connect more with family, to learn how to grow vegetables and plants. As well as the person centred plan, each resident had a full care plan which included all aspects of daily living. The inspector was satisfied that there was a system in place to ensure residents health, social and personal needs were identified, and addressed through a well documented planning process. The inspector found that assessments and plans were reviewed and updated following a change in a residents' need or circumstance. For example, following a fall, or a hospital stay.

The inspector found that although goals were being achieved, the current staffing of one staff to four residents in each unit, hampered residents' ability to get out in the community and be social to the best of their abilities and wishes. One resident's person



centred plan outlined how if there was more staff, her goals would be to be out more socially. However, due to the good will and flexibility of the person in charge and the staff team, the inspector found that residents were supported to achieve their goals as set out in their plans. The inspector was not satisfied however, that the staffing available, assisted and supported residents to be social and fully participate in their community on a consistent basis as part of their normal daily lives. This will be discussed under outcome 17 Workforce.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

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

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

**Findings:**

The inspector was satisfied that the design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable way. The designated centre was made up of two units located a number of kilometres apart. Each unit had a well equipped kitchen with dining facilities, laundry facilities, outdoor space and adequate private and communal spaces. Each resident had a single bedroom decorated to their individual wishes. The inspector was satisfied that the two units were both homely, comfortable and decorated nicely, and met the requirements of Schedule 6.

**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 was satisfied that the health and safety of residents, visitors and staff was

promoted and protected in the designated centre. The inspector found that there was a good culture of health and safety, and documentation was clear to show ongoing review. The inspector found that health and safety checks were carried out on a daily and weekly basis in the centre.

The inspector was satisfied that there were adequate precautions to prevent and detect fire in the designated centre. The inspector reviewed documentary evidence to show that the fire detection and alarm system was routinely serviced and checked, along with the emergency lighting and fire fighting equipment, in line with requirements. Staff carried out regular evacuations at various times to ensure all staff and residents were fully aware of the procedure in the event of an emergency, five evacuations had taken place year to date. One of the units was not fitted with an emergency lighting system, however, torches were in place at various points around the building and incorporated into the evacuation plan. There was a system in place to ensure that torches were functioning as required.

The inspector found that there was a strong system in place to identify, assess and manage risk in the designated centre from both an environmental and clinical perspective. There was an active risk register which showed the inspector how all risks in the centre were identified, assessed and the control measures that had been put in place to reduce or alleviate the risks. Clinical risks were well identified and managed by the staff team and clinical risk assessment tools in place for residents who required it.

There was an accessible safety statement in place in the designated centre dated August 2014. All staff had up to date training in fire safety and evacuation by a suitable professional.

**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 residents living in the centre were safeguarded and protected from harm in the designated centre.

There was a policy in place on safeguarding and protection of vulnerable adults, which had clear guidelines for staff on how to identify and report suspicions or allegations of abuse. This policy was used in conjunction with the national guidance "Trust in Care".

There were clear policies in place on the use of restrictive procedures which were detailed and based on national best practice. On review of documentation and discussion with the person in charge, there were no restrictive practices in place in the centre. One lapbelt was in use, but the inspector was satisfied that this was prescribed by an allied health care professional and promoted safety for the resident.

The inspector reviewed the policy entitled "Listening and responding to individuals who demonstrate behaviours of concern", and was satisfied that the policy offered clear guidance to staff. At the time of inspection, the centre wasn't supporting any residents who presented with behaviour that was concerning. The inspector was satisfied that the policy and supports were in place should this change in the future.

The inspector reviewed practices in relation to the protection of residents' finances as discussed under outcome 1, and found a transparent system in place in the designated centre to safeguard residents' money on site.

From reviewing the training records, the inspector found that staff had received training in safeguarding and protection. This was updated every two years in line with the centre's own policy.

**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 clear record of all incidents were maintained and, where required, notified to the Chief Inspector within the outlined time frame. All quarterly notifications had been submitted as required. The inspector noted a low incident rate in the designated centre.

**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:**

In the absence of full time formal day services, day staff were based in designated centres, and providing an activation programme from each location. The inspector found that some residents had access to a formal day services on a part time basis in the campus of Muiríosa during the week. For the rest of the time, day services staff brought residents to various activities during the day. Most of this social activation happened for residents during the day mid-week, while being supported by day services staff. The inspector found that residents were attending local community activities and events. For example, two residents spent two days a week in the community day care centre, and spoke of how much they enjoyed attending and seeing people from the local community. Some residents were supported to attend support groups for health issues in the community. Other community activities included pottery in a local studio, going to the library, and availing of local amenities. As the age group of this centre was over 50, some residents had reached retirement age, and were no longer in employment. The inspector found that the education, training available was suitable to the age and interests of residents.

As will be discussed under outcome 17 Workforce, opportunities for new experiences could be further realised for residents if the staffing levels in the evenings and weekends supported this.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector was satisfied that residents were supported on an individual basis to achieve and enjoy their best possible health.

Access to allied health care professionals was timely, and appropriate referrals and treatment sought to meet residents' health care needs. The inspector found that any identified need in relation to health care, had a clearly documented plan in place to show both the support required to meet those needs.

Residents care and support plans were updated in a timely manner following any incidents or changes to a residents health. For example, a resident's documentation had been swiftly amended following a fall.

The inspector found that there was good selection of meals available to residents in the designated centre. Residents were encouraged to decide on the menu at resident meetings each week. Residents who wanted to assist in the preparation of meals were encouraged and supported to do so. It was not possible for residents to take part in the weekly shopping for the centre, due to the number of staff.

The inspector found that where advice had been sought by allied health care professional for a resident, it had been documented and catered for in line with the support plan. For example, the advice of a speech and language therapist in assisting a resident with dysphagia. Relevant tools were in place to assess risk of malnutrition if deemed necessary and appropriate action taken. The inspector observed residents enjoying meals and snacks throughout the day.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

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

### **Findings:**

The inspector found that each resident was protected by the designated centre's practices in relation to medication management. Clear assessments were in place to determine the level of support required by a resident in relation to their medication. The inspector found that residents were encouraged to be as independent as possible in this regard.

There was an organisational policy for medication management in place which was based on national guidelines. The inspector was satisfied that there was a clear systems in place in relation to the prescribing, ordering and disposal of medication. Residents

had a pharmacist of their choice available to them.

Medication was stored appropriately and discreetly in the centre. The inspector reviewed the adverse incidents log and found that there were very low medication errors.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found that the statement of purpose was written in line with the requirements of the Regulations, and the services outlined were reflected in practice. The inspector requested some additional information to be included in the statement of purpose for further clarity around admissions. This was submitted prior to report writing. The inspector was satisfied that residents received care in line with the statement of purpose.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was satisfied that there was effective management systems in place. The inspector found that there was a clear management structure in the designated centre,

and organisation. The person in charge reports directly to the local manager, who reports to the area director, and in turn the regional director who hold the role of provider nominee. The inspector found that there were clear lines of authority and accountability for the residential staff working in the centre. There was clear communication in place in the centre, with staff meetings held regularly with the person in charge and local manager. All identified persons in charge for this area met on a monthly basis with the senior management. The day services staff who were now based in the designated centres, reported directly to the local manager for any employment issues.

The inspector was satisfied that the person in charge met the requirements of the Regulations. The person in charge was a clinical nurse manager, with experience of working in the area of disability for a number of years. The person in charge had been in post in this centre since May 2014, but had known the residents for over ten years. The person in charge was also responsible for one other designated centre. The inspector was satisfied that this was a suitable arrangement. The inspector observed that the person in charge was well known to residents, and a consistent presence across the two units.

There was a system of audit and review put in place in the designated centre, with evidence of provider inspections being carried out to look at a selection of outcome areas in line with the Regulatory and standard outcomes. To date, a full annual review had not taken place in this centre.

**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 person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. The area manager was identified as the person to deputise for short term leave such as annual leave or sick leave for 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:**

The inspector found that for the most part sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose. However the inspector was not satisfied that the staffing levels fully promoted maximum social interaction and community involvement for residents, as will be discussed under outcome 17 Workforce.

The inspector spoke with the person in charge, and reviewed the petty cash practices, and found that utility bills for the centre were managed through the central head office, along with a fuel card for the service vehicle. The only budgeting required by the person in charge and the staff team was in relation to buying groceries and household products each week. The inspector was satisfied that there was ample resources to ensure a varied diet for residents. The two units were resourced sufficiently with heating, lighting and furnishings as mentioned under outcome 6, with internet available and cable television. Each unit of centre had its own car available.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector reviewed training records for staff working in the centre, and found that staff all had up to date training in the mandatory training areas. For example, fire safety, prevention of abuse, medication management. Staff had also received training to



meet the needs of residents in this particular location. For example, nebuliser training, and oxygen training. The inspector was satisfied that the training provided to staff was updated regularly, and met the needs of residents.

The inspector spoke with the person in charge and reviewed documentation, and found there to be an evidenced system of supervision and performance review in place in the designated centre for staff.

Staff files were not reviewed as part of this inspection. However, a full review of staff files took place on 18 September 2014 in the providers head office. The inspector was satisfied that the majority of staff files that were reviewed on this date 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 and from all designated centres in the area. For example, Clinical Nurse Manager, Staff Nurse, Social Care Worker, Care Assistant, Community Support Worker, and relief and agency staff. The inspector found good practice regarding the maintenance of staff records which met the requirements of the regulations.

Having spoken with residents and staff, and on review of the staffing roster, the inspector was not satisfied with the number of staff on duty in the designated centre. As mentioned under outcome 1, 3, 5 and 10, residents ability to make day to day choice and have control over their lives, was hampered by the current staffing level. For example, at the weekend if three residents wished to go out, and one did not, it was difficult for staff to facilitate this. Residents were supported to spend time in other locations if they did not wish to go with the larger group, but did not have the option to remain in their own home. As previously mentioned, the outcomes for residents on the most part were found to be compliant, due to the flexibility and good will of staff, however this was in need of improvement to ensure residents had a good quality of life, with control and the ability to make clear decisions about how to spend their time. Residents who told the inspector that they loved to go shopping, did not have the opportunity to take part in the grocery shopping for the centre, as this was not feasible with the current staffing arrangements. The inspector spoke with the person in charge who said that some weekends, there was hours available to the centre, where a staff member would split a shift between a number of houses. For example, to give two hours to this designated centre so that one resident could go out on their own. However, this was not a consistent arrangement, and did not offer residents sufficient time for meaningful activities.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**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. Documentation in relation to the care and support offered to residents was organised, and ensured the needs of residents were clearly addressed and met. Documentation was easy to retrieve, clear and up to date.

The inspector found that the records as outlined in Schedule 3 and 4 of the Regulations were in place. The inspector found that directory of residents was maintained and up-to-date.

Written operational policies were in place to inform practice and provide guidance to staff, as required by Schedule 5 of the Regulations.

Staffing records were maintained as required and outlined under outcome 17 Workforce, and the inspector found that appropriate insurance cover was in place for the designated centre.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Louise Renwick  
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-0004082
<b>Date of Inspection:</b>	15 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Due to the staffing numbers, residents did not have clear choice around their day to day activities.

**Action Required:**

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the

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

freedom to exercise choice and control in his or her daily life.

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

We will conduct a detailed review of what social and community experiences / opportunities and responses to individual's assessed needs are currently happening / not happening with a view to identifying the rights and choices of each individual. See in conjunction with Outcome 17 on Workforce.

**Proposed Timescale:** 28/11/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The staffing level did not meet the needs of residents.

**Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

We will conduct a further detailed review of what social and community experiences / opportunities and responses to other assessed needs are currently happening / not happening with a view to identifying the level of reinforcement of staffing hours (and skill mix) necessary to adequately respond to these assessed needs. On completion of this review and on effecting the necessary reinforcement of staffing hours, we will audit subsequent activity levels to ensure that the reinforcement in staffing hours is being effectively deployed to deliver an appropriate response to currently under-addressed assessed need.

**Proposed Timescale:** 28/11/2014