

**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 Muiríosa Foundation
Centre ID:	OSV-0003955
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Josephine Glackin
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	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:
02 September 2015 11:00	02 September 2015 18:30
03 September 2015 09:00	03 September 2015 13:30

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

As part of the application for registration the provider nominee was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspector reviewed this documentation, obtained the views of residents,(as far as practicable) a relative, and staff members, observed practices, assessed the premises and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff records.

A monitoring inspection of the service was carried out in April 2014, however, since that date the service has been reconfigured and therefore this was the first inspection of the designated centre.

The designated centre consists of three residences situated on the outskirts of a small town. Accommodation is provided for 12 residents. The centre provides facilities and services for residents with a diagnosis of intellectual disability and /or autism. There were no vacancies at the time of the inspection.

The inspector met with the person in charge and area director to outline the inspection process and methodology and provided feedback to the management team including the provider nominee at the conclusion of the inspection.

The provider nominee and person in charge demonstrated their knowledge of the legislation and standards during the inspection process.

The inspector met the majority of the residents currently being accommodated. Residents, in the main, were unaware of the inspection process, however, they appeared happy and content in the community setting which they had transitioned to from a congregated setting.

A relative and 5 residents, assisted by staff completed questionnaires regarding their experiences of living and receiving a service from the designated centre. These were positive in all respects with the exception of the relative who was unaware that the resident has a personal plan and as a relative was not involved in its development. Respondents expressed satisfaction about the care provided, were complimentary of the staff team and satisfied with the current accommodation/premises.

There was evidence that residents were consulted with and participated in decisions about their care and about the organisation of the centre. Information was readily available about the advocacy service and each resident's privacy and dignity was respected. A complaints policy procedure was available.

Residents had good access to nursing, medical and allied health care. There were measures in place to protect residents from being harmed or suffering abuse. The inspector saw that person centred care was promoted and there was evidence of opportunities for residents to participate in meaningful activities, appropriate to their interests and capacities.

The location, design and layout of the each of the 3 houses forming the designated centre met the needs of residents.

Primarily the health and safety of residents, visitors and staff was promoted and protected as staff were in the main observant in identifying, analysing and controlling risks, however, some risks were not identified and assessed in a risk register.

From an examination of the day time staff duty roster, observation of residents and communication with staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training. Staff demonstrated that they had good knowledge of the residents and their needs. They emphasised the importance of promoting a holistic care model which embraced the concept of each

resident being enabled to exercise choice and control over their lives in accordance with their preferences while maximising their independence.

Areas requiring improvement are identified in the action plan at the end of the report to be addressed by the provider (10 actions) and person in charge (3 actions) in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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):

No actions were required from the previous inspection.

Findings:

There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, house meetings have been convened in order to work out menus for the evening meals and social programmes.

The inspector observed staff engaging with residents in a manner that was respectful. Staff who communicated with the inspector confirmed that they had worked with in the service for many years and the inspector found that they were familiar with the residents' needs, capabilities and their life history and family support circles.

On returning from their activation programme some residents welcomed the inspector and agreed to show the inspector their bedroom accommodation. In other instances, staff members had obtained the residents' permission for the inspector to view their private bedroom space and review their care planning records/documentation in their absence primarily due to attendance at day programmes. The inspector was informed by staff and saw that there were sufficient staff available if residents chose to remain at home or return home from their activation programme if they wished to do so.

Residents had individual bedrooms which were spatial, accommodating the size of the bed of their choice either single or double/king-size, had ample storage space for personal possessions and comfortable seating so that they could receive visitors in private. Residents' bedrooms were personalised with photographs of families and friends, were decorated in accordance with the residents' preferences and choices, had tasteful soft furnishings and their private spaces reflected their personalities and interests.

Resident had access to an independent advocacy service, however, none of the residents had availed of this service.

There was a complaints policy and procedure which was translated into an understandable format for those residents who had the capacity to understand it. A relative in communication with the Authority confirmed that a copy of the complaints policy/procedure was issued to residents next of kin/family members.

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):

No actions were required from the previous inspection.

Findings:

In residents' personal care plans the inspector saw that the mode of communication used by the individual residents were described and staff working with residents were able to interpret residents' verbal and non-verbal expressions. There was also documentary evidence in respect of speech and language professionals providing a service to some of the residents.

The inspector observed residents using gestures in order to express their wishes, for example residents communicated when they wished to leave the communal sitting room and go into other parts of the centre or to have a video put on in their bedroom.

The inspector saw that information that was relevant to residents was in an appropriate format for the residents' communication abilities and capacity of understanding, for example, menu planning.

The inspector saw that a resident had a device which could be operated to communicate with staff the resident's choices.

Residents had access to televisions, CD players and radios either in the own bedrooms and or in communal areas.

Judgment:

Compliant

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Outcome 03: Family and personal relationships and links with the community <i>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.</i>

Theme: Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.

Findings: There was evidence that residents are supported to develop and maintain personal relationships and links with the wider community. For example residents shopped for foodstuffs from the preplanned menu choices and other residents participated in community events and went to the local pub, restaurants, hairdressers, post office and cinema. The inspector heard that some residents were involved in the tidy town's competitions. Staff and management informed the inspector that relatives and family members are provided with up-to-date information regarding residents' care and condition and are invited to attend care planning reviews. Some residents highlighted that they particularly enjoy visits from their family who bring them out for a drive. Some residents had enlarged photographs of significant people in their lives hanging on the walls of their bedrooms. Each house has suitable communal facilities including a private area to receive visitors in addition to the residents' private bedroom space which in the main is spacious and provides comfortable seating to receive visitors.

Judgment: Compliant

Outcome 04: Admissions and Contract for the Provision of Services <i>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.</i>

Theme: Effective Services

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.

Findings:

There was a policy and procedure in respect of the admission transfer and discharge of residents. A relative attended the official opening of one of the houses and was delighted that her relative was moving into the house. The relative confirmed that the resident had visited the house on a number of occasions prior to being admitted on a long-term basis.

The admission process is initiated when an application supported by clinical and other relevant reports are received by the regional director. The designated centre does not facilitate emergency admissions.

If the admission is deemed appropriate written agreement is forwarded to the resident/or their representatives, if the resident is not capable of giving consent. This includes the terms of occupancy.

Each resident had a written contract agreed within a month of admission to the service, which sets out the services to be provided and the fees (including items which incur additional charges) charged. It was noted that one of the contracts although it had been signed had not been witnessed. See outcome 18 for action plan.

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):

No actions were required from the previous inspection.

Findings:

The designated centre accommodates 12 residents and there were no vacancies. All of the resident have a moderate to severe intellectual disability and or with other conditions for example autism.

Each resident had an Individual Personal Plan (IPP) which assessed residents' needs and identified the arrangements in place to meet those needs. The personal care plans were developed in respect of each resident's care and addressed key aspects of the social,

emotional, psychological and health care needs of the residents.

Residents' aspirations and goals were stated, and there was evidence that residents were empowered and supported in achieving their goals, which resulted in successful outcomes for some residents. For example a resident had achieved good road sense and was able to go into the local town independently.

Documentation showed that there was regular reviews of residents' care plans in consultation with residents and or their next of kin/families, however, a relative communicated to the Authority that he/ she was unaware of the existence of any personal care plan and therefore did not know if the needs identified in the care plan were being met.

Staff in their communications with the inspector demonstrated that they were knowledgeable of residents' needs and behaviour management plans were in place where necessary.

The inspector saw that pictorial aids were used to assist the residents to understand the care planning process.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the community houses were suitable for their stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The designated centre consists of 3 bungalow type residences in the community.

Residents' private bedroom space consists in one house of 5 bedrooms, in another house, 6 bedrooms one of which has ensuite facilities and one bedroom is used as a sleepover room for a member of staff and in the third house there are 4 bedrooms.

Communal facilities include, sitting, dining kitchen and utility room and one has a conservatory to the front.

Bathing facilities include a jet Jacuzzi bath, wet room, parker bath and separate toilets.

Storage facilities were adequate.

The furnishings and fixtures are modern and bright and the premises have been well maintained with the exception of external dampness on one wall. Management informed the inspector that this matter has been referred to the maintenance department and funding has been allocated to address the problem.

There was appropriate equipment for use by residents and staff which was maintained in good working order.

Externally, the grounds were well maintained and there was adequate car parking.

Judgment:

Non Compliant - Minor

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:

In the main, the inspector found that the health and safety of residents, visitors and staff was promoted and protected as there was a policy and procedure in respect of managing risk which included documentation in relation to recording and analysing risks, however, the policy/procedure had not been fully implemented throughout the designated centre as specific risks were identified. For example a risk associated the lack of an alarm system in the bathroom to summon assistance if necessary had not been identified and risk rated and fire safety risks highlighted below had not been specified in the risk register.

Staff had not been trained in risk management. See outcome 17 for action plan

Prior to the inspection the Authority had received written confirmation of compliance in fire safety dated 7 August 2014 with an inspection carried out by a competent person on the 10 June 2014.

The inspector found that fire equipment was easily accessible and prominently placed

throughout the designated centre and servicing was up to date. Fire exit doors had not been obstructed during the inspection. Each resident has an evacuation plan and staff and residents were involved in fire safety and evacuation procedures. There were smoke detectors and a fire panel in each house of the designated centre, however, one of the fire panels did not identify specific zones/areas in the house which would assist in detecting the risk of fire in the event of an emergency.

There was evidence that staff and residents had participated in fire drills. Fire safety training was carried out on a 2 yearly basis in accordance with the organisation's policy and procedure.

A staff member who works both day and night shift had not participated in a fire drill.

An adequate means of escape was not available for a resident with mobility difficulties as there was a single step down at the external fire exit door and a set of steps on the evacuation route.

Infection-control measures were in place for example, there were facilities available for hand hygiene, closed bins for disposal of hand towels, sufficient toilet rolls and holders in place, appropriate storage of toiletries and dental hygiene equipment.

Staff had participated in training in food safety and hand hygiene.

Judgment:

Non Compliant - Major

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 inspector saw that there were measures in place to protect residents from being harmed or suffering abuse and appropriate action is taken in response to allegations, disclosures, or suspected abuse.

There was a policy and procedure in place relating to the prevention, detection and

response to an allegation or suspicion of abuse.

The inspector communicated with staff, who confirmed that they had participated in relevant training and were knowledgeable with regard to what constitutes abuse and their duty to report any allegation, suspicion of abuse, and were aware that this should be fully investigated and protective procedures put in place for residents.

The inspector saw that where residents' challenging behaviour necessitated intervention that every effort was made to identify and alleviate the cause of it.

Staff demonstrated that they had knowledge of the behaviours that are challenging for certain residents.

The inspector noted that a restraint free environment is promoted with the reduction in bedrails and the provision of double /king-size beds and in some instances the reduction in chemical restraint.

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):

No actions were required from the previous inspection.

Findings:

The inspector saw that a record of incidents occurring in the designated centre is maintained and, where necessary, notified to the Chief Inspector.

The inspector noted that, notifications in respect of serious injury to residents, and quarterly reports had been forwarded to the Authority. An internal processing/auditing system is available within the organisation.

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):

No actions were required from the previous inspection.

Findings:

The inspector saw that residents had opportunities for new experiences, social participation and education. Buses were available to transport residents from the community homes to day care facilities and social and recreational activities/outings.

Residents completed questionnaires for the Authority with the support of staff. The comments made were positive regarding participating in social and recreational activities and of staff who provide assistance in achieving life skills, appropriate to living independently in the community and pursuing favourite activities such as shopping for magazines and fashion and style, bowling, swimming and going to mass.

The inspector heard that there is good communication between the residential service and the day care facilities and both implement residents' behavioural support plans to ensure continuity of care.

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):

No actions were required from the previous inspection.

Findings:

From an examination of documentation and the views of residents and staff it was evident that residents are supported on an individual basis to achieve and enjoy good health.

There was a health care plan available in each resident's care planning documentation.

Residents' healthcare needs were well monitored and treatments were implemented as recommended or prescribed. Some residents had health conditions such as epilepsy and diabetes. Referrals and meetings with key significant personnel in the lives of residents including behavioural therapy, occupational therapy, community medical, nursing, care staff, key workers and family members was evident.

A behavioural therapist and psychologist are available to assist/support residents and care staff. There was evidence of appropriate referrals and appointments to residents' GPs and allied health professionals such as, opticians and speech and language therapists as required.

The inspector was informed that residents with swallowing difficulties were provided with soft consistency dishes. In the kitchens of the houses the inspector saw a variety of foodstuffs and snacks in the cupboards, refrigerators and freezers and an ample availability of fruit.

Residents' records showed that their weights were monitored. There was evidence that residents were able to choose their own foods. Pictorial menu cards were available to inform residents about different menu choices.

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):

No actions were required from the previous inspection.

Findings:

There was a written operational policy/procedure informing ordering, prescribing, storing and administration of medicines to residents.

An examination of staffing records identified that staff had received training in the management of medicines on the 2 July 2014 and an information session in respect of medicines was provided by the pharmacist of the 20 August 2015. Some staff had received training in the administration of rescue medicine for epilepsy and for other staff this training was scheduled.

The inspector saw that medicines were secured safely and a staff member on duty explained a resident's prescribed medicines and the documents in use to administer prescribed medicines to residents.

The inspector was informed and saw evidence in the care planning documentation that residents' medication was reviewed.

A medication error had occurred (28 August 2015), however, the investigation report into the incident and measures taken to prevent any further re-occurrences had not been fully completed. A report of the investigation findings with measures to prevent further occurrences should be forwarded to the Authority.

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):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose available which described the services, facilities and care provided to meet the diverse needs of residents and contained, most of the information required as set out in schedule 1 of the legislation with the exception of a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

A person in charge has been appointed to the designated centre and the post is a full-time position. The person in charge is a social care leader with qualifications in applied social studies and certification in management. The staff member has approximately 13 years experience in the area of intellectual disability. The person in charge facilitated the inspection process and made available documentation and information to the inspector.

The inspector found that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the designated centre's statement of purpose for example there was adequate support systems to meet the needs of residents.

The inspector saw that there is a clearly defined management structure that identifies the lines of authority and accountability and staff on duty were able to explain the structure and identify their line manager to the inspector.

Management carried out audits to ensure that the service met residents' needs for example there were records and audits of residents' monies and personal possessions.

An annual review of the quality and safety of care and support in the designated centre was not available for the inspector.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

In the absence of the person in charge the inspector noted that suitable arrangements have been put in place for the management of the designated centre and the person identified for this position is a qualified general and intellectual disability nurse holding a bachelors degree in nursing studies. She has extensive experience, is currently working as a clinical nurse manager 2 in the organisation with up-to-date registration with the professional body.

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):

No actions were required from the previous inspection.

Findings:

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

The inspector noted that there were sufficient resources, including the availability of minibuses in order to ensure residents were able to attend activation programmes of their choice.

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):

No actions were required from the previous inspection.

Findings:

The inspector examined copies of planned rosters for the centre and found that staffing levels were adequate to meet the needs of residents.

Arrangements were in place to manage planned and unplanned staff leave and there was evidence of staff participating in staff meetings.

The inspector found staff had a comprehensive knowledge of residents' likes, dislikes and life histories. Staff throughout the inspection were helpful and responded to some of the non compliances with the legislation as they arose.

The inspector requested documentation in relation to staff members working at the centre and was informed that the information is held at the service's head quarters but the area director provided written evidence stating that all the relevant information as per schedule 2 was available.

Documentation in relation to training showed that there was a planned schedule identifying dates and times of various different training modules. There was evidence that staff had participated in relevant training to their role and responsibility for example all of the staff working in the designated centre had participated in training in safeguarding during March and June 2014.

The inspector was informed that a formal supervisory process was in place which is a meeting between the person in charge and the staff member. These meetings are documented and occurring throughout the year.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Documentation received prior to the on-site inspection in relation to the registration of the centre was satisfactory for example, there was adequate insurance against accidents or injury to residents, staff and visitors, a copy of the statement of purpose and residents' guide.

The designated centre has procedures/guidelines on matters identified in schedule 5 of the Health Act 2007.

The directory of residents was being maintained.

The inspector saw that there was a record of complaints, where a resident was discharged from the designated centre and a copy of the duty roster of persons working at the designated centre.

The inspector was informed that a formal supervisory process was in place at the time of inspection which is a meeting between the person in charge and the staff member. These meetings are documented and occurring throughout the year.

The records listed in the Health Act 2007 were being maintained in a manner so as to ensure completeness, accuracy and ease of retrieval with the exception of the following:

–

-A contract had not been witnessed.

-A record in relation to the management of a resident's epilepsy had not been signed by the staff member.

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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0003955
Date of Inspection:	02 September 2015
Date of response:	01 October 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

A resident's personal plan was not conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative as a relative communicated to the Authority that he/she was unaware of the existence of any personal care plan and therefore did not know if the needs identified in the care plan were being met.

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

1. 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:

Actions in place at time of inspection:

- Person in Charge invite Parents and siblings to person centred planning meetings, dates of the meetings are arranged to facilitate family members taking part to ensure that their viewpoints are properly incorporated.
- The organisation commenced in 2014 a "Participation and Engagement plan" to support ongoing communication with key family members.
- One of the items on this plan is care plans and person centred plans. The key worker uses this document to discuss matters with family members on a monthly basis.
- The Person in Charge also uses this plan as a guide to update parents and family members.
- Some family members have stated that they do not require monthly updates which the PICs and staff team have taken cognisance of.

Proposed Timescale: 02/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was dampness on an external wall of one of the premises.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Required external work will be completed by November 15th 2015

Proposed Timescale: 15/11/2015

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 had not been fully implemented throughout the designated centre as hazards had not been identified and risk assessed so that measures could be taken to control the risk, for example the lack of an alarm system in the bathroom to summon assistance if necessary and the fire safety risks identified during the inspection.

3. 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:

- The Person in Charge and support staff have commenced risk assessments involving the individuals and usage of the bathroom to establish hazards and identify appropriate control measures.
- Meeting dates: 30/9/2015, 23/9/2015, 14/10/2015

Proposed Timescale: 14/10/2015

Theme: Effective Services

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

A fire panel in a house of the designated centre did not identify specific zones/areas in the house which would assist in detecting the risk of fire in the event of an emergency.

4. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Required works will be completed by November 15th 2015

Proposed Timescale: 15/11/2015

Theme: Effective Services

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

A staff member who works both day and night shift had not participated in a fire drill.

5. 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:

Actions in place at time of inspection:

- All permanent and agency staff members have conducted fire drills and have attended fire management training.
- One Agency staff member who commenced work a month previous to inspection, had completed the fire management training but not a fire drill.

Planned actions:

- This Staff member was due to conduct the next monthly fire drills on the following dates: Day drill 25/09/2015, Night time drill 30/9/2015.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

An adequate means of escape was not available for a resident with mobility difficulties as there was in one of the houses of the designated centre a single step down at the external fire exit door and a set of steps on the evacuation route.

6. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The works required to support the individual's safe evacuation of the house will be completed by 15th November 2015.

Proposed Timescale: 15/11/2015

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:

Medicine which is prescribed was not administered as prescribed. The investigation report including the measures and actions in place to control a re-occurrence of the medication error should be forwarded to the Authority.

7. 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:

Actions in place at time of inspection:

- A Medication error occurred on 28th August 2015 which was 4 days prior to the inspection and the Organisational Policy was adhered to, Appendix 10a was completed with the staff member and the Person in charge on 31st August 2015.
- A risk assessment was completed following the accident/incident report.
- The risk register details were reviewed and amended on the 31st August 2015 as a result of the incident.

Actions completed:

- The incident was on the agenda of the staff meeting of 30th September 2015.
- The investigation report including the measures and actions in place to control a re-occurrence of the medication error was forwarded to the Authority on 28th September 2015.

Proposed Timescale: 30/09/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all the information highlighted in schedule 1 as follows: –

a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.

8. 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:

A description of the rooms in the designated centre including their size and primary function has been included in the statement of purpose and function for this designated centre.

Proposed Timescale: 01/10/2015

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:

An annual review of the quality and safety of care and support in the designated centre was not available for the inspector.

9. Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

Actions in place at time of inspection:

- The annual review of quality and safety was completed for 2014 by the provider nominee in February 2015.
- The person in charge has ensured that a copy of same is now available on site.

Proposed Timescale: 04/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff had not received training in risk management

10. 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:

Actions in place at time of inspection:

- Risk Management and identifying risk is an ongoing agenda item for team meetings.
- Risk Assessments are carried out and reviewed with the staff team.

Planned actions:

- The Person in Charge will organise an information session with staff team which will support staff to identify hazards, carry out risk assessments and draw up control procedures. Action to be completed by: 15th November 2015

Proposed Timescale: 15/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The following records were not being maintained as per the legislation in a manner so as to ensure completeness, accuracy and ease of retrieval

-A contract had not been witnessed.

-A record in relation to the management of a resident's epilepsy had not been signed by the staff member.

11. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- Contract of care is now witnessed.
- The record in relation to the management of a resident's epilepsy is now signed by the staff member.

Proposed Timescale: 14/09/2015