

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Respite/ Family Support Services (Adult) Area S
<b>Centre ID:</b>	OSV-0005453
<b>Centre county:</b>	Offaly
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Mairead Sheedy (Brereton)
<b>Lead inspector:</b>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## **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 1 day(s).

**The inspection took place over the following dates and times**

From: 14 February 2017 11:00 To: 14 February 2017 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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 inspection was conducted in a new centre operated by the Muiriosa Foundation to inform a registration decision.

How we gathered our evidence :

As part of the inspection, the inspector met with the person in charge and the provider nominee. The inspector reviewed documentation such as personal plan templates, accident logs, policies and procedures.

Description of the service

The centre is proposed to be a respite centre offering short term breaks to people with an intellectual disability. The provider had produced a document called the statement of purpose, as required by regulation, which described the service they intended to provide. The centre was a detached bungalow set in spacious grounds within proximity to the local village. The provider proposed to offer respite care for

two residents.

Overall findings:

Overall, the inspector found that adequate preparations were in place to open the respite service. The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met in the majority of the areas examined on this inspection.

Good practice was identified in areas such as:

- the provision of a meaningful day (Outcome 5)
- the development of personal plans (Outcome 5)
- governance and management systems (Outcome 14)

Some improvements were required in:

- the provision of fire doors (Outcome 7)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

**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:**

Arrangements had been made to consult with residents and to ensure an effective complaints procedure.

The person in charge outlined a system of informal keyworker meetings which were already being conducted with one resident who had been identified, and arrangements to include any further residents.

There was a clear complaints procedure in place, an accessible version of this was available and was displayed in the centre. Other information had been prepared in an accessible version including an easy read charter of rights. A named advocate had been identified for any resident who required this input.

A system of recording residents' possessions in an inventory had been developed and was ready to use.

**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:**

There was an admissions policy in place, and a local guideline that the person in charge has undertaken to adapt to the needs of further residents as they are identified. An admissions checklist had been developed in relation to the transient nature of any admissions.

There was a contract of care prepared for the identified resident which outlined the service to be provided and any charges which would be incurred.

**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:**

Plans had been made to ensure a meaningful day for residents, and to develop a personal plan for each.

The development of a personal plan had commenced for the identified resident and was based on a detailed assessment of need. The personal plan already included some goals in order to support the maximising of the potential of the resident. One of the goals related to the preparation of their bedroom in the centre, of which they would have sole use. The goal had been broken down into smaller steps to support achievement, and the achievement of these steps was apparent in the room.

This resident was currently availing of their day service in the centre, and various activities were in place. Activities in the centre included household activities such as baking , colouring and art therapy. Activities in the local community included walks and visits to local coffee shops. Further activities had been offered to the resident including bowling and trips to the cinema.

The person in charge outlined the plans to ensure that the normal routines and activities of any future residents would be supported and facilitated during respite breaks.

**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:**

**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:**

Arrangements were in place to manage risk and to manage some aspects of fire safety, although there were no fire doors in place in the centre.

A risk register had been developed in which all currently identified risks were recorded and risk rated. Environmental risks were included, and risks such as lone working had been assessed and mitigated. There was a risk management policy in place which included all the information required by the regulations.

Fire equipment including extinguishers, emergency lighting and an alarm system were in place and had been serviced. There was a personal evacuation plan in place for the identified resident, and a fire drill had been undertaken including this resident. A detailed fire risk assessment was in place which included control measures, and had identified the need for fire doors. There was a system in place to ensure daily checks of fire exits.

The centre was visibly clean, and there was a cleaning schedule and a food handling protocol in place. There was a flat mop system and appropriate storage of cleaning materials.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

An individual financial planning protocol had been prepared and was ready to be completed for each resident. This protocol included guidance as to how to monitor and safeguard residents' finances.

The person in charge was knowledgeable about their role in the safeguarding of vulnerable adults. There was a policy in place to guide staff, and those staff who had been identified had received training in the protection of vulnerable adults from abuse.

There was a behaviour support team available to any residents who required support in this area. One resident who had already been identified already had a behaviour support plan in place. This plan included a thorough assessment of the function of behaviours of concern, both proactive and reactive strategies and a skill teaching element. Staff



currently identified had received training in the management of behaviours of concern.

No restrictive interventions were yet envisaged, but there was a policy in place to guide practice in this area if required.

**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:**

There was evidence to indicate that residents' healthcare needs would be adequately assessed and regularly reviewed with appropriate input from multidisciplinary practitioners where and when required.

Health assessments had already been conducted for the resident who had been identified. There was a local community general practitioner (GP) and an out of hours GP service had been identified. The person in charge also informed the inspector that the centre had access to a range of multi-disciplinary supports such as mental health and behaviour support if and when required and the resident intending on moving to the centre would be supported to keep their general practitioner, dentist and other allied health professionals involved in their care and welfare.

The inspector was assured that the proposed practices would meet residents' nutritional needs to an appropriate standard. The person in charge also discussed how healthy eating options would be encouraged. Residents would be involved in planning the weekly menus. A template had been developed whereby residents' daily nutritional intake would be recorded. A nutrition management policy was in place to guide staff on the monitoring and documentation of nutritional intake.

**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 proposed medication management policies and procedures for the centre were found to be safe and in line with the regulations.

The centre had a medication management policy in place. The aim of the policy was to ensure the safe administration and management of medication for all individuals living in the centre. The policy promoted the self administration of medication, and the resident already identified had a detailed risk assessment and management plan in place in order to promote independence in this area. There were also detailed protocols in place to guide the decision making in regard to 'as required' (p.r.n.) medications.

Some staff had been identified to work in the centre, and these staff had completed training in the safe administration of medication.

Safe storage facilities were provided in the centre. Residents' medication would be stored in a locked press in a designated room which could only be accessed by staff using a key.

The person in charge outlined the plan to conduct regular audits of medication management, and an audit tool had been developed for this purpose

**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:**

A statement of purpose had been prepared to include the aims and objectives of the centre and a description of the facilities and services which were to be provided to

residents.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found evidence that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. Effective management systems would be in place to support and promote the delivery of safe, quality care services.

The person in charge outlined the auditing system she intended to introduce in this new centre. Audit tools had been developed to facilitate audits in various areas including medication management, first aid, health and safety and fire safety.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was to be managed by a suitably skilled and experienced person in charge. She was knowledgeable about the requirements of the Regulations and Standards. She outlined her plans for the supervision of staff and for the monitoring and development of the service.

She also outlined a system of staff and management meetings which would be held. She already attended regular management meetings, and intended to introduce staff meetings, for which a template for recording minutes had been prepared.

**Judgment:**

Compliant

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**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:**  
There were appropriate arrangements in place in the event of the absence of the person in charge, although no absences were currently foreseen.

**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:**  
There was evidence that sufficient resources were available ensure the effective delivery of care and support in accordance with the centres' statement of purpose.

The centre was maintained to a very good standard and was almost ready for occupation including furnishings and equipment. The person in charge gave assurances that the staffing levels would be in accordance with the needs of residents.

**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:**

Management systems for the centre indicated that staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Those staff who had already been identified to work in the centre had received training in positive behaviour support, lifting and moving, protection of vulnerable adults and safe administration of medication.

The person in charge outlined plans to ensure that staffing levels would be arranged to meet the needs of residents.

Staff supervision was planned in accordance with the current practice of the organisation whereby there would be individual supervisions every six to eight weeks, and performance conversations twice a year.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

All policies required under schedule 5 of the regulations were in place and had been reviewed as required.

Whilst residents had for the most part not yet been identified, there was a template available in which to record the information required in the directory of residents.

A statement of purpose and a residents' guide had been prepared which outlined the services which would be provided to residents.

**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:***

Julie Pryce  
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 Muiríosa Foundation
<b>Centre ID:</b>	OSV-0005453
<b>Date of Inspection:</b>	14 February 2017
<b>Date of response:</b>	06 April 2017

### 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 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:**

There were no fire doors in the centre.

#### 1. Action Required:

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

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

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

The registered provider will ensure that fire doors are installed in the designed centre.

**Proposed Timescale:** 05/05/2017