

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiriosa Foundation
Centre ID:	OSV-0004084
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiriosa Foundation
Provider Nominee:	Heather Hogan
Lead inspector:	Sheila Doyle
Support inspector(s):	Conor Dennehy;
Type of inspection	Announced
Number of residents on the date of inspection:	10
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:
11 November 2014 10:30	11 November 2014 17:30
12 November 2014 09:30	12 November 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

As part of the inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. Inspectors also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to and during the inspection.

As part of the registration process, an interview was carried out with the person in charge. Inspectors also spoke briefly with the person authorised to act on behalf of the provider who was previously interviewed for this role. An inspector had also

recently examined staff files at the provider's head office.

Overall, inspectors were satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Inspectors were satisfied that residents' social and health needs were met. Overall, the inspector found that residents received a good person centred quality service. Inspectors found that the residents were comfortable and person centred care was provided by a committed team of staff.

This centre consisted of three houses which were homely and well maintained and seemed sufficient to accommodate the residents. Inspectors found that the health and safety of residents and staff were promoted and protected. Fire procedures were robust.

Some actions identified had already been identified by the provider as part of their quality assurance programme and plans were underway to address them. This included ensuring adequate staff were available to meet the needs of the residents. Minor amendments were required to the contracts of care and the statement of purpose and these were completed before the end of inspection.

Improvements required related to the risk management policy which did not meet the requirements of the Regulations. Some improvement was also required to medication management practices. In addition, inspectors were not satisfied that deputising arrangements for the person in charge were sufficiently robust.

These are discussed further in the report and 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:

Inspectors found that the rights, privacy and dignity of residents was promoted and residents choice encouraged and respected.

Residents were consulted with and participated in decisions about their care and about the running of the centre. Inspectors saw where regular residents' meetings were held and actions required were taken on board. For example inspectors saw where recommendations by the residents regarding menu choices had been addressed.

Inspectors observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

The centre had a complaints policy and procedure and inspectors noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly displayed in a prominent position in an easy read format. The person in charge confirmed that the policy is currently being reviewed to ensure local access the complaint's officer. On reviewing the complaints' logs inspectors noted that a minimal number of complaints had been received and were managed in accordance with the policy. Staff spoken with were familiar with the policy.

The centre managed some residents' monies. Inspectors were satisfied that there was a sufficiently robust system in place. Individual locked boxes were provided and details of

all transactions and receipts were maintained.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors were satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and inspectors observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. This included presenting information in pictorial format if helpful. Easy read versions of some documents had been developed including what is safeguarding, rights and hospital stays. Easy read information was also available on various physical conditions such as asthma and epilepsy. Inspectors saw that additional leaflets were currently being developed to assist understanding with various medications.

Some residents were undertaking computer courses and were interested in using emails and Skype as a means of communication. The person in charge confirmed that this would be facilitated.

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:

Inspectors spoke to some residents and reviewed the questionnaires submitted by relatives and residents. Inspectors were satisfied that families and friends were encouraged to get involved in the lives of the residents.

Residents told the inspector that staff always helped them to maintain contact with their families. They confirmed that they could invite their family around for a meal or a visit. Regular frequent contact was also maintained between the staff and the relatives when residents so wished.

Inspectors saw that residents were encouraged to develop links with the wider community. A buddy system had been organised and residents said they enjoyed meeting with their buddy for socialising and chats. Residents also attended various community activities such as singing in the choir or attending the local drama groups.

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:

Inspectors reviewed the admissions policy and found it to match the admission criteria and procedures as set out in the statement of purpose. Although there had not been any new admissions to the designated centre in a number of years both the person in charge and staff were knowledgeable concerning the procedure to be followed. One resident stated that he had been given the opportunity to visit the centre before admission and staff interviewed stated all potential new admissions would be afforded this opportunity.

Written agreements for all residents were in place outlining the support, care and welfare for these residents along with the services to be provided. The written agreements also stated the fees involved but one resident's contract stated a weekly fee in excess of what she was actually paying. This matter was addressed by the end of inspection when inspectors were shown a signed contract stating the correct fee payable for this resident.

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:

Inspectors were satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes.

Inspectors reviewed a sample of personal plans and found that the residents' care needs were identified and plans were put in place with the residents to address those needs. Daily records were also maintained of how the residents spent their day. A key worker was assigned to each resident and inspectors saw evidence that goals were described and plans put in place to meet those. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key workers.

There was evidence that residents were supported in transition between services. A hospital passport had been developed to ensure that relevant information was available should a resident be admitted to a general hospital. This contained information such as medications, previous history, likes and dislikes and other important information.

There was an extensive range of activities available to the residents. Most residents attended day services provided locally. Other activities included trips to the shops, and cinema and several residents had work placements in local businesses. All residents spoken with said they liked going out for a meal.

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:

Inspectors found that the centre which had three separate houses was fully accessible, suitable and safe for the number of residents living there. The centre was warm, homely and well maintained.

Each resident had their own bedroom. Some residents showed their room to inspectors. They told inspectors how they had chosen some of the colour schemes and also picked out the bed linen and towels. They had personalised their rooms with posters and family pictures. One resident told inspectors he had painted the rooms in his house himself with the help of staff.

Each house had an area set aside for a staff office and sleep over accommodation for staff. All files etc. were securely stored there.

There was an accessible kitchen cum dining room in each of the houses which allowed the residents to prepare their own meals or snacks if appropriate. There were separate sitting rooms which were comfortably furnished. One resident showed inspectors a new reclining chair he had bought to relax while listening to music.

Laundry facilities were either in a utility room or in the kitchen and residents could attend to their own laundry if they wished.

There was a well maintained garden area to the rear of each house although one was small. The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

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:

A risk management policy was in place however it did not meet the requirements of the Regulations.

While specific risks required by the Regulations, such as accidental injury to residents, visitors or staff and self harm, were outlined in the policy, no measures or actions to control these risks were included. Although the risk management policy did make reference to separate policies being available for these risks, such an approach was not sufficient to comply with the Regulations.

Each house within the designated centre had a location specific emergency plan, safety statement and risk register. Staff interviewed were aware of their roles in the risk management process within the centre. One staff member stated that health and safety and risk management were always on the agenda for house meetings. A review of the minutes for such meetings confirmed this and detailed the response taken in relation to a specific risk highlighted by one staff member in a house meeting on 6 November 2014. Residents spoken to indicated that they felt safe within their own houses.

Satisfactory fire precautions were observed by inspectors. It was noted that fire drills across the three houses took place on a monthly basis. All drills were documented with areas for improvement noted. Staff spoken with were knowledgeable about what to do in the event of a fire while fire training records for all staff members were up to date. Fire equipment and the fire alarm system were regularly serviced and documented as such. Each resident had their own personal evacuation plan which was last updated on 1 April 2014.

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:

Inspectors were satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

Inspectors were satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed by the residents and their key workers. In addition arrangements were in place for a member of An Garda Síochána to talk with the residents regarding their personal safety.

Inspectors saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. Inspectors observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. Systems were in place for the management of behaviours that challenge should they be required and these included access to behaviour therapy and the psychiatric services. Detailed assessments were completed including the identification of possible triggers and appropriate interventions. There was a policy in place guiding the management of behaviours that challenge.

A restraint free environment was promoted and there was no evidence of restrictive practices.

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 practice of notifications required by the Regulations was satisfactory. The person in charge was fully aware of her requirement to notify the Chief Inspector regarding certain incidents and accidents within specified time limits as set out in the Regulations. The designated centre's incidents and accidents logbook was reviewed by inspectors and there were no outstanding incidents which required notification.

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:

Inspectors found that the general welfare and development needs of residents were promoted.

Residents were supported by staff to pursue a variety of interests, including music, drama and horse riding. Most residents attended various day services and workshops. Inspectors also saw that residents did not always wish to attend and their choice was respected. Care plans and daily records documented the type and range of activities that they were involved in.

Several residents showed inspectors some beautiful work they had knit or crotched while another resident showed off his extensive carpentry work. One resident while making tea for the inspectors described how she was knitting a quilt for a new baby.

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:

Inspectors were satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

Inspectors reviewed some care plans and medical notes and chatted with various members of staff. They were satisfied that residents will have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals.

Inspectors were satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded when required and nutritional assessments were undertaken. Inspectors saw evidence of review by a dietician and a speech and language therapist (SALT). One resident was on a modified consistency diet and inspectors discussed with the person in charge plans to provide additional training to staff in the preparation and presentation of his meals.

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:

Although there was evidence of good practices inspectors were concerned that there was an increased risk of medication error because some of the prescriptions were unclear.

Inspectors read a sample of completed prescription and administration records. Some residents were prescribed medications to be administered as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. In addition, inspectors found that in a small number of cases the prescribing orders were difficult to read. Inspectors were concerned that both of these issues increased the risk to residents because of the possibility of medication error.

Actions relating to these two issues are included under Outcome 18.

Otherwise inspectors were satisfied that each resident was protected by the centre's procedures for medication management. Having reviewed prescription and administration records and procedures for the storage of medication inspectors were satisfied that appropriate medication management practices were in place.

Some residents were self medicating at the time of inspection. Inspectors saw that full assessments had been undertaken and the practice was under constant review. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training. Staff spoken with were knowledgeable about the medications in use.

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 inspectors were satisfied that the statement of purpose met the Regulations' requirements. The service provided in the centre was accurately described while the statement of purpose was seen by inspectors to be available to residents and visitors in all three houses. Upon first viewing, the statement of purpose was lacking the criteria for admission as required by the Regulations but this was addressed by the person in charge before the close of inspection.

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:

Inspectors were satisfied that that the quality of care and experience of the residents will be monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services

The person authorised to act on behalf of the provider confirmed that the unannounced visit due at least once every six months had been completed. In addition, she confirmed

that the annual review of the quality and safety of care and support, also required by the Regulations had been completed. Action plans were devised and the centre was working to continuously improve the service in line with the Standards and Regulations.

Inspectors were satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She is also the person in charge in a second centre. She was knowledgeable about the requirements of the Regulations and Standards. All documents requested by the inspectors were available.

The person in charge had already completed and facilitated some audits. This included a medication audit and an audit of the management of residents' finances.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector was not satisfied with the deputising arrangements when the person in charge was on annual leave. In addition a deputy person in charge who was due to be appointed to support the person in charge had not taken up the post.

The system in place was that the line manager took over as regards administrative duties such as telephone queries or staffing issues. The inspector felt that because of the complexity of the residents' needs, cover should be provided at these times. The action relating to this will be included under outcome 17. This issue was discussed in detail at the feedback meeting. The person authorised to act on behalf of the provider confirmed that efforts were underway to address this issue.

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

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:

Inspectors found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had fully equipped and stocked kitchens. Maintenance requests were dealt with promptly. Staff confirmed that transport was available to bring residents to their day services and to social occasions.

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:

Staff files were not reviewed as part of this inspection as a full review of staff files took place on 18 September 2014 in the provider's 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 person in charge that she had collated the additional information required for her staff and this had been submitted to the human resource department. There was a policy in place to guide practice.

A robust induction plan was also in place. This included completion of a checklist to

ensure that new staff were familiar with requirements such as the fire precautions, the care plans and any specific medication administration requirements. The person in charge outlined how she had recently introduced performance conversations. She outlined how this helped to plan additional training if required.

Inspectors were satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including first aid, epilepsy and medication administration. Staff spoken with confirmed that there was a range of training available to them.

Inspectors saw and heard that at some times, there seemed to be inadequate staff to meet the needs of the residents in relation to social activities. Some of the questionnaires reviewed made reference to this. Because there is usually one staff member on duty if any resident did not want to attend an activity, the other residents may not be able to go.

In addition, inspectors saw that staffing levels had been difficult to maintain during the summer months and existing staff including the person in charge had done additional shifts to ensure cover was provided.

These two issues were discussed in detail at the feedback meeting. The person authorised to act on behalf of the provider confirmed that interviews had taken place. It was their intention to set aside a particular bank of relief staff to provide cover in each centre to improve continuity of care. She also stated that following one of their internal audits they had identified that at some times particularly on a Saturday, additional staffing may be required to ensure that residents could attend the various activities. She confirmed that they were currently reviewing this and intended to bring about some changes before the end of November.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. They had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement. These volunteers were part of a structured volunteer group.

Action required relating to deputising arrangements for the person in charge is included under this outcome.

Judgment:

Non Compliant - Minor

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

Theme:

Use of Information

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

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

Findings:

Inspectors found that there were systems in place to maintain complete and accurate records.

Inspectors read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. Inspectors found that staff members were sufficiently knowledgeable regarding these operational policies. Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Appropriate insurance cover was in place.

As stated under outcomes 12, although the required medication policy was in place, it was not completely implemented in practice. Action required relating to this is included under this outcome.

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:

Sheila Doyle
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 Muiriosa Foundation
Centre ID:	OSV-0004084
Date of Inspection:	11 November 2014
Date of response:	

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:

The risk management policy did not specify the measures and action in place to control the unexpected absence of any resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management

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

policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The registered provider has revised the Risk Management Policy to include the measures and actions in place to control the unexplained absence of a resident.

Proposed Timescale: 09/12/2014

Theme: Effective Services

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

The risk management policy did not specify the measures and action in place to control accidental injury to residents, visitors or staff.

Action Required:

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

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

The registered provider has revised the Risk Management Policy to include the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 09/12/2014

Theme: Effective Services

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

The risk management policy did not specify the measures and action in place to control aggression and violence.

Action Required:

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

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

The registered provider has revised the Risk Management Policy to include the measures and actions in place to control aggression and violence.

Proposed Timescale: 09/12/2014

Theme: Effective Services

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

The risk management policy did not specify the measures and action in place to control

self harm.

Action Required:

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

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

The registered provider has revised the Risk Management Policy to include the measures and actions in place to control self harm.

Proposed Timescale: 09/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Deputising and support arrangements for the person in charge were not sufficiently robust.

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:

The registered provider has an interim deputy PIC (Area Director) in place and will appoint a local deputy PIC by 31/1/15

Proposed Timescale: 31/01/2015

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 maximum dose of medications to be administered as and when required (PRN) that could safely be administered in a 24 hour period was not consistently recorded.

Inspectors found that in a small number of cases the prescribing orders were difficult to read.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

The provider has liaised with the PIC to ensure that:

1. Prescriptions for PRN were reviewed with the G.P. and the dose of the medication is now specified for each PRN medications which will eliminate the inconsistency in recording.
2. In the cases where the prescription orders were difficult to read the prescriptions have been rewritten.
3. A protocol on Nurse Transcribing has been developed and will be implemented by 9/12/14.

Proposed Timescale: 09/12/2014