

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0005244
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Muiríosa Foundation
<b>Provider Nominee:</b>	Margaret Melia
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	3

## **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: 11 August 2015 09:00 To: 11 August 2015 16:30

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**

This was an inspection of a proposed new designated centre that comprised of one location established to provide residential services for 3 people with intellectual disabilities. Residents were not yet living in the centre at time of an inspection.

As part of the inspection process, the inspector met with a resident who was planning to move to the centre, the nominated person in charge, a staff nurse and members of the provider's management structure. In the absence of residents actually living in the premises, the inspector reviewed proposed documentation such as policies, procedures, personal plans, proposed auditing documentation, proposed contracts for provision of services, proposed medication documentation, fire and

evacuation procedures and staff training records/schedules.

The inspector spoke to the nominated person in charge and provider regarding the proposed practices and operations within this new designated centre that was set up to provide residential care to 3 female residents who were moving from the providers campus based setting.

The inspector found that there was evidence of good proposed practices and systems in place to ensure the centre would be operated in compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

However the inspector noted further improvement was required in the areas of proposed governance and management arrangements in the designated centre and also in the provision of emergency lighting.

All improvements that were required are discussed in the body of the report and in the action plan at the end of the report.

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

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector was satisfied with the provider's plans to ensure that residents would be consulted with and participate in decisions about their care and about the organisation of the centre. The person in charge and staff nurse spoken to highlighted various insight into the 3 residents who were moving into this new designated centre. The inspector spoke to one resident who was very excited about the move and informed the inspector she was very happy with same.

Arrangements were in place for residents to have access to advocacy services and information about their rights. Each resident's privacy and dignity would be respected with their own personal space, including the ability to receive visitors in private. Plans were in place for each resident to be enabled to exercise choice and control over their life in accordance with their preferences and to maximise their independence. The complaints of each resident, their family, advocate or representative, and visitors would be listened to and acted upon and there was an effective appeals procedure found to be in place.

**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:**

The inspector was satisfied from the evidence reviewed that resident's communication needs would be met within this designated centre. In reviewing residents care plans the inspector found that all residents had communication care plans in place and specific guidance in relation to residents communication needs. For example, gestures, body language and objects of reference utilised to communicate with residents. In speaking with one resident and reviewing transition plans it was evident that residents were supported and assisted regarding their proposed move. The person in charge outlined the ways in which all residents would be facilitated to communicate at all times.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The inspector found an ethos whereby 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. In discussing this with the person in charge and staff nurse the inspector found that the proposed residents in this centre had varying levels of family contact. The inspector reviewed a provider policy regarding communicating with residents families and found a culture whereby residents were encouraged to maintain links with their home counties and families. A resident informed the inspector that she liked to ring her sister regularly and showed the inspector the house phone that was available for her to do so.

Regarding links to the community the inspector found that the person in charge highlighted an intention to strengthen links to the community as the residents were moving from a campus based setting to a more community based home. Day services remained available to residents while some residents were involved in local support

groups such as Alzheimer's support. The person in charge stated that residents would be continually encouraged to be activated from the centre itself and promote community social and leisure activities for the residents.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that there were admission and discharge policies and procedures in place. Residents and families had been part of a consultative transition plan to the new designated centre and were looking forward to moving in. Each resident had a proposed 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 and the fees to be charged.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that each resident had a personal plan and individual assessment in place that met the requirements of the Regulations.

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs were set out in an individualised personal plan, that reflected needs, interests and capacities.

Personal plans were drawn up with the maximum participation of each resident. Residents were supported in transition between services and the inspector reviewed consultative transition plans for the 3 residents. Each residents plan highlighted appropriate access to multi-disciplinary input. For example, psychological support services, occupational therapy and speech and language therapy.

The inspectors saw that residents had involvement in activities such as arts, crafts, baking, visiting the beach and holidays. Residents social care needs and personal plans were up to date and the inspector was informed that each plan would be reviewed (within 28 days) and reassessed to reflect the residents' new home and new community based goals that would be associated with this significant move. Residents had social goals and the inspector found that the transition to this new community home was large feature in resident's plans to date.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and was found to be more than adequate to meet residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment available for use by residents which was maintained and in good working order.



The inspector found that this large country dwelling was on substantive grounds with enclosed private gardens and plenty of space for residents.

The inspector noted:

- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation.
- Rooms of a suitable size and layout suitable for the needs of residents.
- Adequate space and suitable storage facilities, insofar as is reasonably practicable, for the personal use of residents.
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents.
- Suitable storage.
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware.
- Showers and toilets of a sufficient number and standard suitable to meet the needs of residents.
- Suitable arrangements for the safe disposal of general and clinical waste where required.
- Adequate facilities, insofar as is reasonably practicable, for residents to launder their own clothes if they so wish.

The inspector found that as part of their transition plans residents and families visited the centre and picked their own rooms and chose the decoration of same. A resident who had purchased 'built in' wardrobes in her last home (owned by the provider) was having same installed in her new room and this cost was being covered by the provider. The only issue in this centre was there was no bath available to residents but this is something that the person in charge highlighted could be remedied if necessary and if the residents wanted same.

**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:**

Overall there were good policies, procedures and plans regarding the health, safety and

risk management of residents in this centre. However the inspector found that there was inadequate arrangements in place regarding emergency lighting.

The inspector reviewed the following documentation:

- Location/Department Safety Statement
- Fire safety Management Policy
- Policy and Guidance on the management of risk and the individual service user
- Risk management policy: An overarching framework

The inspector found that a risk register had been developed for the centre that outlined the risks prevalent. For example, risks relating to fire evacuation, manual handling, safe administration of medication, falls and absconding. The inspector found individual risk assessment on residents' personal plans outlining specific risk assessments, management plans and control measures. For example, the area of residents with dysphagia who were at risk of aspirating. The inspector discussed this with the person in charge in terms of the management of same in the new designated centre and the requirement to ensure all control measures were centre specific and known to all new staff. There were assessments in place from SALT and dietetic services with appropriate assessed guidance on resident's files.

The inspector found that there were arrangements in place regarding fire safety. The inspector found that an evacuation drill was provided for and there was a designated assembly point clearly highlighted. The inspector found a fire panel, fire detection system and appropriate fire fighting equipment (fire extinguishers and fire blanket) located in the designated centre. All staff had either completed or were scheduled to complete fire safety training. There were not adequate arrangements in place regarding emergency lighting found in this designated centre and the inspector was not assured that all residents could be evacuated as result of same. This was discussed with the provider who stated that this would be in place before any residents were residing in the designated centre.

**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:**

The inspector found that the residents proposed to live in the centre would be appropriately safeguarded and protected from harm in the designated centre based on the policies, procedures and assurances given by the provider and person in charge.

The inspectors found policies in place on the safeguarding and protection of vulnerable adults, which offered guidelines for staff on how to identify and report suspicions or allegations of abuse. The inspector found a new updated policy in place regarding the protection of vulnerable adults. This policy outlined the most up-to-date definitions of abuse and offered clear procedures for reporting, which were known and understood by the person in charge.

The inspector was informed of the designated liaison person and the person in charge highlighted that she was very aware of policy and guidance regarding the management and reporting of allegations, disclosures or suspected abuse.

There were clear policies in place on the use of restrictive procedures. On review of documentation and through discussion with the person in charge and staff nurse, the inspector determined that the centre was promoting a restraint free environment. Inspectors found that this centre was not a restrictive environment and was assured that any measures implemented would relate and be based on residents' safety needs.

Appropriate training had been completed/scheduled for staff in the areas of protecting vulnerable adults which ensured staff were equipped from a training perspective in line with regulatory requirements.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

The inspector reviewed the centres proposed approach to recording accidents and incidents. There was a log in the designated centre whereby there were reporting mechanisms apparent across the management structure. The person in charge was

aware of the notification process and systems were in place for the reporting and submission of notifications to the Chief Inspector as required.

**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:**

The inspector was satisfied with proposals discussed and reviewed in terms of residents' being supported to participate socially in activities suitable to their age, interests and needs. The inspector met a resident and reviewed documentation and found that the residents were provided with suitable activation in line with their own goals, preferences and needs. The person in charge stated that social activity and community participation was a big part of her plan in terms of ensuring residents were supported to make a successful transition from a campus based setting.

It was clear that a lot of work and multi-disciplinary input had taken place in terms of the residents' planned transition. This evidenced that the provider had ensured residents were well supported from a therapeutic perspective regarding fears and anxieties associated with moving home.

The inspectors found that there were plans for some residents to continue to attend their day services while others would have new individualised activation programmes provided from their home. The rate of this change would be reflective of resident's abilities and capacities according to the person in charge. The inspectors were satisfied that residents would be encouraged to partake in activities and lead fulfilled and meaningful lives in line with their assessed needs based on the information available on inspection.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

*health.*

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found that the 3 residents moving into this designated centre were supported on an individual basis to achieve and enjoy the best possible health.

The inspector found that residents had good and timely access to allied health professionals. For example, G.P., dental, psychology, occupational therapy and speech and language therapy. The inspector found the occupational therapist had assessed the property for suitability and supports identified were provided. For example, additional stair rails for safety.

The inspector found residents with modified diets and specific eating requirements (such as residents who were coeliac) were provided for through appropriate care planning and guidance. The inspector found mental health care plans and epilepsy care plans were in place and appropriately reviewed and updated for residents' requiring same.

Regarding food and nutrition the inspector noted appropriate kitchen and dining facilities available to residents. The person in charge highlighted that residents would be supported to have choice in meals and consulted regarding menu planning and the preparation of food. Healthy eating choices and modified diets were discussed and there was an increased emphasis on this area due to some behavioural issues regarding food and the risk of aspiration. The person in charge highlighted that residents rights and dignity would be upheld regarding the provision of food at all times. The inspector noted eating, drinking and swallowing assessments were in place for residents requiring same. The inspector found a policy in place regarding food, nutrition and hydration.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector found appropriate arrangements in place to ensure each resident was protected by the designated centres' policies and procedures for medication management. Many of the resident's medication documents were not available on inspection however the inspector was satisfied with the systems in place to ensure the medication policy and proposed plans to implement this policy protected residents.

For example, the inspector found that this provider ensured that there was clear guidance and systems regarding;

- There was a clear policy for medication management.
- There were clear procedures for the prescribing and administration of medication.
- The procedures regarding medication safekeeping ensured medications were safe and secure.
- There were clear arrangements with the pharmacy regarding a procedure for medication return/disposal.
- There were PRN (as required) guidelines for medications requiring same.
- There was clear information regarding all medication so as staff and residents were clear in terms of what the medication was and possible side effects.
- Residents' were assessed and encouraged to manage their own medications whereby they had capacity to do so.
- There were proposed regular reviews and audits of medication and a system for managing medication errors was in place.

From records and planned schedules reviewed all staff had completed or were scheduled to complete safe administration of medication training in this designate centre.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector was provided with a Statement of Purpose which complied with the regulatory requirements. The Authority found the Statement of Purpose accurately described the services, facilities and care to be provided in the designated centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The inspector found that while there were management systems in place and a clearly defined management structure, the proposed arrangements for the person in charge were not sufficient in terms of assuring that the quality of care and experience of residents would be effectively monitored.

The inspector found that the person in charge possessed a degree in Social Care and had 4 years experience working as a relief social care worker. 3.5 years of this experience was gained overseas. The person in charge presented as a competent and professional individual and had proposed systems in place regarding the management and governance of the designated centre. The person in charge was supported by a local area manager.

The person in charge stated she did not have any experience in management and or working in a supervisory role. The person in charge did not have qualifications in management but stated she intended to pursue same as part of her continued professional development. The person in charge had a folder containing the Regulations and demonstrated adequate knowledge of same.

The inspector was concerned that the person in charge was contracted to work full-time on the roster as a social care worker. As the proposed staff to resident ratio in this designated centre was 1:3, this indicated the person in charge was to be responsible for the supervision of residents for the duration of her rostered hours. The person in charge was therefore not afforded any additional hours/supernumerary hours to fulfil the role of person in charge with this proposed arrangement. The inspector was not satisfied that the provider had afforded the nominated person in charge with the required support to ensure the effective governance, operational management and administration of the designated centre concerned.

The resident who was spoken to by the inspector presented a very comfortable with the person in charge and informed the inspector she looked forward to moving into her home. As this was a new designated centre there was not yet auditing, unannounced visits or annual reviews to inspect.

**Judgment:**

Non Compliant - Moderate

**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 found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was arrangements whereby the local area manager would oversee and manage the designated centre in the absence of the person in charge.

As this was a new designated centre there were no instances whereby the current person in charge was absent for 28 days or more. The person in charge stated she was aware of her regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

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



**Findings:**

The inspector found that the centre was appropriately resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The resident's new home was well decorated, spacious and well maintained. The proposed arrangements regarding staffing, resourcing and funding were acceptable. While there was no transport available on the day of inspection, the provider assured that a vehicle would be made available once residents moved into the centre. The inspector found that the designated centre was therefore sufficiently resourced to meet the needs of all proposed 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:**

The inspector found that from the information available that there were acceptable numbers of proposed staff with the necessary skill mix to meet the needs of residents.

The proposed arrangements for the centre were 1:3 (1 staff to 3 residents') with the designated centre staffed on a 24 hour basis.

The inspector reviewed a sample of staff files (on a previous inspection) and found that they contained all the necessary documentation including evidence of Garda vetting.

All staff who would be working in this designated centre had either undergone or were scheduled to attend the required mandatory training such as fire safety, safeguarding vulnerable adults and manual handling. There were no staff members spoken to during this inspection as they were not in place yet as the centre was not yet operational. However the inspector spoke with the person in charge, staff nurse (who knew the residents well) and a resident themselves.

The inspector was informed that 2 new staff members had been recruited and this would very much be a new staff team in this designated centre. A sample roster was

reviewed and highlighted the 1:3 ratio. The person in charge stated that each staff member would require full induction regarding residents assessed needs and the designated centre operating procedures and there were plans in place to provide for this.

**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:**

Policies, procedures and documentation were maintained within this designated centre to meet the requirements of the Regulations. The existing and proposed arrangements regarding records and documentation were satisfactory in this designated centre. There was organisational policy pertaining to the access and maintenance of records.

All policies and procedures required by the Regulations were maintained in the designated centre. The inspector reviewed Schedule 5 policies and found that all policies were in place and appropriately reviewed. For example, policies regarding Safeguarding Vulnerable Adults, Food and Nutrition and Managing Behaviour's of Concern. The person in charge, management and staff nurse spoken to were familiar with policy requirement's and ensured all policies, procedures and records were in place in this designated centre.

The inspector reviewed a sample of staff files (on a previous inspection) and found that they were well maintained containing all the required records such including written references and Garda vetting.

Resident files, individualised assessment and personal plans were well maintained with any required information easily retrievable and presented in a manner that was clear and accurate. Residents information was maintained and secured in a safe location. residents maintained there own person centred plans and medication prescription

records in their own rooms.

A residents' directory was also in place and all information requests made by the inspector during inspection were complied with in a prompt manner.

**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:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Muiríosa Foundation
<b>Centre ID:</b>	OSV-0005244
<b>Date of Inspection:</b>	11 August 2015
<b>Date of response:</b>	25 August 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 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 was not adequate emergency lighting arrangements in place.

**Action Required:**

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

<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:**

We now have in place an emergency kit which includes a large rechargeable torch for each individual who will reside in the designated centre and staff. These will be used in the event of an emergency.

**Proposed Timescale:** 14/08/2015

**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:**

The proposed arrangements for the person in charge were not acceptable as it did not allow for the effective governance, operational management and administration of the designated centre.

**Action Required:**

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

An allocation of 8 hours per week protected time for the Person in Charge to carry out operational management and administration duties of the designated centre has been included in the roster.

**Proposed Timescale:** 14/08/2015