

Annual Report 2018



Reporting on year 01/01/2017- 31/12/2017



Mr Francis Donnelly,
Chair, Board of
Muiriosa
Foundation

I assumed the responsibilities of the Board of Muiriosa in November 2017 with mixed feelings of honour, gratitude and not a little trepidation. Sr Mary-Anna Lonergan in her years as chairperson exemplified a light but steady hand at the tiller, safely navigating the complex transition from the Sisters of Charity of Jesus & Mary services to Muiriosa Foundation. It is no small source of comfort and reassurance to me that she has agreed to remain a further term as a member of the Board.

These are anxious and testing times in the health services in general, and in the disability services in particular. The value and legitimacy of the voluntary sector ethos is perhaps less understood and less appreciated than formerly. I trust that this annual report, the latest installment in telling the Muiriosa story, gives a persuasive account of the continuing relevance and value of voluntary sector engagement with our statutory partners.

Signed:

Francis Donnelly

Chair, Muiriosa Foundation Board



Implementation of national disability policy

Recent Annual Reports have detailed our significant progress in supporting people to move from "institutional" congregate care settings to more personalised, community-based arrangements. As of the 31/12/2017 there was only one individual living in a residential unit on



Brendan Broderick CEO Muiriosa Foundation

the South Hill campus, Delvin. This person is due to move into a single-occupancy arrangement (a bungalow on the campus) in early 2018, pending the completion and registration of some properties acquired via HSE's "decongregation" capital programme. This will complete the closure of South Hill as a residential setting. A further unit (accommodating 8 individuals) on the Moore Abbey campus is slated for closure in late 2018. (This will effectively complete the "decongregation" of the Moore Abbey site. An intensive nursing support unit, accommodating 13-15 individuals, which has not been identified as a decongregation priority, remains).

The priority in 2017 has been on accelerated implementation of *New Directions*, the very welcome new policy guidance from HSE on how to refocus "day services" from group-based, lowest common denominator approaches to "activating" people to more inclusive, self-directed and genuinely personcentred options. Very significant strides were made in this regard in our Laois and Offaly regions in 2017. A significant reconfiguration from supporting people in four large day centres (accommodating 25-40+ attendees) to opening a number of small scale (generally 4-6 individuals) local community bases was achieved. 11 such bases were established by the end of 2017, in addition to a number of people being supported to access an alternative New Directionsaligned "day service" from their homes. The point of departure for these more personalised arrangements has been the question What might a good life look like? and thinking about how to put in place the foundations (the opportunities, experiences, and supports) to build these good lives. The experience has been consistently positive and uplifting. A significant reduction in wasted hours on cross-county transport routes and a more intensive focus on engaging local communities on the basis of individuals' expressed will and preference have



been immediate gains. Local support teams have displayed exemplary flexibility and commitment in embracing and driving this change in direction. The intention is to have fully reconfigured Laois and Offaly "day services" in 2018.

Management & Administration

The 2017 Annual Report feature some information on the emphasis Muiriosa Foundation places on efficiency, on optimising value for the end user from the resource base, on avoiding waste. Lean rostering practices and the vigilant management of absenteeism were reported on. Optimising the balance and ratio of staff categorised as "management and administration to frontline staff, staff who are in direct-contact roles, is another facet of this strong focus on efficiency.

In 2017 there were 11 senior executives, i.e. those who held regional or organisation-wide responsibilities. There were a further 33 middle-to-senior managers with responsibility for managing local teams across residential, respite, and day service settings in the seven counties in which we operate. These figures compare favourably with corresponding levels referenced in the Department of Health's *Value for Money* Report and in the Public Service Pay Commission.

The proportion of "management and administration" as a total proportion of our workforce has reduced significantly in recent years. The percentage of "management and administration" declined from 9.03% in 2008 to 6.87% in 2017, a reduction of almost 14 wholetime equivalents.

There are limits however within which one can safely reduce management and administrative levels. The last five years has witnessed an enhanced



focus on accountability. The obligation on agencies like Muiríosa to provide ever more detailed reports to HSE on a broad range of organisational performance has increased very significantly, and the reporting requirements associated with the Service-level Agreement with HSE climbs year on year. While the introduction of HIQA to this sector has been very welcome, it has also brought a very significant "regulatory burden" requirement – approximately 500 additional reviews and audits in an organisation of Muiriosa's scale, in addition to very high levels of formal documentation around registration, notifications, variations, and responses to inspection reports. Enhanced safeguarding vetting, the European Working Time Directive, the Single Public Service Pension Scheme have each introduced onerous administrative demands within strong oversight and regulatory regimes. These rapidly expanding administrative pressures introduce requirements that have to be serviced by actual people investing attention and time. We may already have moved too far in pruning back our capacities in this area.

Training Department

This year we consolidated the training function within *The Centre of Learning Development*. Hitherto we had been operating two separate training wings, one associated with the former School of Nursing, and the other associated with our HR department. This reconfiguration, which included hiring an additional staff member, was funded by recycling and orientating resources (resulting in a saving circa €75,000) that had been invested in outsourced options in previous years.

The focus of training within Muiríosa is primarily on the technical aspects and compliance-related aspects of the work, and other mandatory training requirements arising in the context of the employer-employee relationship. While all training modules are aligned with Muiríosa vision and strategy, we do



not rely primarily on training to inculcate vision and core values with staff - this dimension of the work is primarily mediated via daily contact with local and regional service leaders.

The training department is very active, as indicated by the numbers of employees participating in various modules: Safeguarding and Protection of Vulnerable Adults, 374; Safe Administration of Medicines, 373; Fire Safety, 394; The Management of Consumer Feedback (Complaints and Compliments), 343; The Management of Epilepsy, 280; The Application of Buccal Midazolam (an intervention used in the management of epilepsy), 319; Moving and Handling (Basic and Refresher), 350; The use of Nebulisers, 143; Emergency First Aid, 117.

The training department and the organisation as a whole were shocked and distressed by the sudden death of Helen Kelly on Christmas Eve. Helen was a buoyant and charismatic presence in the organisation over the years across her many roles. She brought all her experience, insights, and knowledge together within the training department and forged a unique mentoring bond with hundreds of staff members. She epitomised the seamless blend of the professional and the personal and was the living embodiment of the values we seek to promote.



Muiríosa Foundation as A Voluntary Body

The **2017 Annual Report** offered clarification on Muiríosa's status Foundation as *a charity*, i.e. that the Revenue Commissioners have accorded Muiríosa charity status in the context of simplifying the payment of certain categories of tax. The general public are prone to interpret charitable status as signifying that services are provided on the back of charitable donations by the public. For the purposes of clarity, Muiríosa Foundation is funded almost entirely by the annual allocation of over \in 50 million we receive from HSE. Muiríosa Foundation does not proactively engage in fundraising revenue from the public. (We occasionally receive donations and gifts, generally from family members of those individuals whom we support or have supported – in 2017 such donations and gifts amounted to \in 21,849.65.)

It may be timely in this report to offer clarifications on Muiríosa's status as a not-for-profit *voluntary body*. Voluntary bodies may be distinguished from for -profit **private providers**, and from direct State-provided services (acting on their statutory obligations) – Muiríosa is a voluntary body in the sense that it was established not in response to statutory obligation but via a proactive choice to provide services to respond to genuine need. A primary value-adding contribution of voluntary bodies is that they are free to exclusively pursue the interests of those they were established to serve. They do not have to contend with competing interests such as the need to generate a profit margin or navigate tensions between the interests of the State and the interests of, in Muiríosa's case, individuals with an intellectual disability.



Agencies in the voluntary sector often assert that they introduce a value-adding contribution via generating *social capital*, i.e. that they bring to bear resources that would not otherwise be available to the State and that they also make a contribution to promoting and deepening social cohesion. There are two areas in which Muiríosa Foundation have, we believe, been successful in developing significant social capital:

1. The involvement of ordinary members of the community investing in the lives of individuals with intellectual disability. In 2017 there were 133 active volunteers across the counties in which we These community volunteers typically make operate. investment of 2-3 hours per fortnight. We have been running a volunteer programme, built on the initiative and flair of our Volunteer Coordinator, Gerry McLaughlin, since 2000. Over the years this programme has changed very significantly in its focus and function. Whereas initially volunteers generally became involved to offer "an extra pair of hands" to support group-based often day service programmes, we have now refocused this investment to matching volunteers with compatible individuals to support these individuals to access community settings during the evening time and at weekends. development of a close personal relationship is perhaps of even greater importance and value. The focus on becoming a more genuinely person-centred service (rather than an organisationcentered entity) has also had significant implications for the volunteer programme. Whereas in the early years volunteers were often people who were looking for work experience in the social care sector, with a view to accessing employment and formal



training, the emphasis has shifted strongly towards the driver of the volunteer programme being the aspirations and interests of those individuals who avail of our services. A direct consequence of this change in emphasis has been that prospective volunteers must be at least 18 years old (in fact, the vast majority of volunteers are in their 30s, or older) and must make a minimal commitment to engage for 12 months. The typical lifespan of a volunteer is 3-5 years.

Prospective volunteers undergo a careful process of vetting, Garda checks (which extends to other jurisdictions in which they have formerly resided) and an individualised induction by the volunteer coordinator. The induction covers safeguarding, confidentiality, dignity and respect, and an orientation to Muiríosa Foundation and its key policy priorities. (A volunteer booklet reinforces the issues covered during induction.) The volunteer programme has made an inestimable contribution to the lives of many people. (While the focus is very much on the interests of the individual, this initiative has also proven to be a very effective and quality-assuring route for staff recruitment. Circa 70 current staff members first became known to us through their engagement with this programme);

2. **Home sharing:** Home sharing initiatives began in the early 1980s concentrating initially on providing alternative respite breaks to families via the *Share-a-Break* scheme. This scheme offers breaks to children and adults in family settings rather than in professionally staffed centre-based respite centres. It widens the social and community networks of families who have a son or a daughter with disability, extends the personal support network of individuals with an intellectual disability, and ensures that people receive



necessary supports and opportunities in normal family environments rather than in institutionalised settings. The scale of this programme is now very significant – you will find details of this programme on Page 17.

The *Room-to-Share* programme has also evolved out of our experience with home-sharing. There are currently 20 individuals who are residing full-time with host families who have offered a home-sharing commitment.

These home-sharing initiatives emerged as voluntary responses by families in the community wishing to work in solidarity with families supporting a son or daughter with an intellectual disability. A small payment is made to cover associated expenses. While a value-formoney consideration was not part of the motivation for initiating these schemes, it is relevant to note that the costs associated with service-based alternatives are generally around five times the cost of the homesharing option. Moreover in recent years home-sharing arrangements have often acted as a major safety valve when emergencies arise in families and the formal service system lacks any capacity to respond.

Muiríosa Foundation was a forerunner in the developing this approach. Dr Bernie Fay, our Head of Social Work, has pioneered and sustained this initiative for almost 35 years. It has been a signal achievement and arguably our most value-adding contribution to families.



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Muiríosa accounted for over 300 of the *national* figure of 853 home shar-

ing arrangements documented in the recent HSE-commissioned Report.

We were heartened to receive funding for four additional posts to strength-

en liaison and oversight of these arrangements, and to recruit new host

families.

A further expression of social capital is the independent governance of voluntary

bodies by voluntary directors. Muiriosa currently has a Board of Directors of

ten. Board members invest generously of their time and are entirely

unremunerated. Their involvement ranges way beyond advisory or mentoring

inputs. They carry onerous legal and corporate governance responsibilities to

which Muiríosa is subject by virtue of a) being a company limited by guarantee

(which brings it within the oversight of the Office of the Director of Corporate

Enforcement), b) having a very detailed Service Arrangement with HSE, c) its

regulation by HIQA, and d) its oversight by the Charities' Regulator. Navigating

the ever-present uncertainty about the adequacy of funding to meet dynamically

unfolding need and the complexity of operating in a multi-regulator landscape

introduces significant corporate and personal pressures, including reputational

risk. Independently governanced organisations safeguard commitment to vision-

aligned, values-underpinned engagement with the State on behalf of individuals

anglied, values-underprinted engagement with the State on behalf of marviduals

with an intellectual disability and their families, arguably ensuring less

compromised advocacy than other categories of provider are in a position to

offer.

Signed:

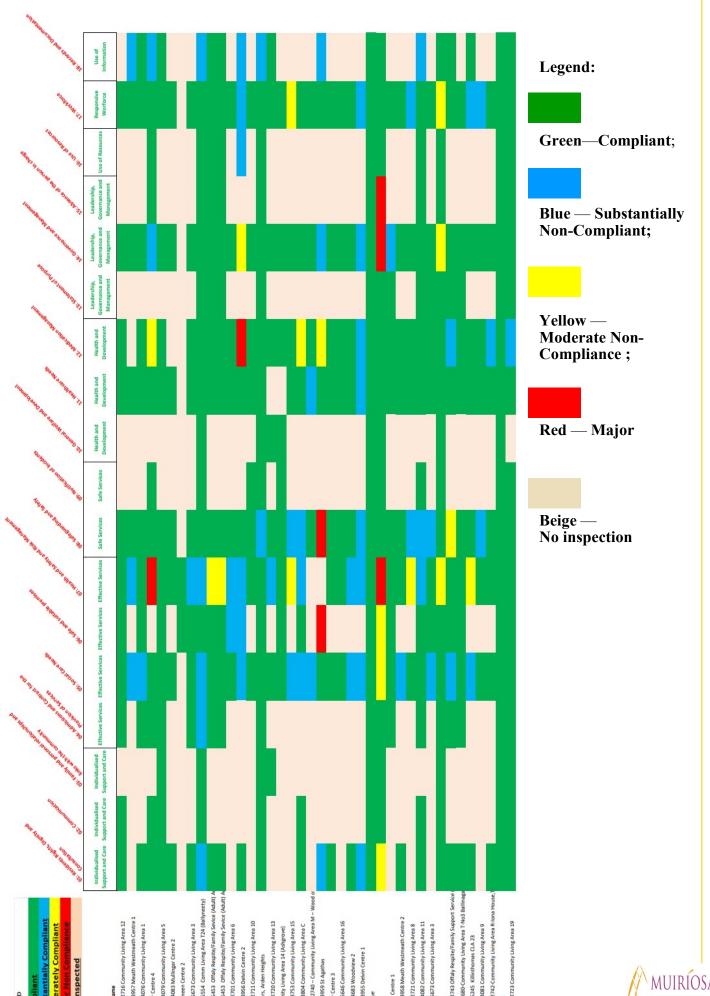
Brendan Broderick

CEO

Muiriosa Foundation

MUIRÍOSA

HIQA Inspection Process



Report on HIQA Inspections across All Units 2017



SERVICES	REGION			TOTAL
	WESTMEATH / MEATH / LONGFORD	LAOIS / OFFALY	SOUTH KILDARE	
RESIDENTIAL				
Campus-based	1	N/A	21	22
Community-based	91	74	78	243
Person-Centred Wing				22
DAY SERVICES				
Adults	128	143	110	381
RESPITE				
Centre-based	Overnights	Overnights	Overnights	Overnights
	1040	1666	791	3,497
Share-A-Break —	Overnights	Overnights	Overnights	Overnights
Family-based respite	9,378	5,729	799	15,906
MULTI- DISCIPLINARY SUPPORTS	39.55 WTE multidisciplinary staff supporting over 500 children as members of HSE teams, all adults in Muiriosa settings, in addition to adults associated with other service providers.			
PRE-SCHOOL Children	5	13	N/A	18
PERSON- CENTRED WING	49 individuals in total, of whom 27 also receive residential supports			



Breakdown of community residences across the organisation

• Number of houses in which a single persons resides:	21
♦ Number of houses in which two persons reside:	22
• Number of houses in which three persons reside:	15
• Number of houses in which four persons reside:	17
• Number of houses in which five persons reside:	13
Total number of community residences:	88

N.B. These numbers do not capture those supported by the Person-Centred Wing.

Breakdown of residential campus-based settings

Name of Service setting	Numbers
Moore Abbey	
St Josephs Unit, campus-based residential	13
Woodside, campus-based residential	8
TOTAL	21
St Mary's, South Hill, Delvin	
St Agatha's Unit	1
TOTAL	1

RESIDENTIAL CAMPUS-BASED SETTINGS	Numbers
OVERALL COMBINED TOTALS	22



Adult Day Centres

Laois / Offaly

Name of Service	WTE	Headcount
Dove House - New Directions	35.16	36.00
Oak House - <i>New Directions</i>	18.25	19.00
Rowanberry - <i>New Directions</i>	41.19	42.00
Acorn Outreach <i>New Directions</i>	3.59	4.00
Tanyard	18.00	18.00
Teach Mhuire	6.00	6.00
Kilbridge Street	7.00	7.00
Coinneall House	3.50	4.00
Pebble Lodge New Directions	3.00	6.00
Ballycumber New Directions	1.00	1.00
Total	136.69	143.00

South Kildare

Name of Service	WTE	Headcount
Horticulture	3.00	3.00
The Haven	6.44	14.00
The Primrose	4.80	9.00
Teach Aontas	6.60	7.00
Emilian House	4.20	6.00
Woodside	2.40	5.00
Ballagh	1.00	1.00
Supported / Open Employment	1.00	1.00
Outreach services	40.34	45.00
Supported / Open Employment	2.00	2.00
New Directions Individualised Support Services	17.00	17.00
Total	88.78	110.00



Longford / Westmeath / Longford

Name of Service	WTE	Headcount
Lisadell / Cill Cuan	56.00	56.00
Saoirse	11.00	11.00
South Hill Enterprises	13.00	13.00
Saoirse	12.00	12.00
The Glen	3.00	3.00
Realt	3.00	3.00
Therapeutic Farm	1.00	1.00
New Directions Individualised Support Services	29	29
Total	128.00	128.00

ADULT DAY SERVICES	WTE	Headcount
COMPINED OVERALL TOTAL	252.47	204.00
COMBINED OVERALL TOTAL	353.47	381.00

Pre-schools as at 31/12/2017

Laois / Offaly

Name of Service	WTE	Headcount
Marian Junior, Arden Vale	7.00	7.00
Kolbe Pre-School	4.08	6.00
Total	11.08	13.00

Longford / Westmeath / Meath

Name of Service	WTE	Headcount
Lir	5.00	5.00
Total	5.00	5.00

PRE-SCHOOLS	WTE	Headcount
OVERALL COMBINED TOTALS	16.08	18.00



Respite Services as at 31/12/2017

CENTRE-BASED

Laois / Offaly

Name of Service Setting	No of overnights "nights"		
	Adults	Children	
Laois Respite Service	573	362	
Offaly Respite Service	614	117	
	1187	479	
Total	10	666	

South Kildare

Name of Service Setting	No of overnights "nights"
	Adults
Moore Abbey campus	526
Total	526

Westmeath / Meath / Longford

Name of Service Setting	No of overnights "nights"						
	Adults	Children					
College View, Mullingar	520	520					
Total	10	40					

CENTRE-BASED	No of overnights "nights"
	3232



Respite Services cont.

NON-CENTRE BASED

South Kildare

Name of Service Setting	No of overnights "nights"	Day Support
	Adults	Adult
Willow Court	213	46
Ballagh	6	
Total	219	46

NON-CENTRE BASED	No of overnights "nights"	Day Support
OVERALL COMBINED TOTALS	219	1

SHARE-A-BREAK (Host family-based respite)

	Laois / Offaly	South Kildare	Westmeath / Meath / Longford
Number of host families	99	24	122
Number of service users	107	31	162
Number of days/ overnights provided	5,729	799	9,378

ROOM TO SHARE

(Long-term accommodation and support in a host family setting)

Cross-Reg	ional
Number of host families	17
No of adults living in Room to Share arrangements	20



AS AT 31/12/2017(HSE Personnel Census)

Overall organisation

Headcount – 1047 (833.68 Whole Time Equivalents)

South Kildare

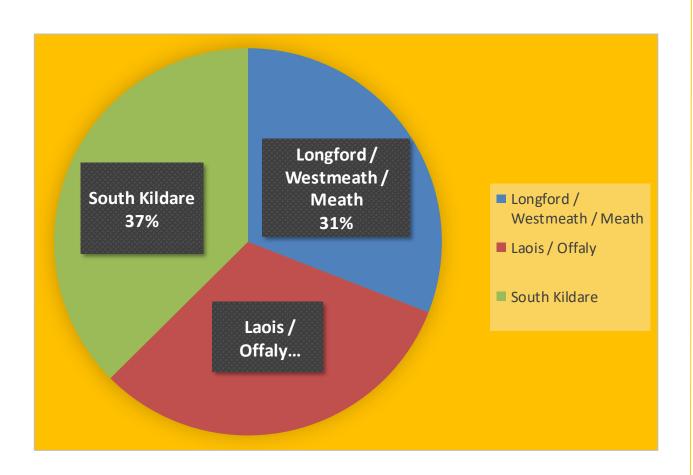
Headcount – 392 (307.88 Whole Time Equivalents)

Laois / Offaly

Headcount – 331 (243.59 Whole Time Equivalents)

Longford / Westmeath / Meath

Headcount – 324 (282.81 Whole Time Equivalents)





Finance 19

MUIRIOSA FOUNDATION COMBINED SERVICES

For the year ended 31st December 2017

Revenue Account Without the effects of *FRS 102

	€
Pay Expenditure	47,149,829
Non Pay Expenditure	9,332,753
Gross Expenditure	56,482,582
Income	<u>6,301,507</u>
Net Expenditure	50,181,075
Approved Allocation	50,057,200
Surplus (deficit) N.B. A figure within brackets represents a deficit.	(123,785)

Narrative Summary

The organisation commenced 2017 with a cumulative reserve deficit of $\[\in \]$ 519,887. The deficit attributable to 2017 "trading" was $\[\in \]$ 123,785. Thus the cumulative reserve deficit for the year beginning 01/01/2018 is $\[\in \]$ 643,672.

* The reference to FRS 102 (i.e. Financial Reporting Standard 17 which relates to profiling pension fund assets and liabilities) relates to a defined benefit scheme with 45 members. The figures quoted above do not include the pensions-related factor attributable to this defined benefit scheme.



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MUIRIOSA FOUNDATION

We have audited the financial statements of Muiriosa Foundation for the year ended 31st December 2017 which comprise the Revenue Income & Expenditure Account, Capital Income & Expenditure Account, Balance Sheet, The Statement of Changes in Funds, Cashflow Statement and the related notes. The financial reporting framework that has been applied in their preparation is Irish law and generally accepted accounting practice in Ireland including the accounting standards issued by the Financial Reporting Council and promulgated by Chartered Accountants Ireland (Generally Accepted Accounting Practice in Ireland) as modified by the specific accounting requirements of the Minister of Health including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion, the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2017 and of its profit for the year then ended;
- have been properly prepared in accordance with Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- have been prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, including the Ethical Standard as issued by the Irish Auditing and Accounting Service Authority ("IAASA") Ethical Standard, and the provisions available for small entities, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusion relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MUIRIOSA FOUNDATION

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material misstatement in the financial statements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by Companies Act 2014

In our opinion, based on the work undertaken in the course of the audit:

- we have obtained all the information and explanations which we consider necessary for the purposes of our audit:
- the accounting records of the Company were sufficient to permit the financial statements to be readily and properly audited;
- the financial statements are in agreement with the accounting records;
- the information given in the Director's Report is consistent with the financial statements; and
- the Director's Report has been prepared in accordance with the Companies Act 2014.

Matters on which we are required to report by exception

Based on the knowledge and understanding of the Company and its environment obtained in the course of the audit, we have not identified any material misstatements in the directors' report. The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions required by sections 305 to 312 of the Act are not made. We have nothing to report in this regard.

Responsibilities of directors for the financial statements

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MUIRIOSA FOUNDATION

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Further details relating to our work as auditor is set out in the Scope of Responsibilities Statement contained in the appendix of this report, which is to be read as an integral part of our report.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the company's members as a body in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters that we are required to state to them in the audit report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company or the company's members as a body for our audit work, for this report, or for the opinions we have formed.

O'Connell Court, 64 O'Connell Street, Waterford. John Foley FCA
For and on behalf of
MK Brazil
Chartered Accountants
& Statutory Auditor
30th May 2018



The tables set out on the following pages give an indication of the regular returns made to HSE on "complaints and compliments" using the standardised categories in which HSE requires this information. The "complaints and compliments" are submitted and reviewed with HSE at each of our ten Service-Level Agreement monitoring meetings. They are also probed in a more detailed manner in our meetings with the Muiríosa Board's Risk Committee with a view to teasing out the learning in respect of policies, practice model, and our general approach to running the services.

The quantitative profile may not give a good indication of the actual issues arising. Outlined below are a range of specific "complaints and compliments" which hopefully will give the reader a fuller sense of the richness of this feedback — each of the illustrative issues set out below has been investigated and the earliest form of resolution pursued. Many of these complaints were validated and addressed. Some reflect different perspectives on contextual settings, also a source of rich discussion and learning.

Complaints arising from family members included: inadequate levels of response from respite services during times of increased family stress; transport-related issues – age of vehicles, collections not taking place at the agreed times; staff shortages; environmental hazards such as water lying in a yard increasing the risk of falls; families complaining of choices which their sons and daughters had made (often over food choices during the course of the day); unfamiliar relief staff supporting an individual at night-time; an individual returning home wearing somebody else's clothes; encouragement by staff for an individual to spend time during the evening on their iPad



rather than playing board games. Most complaints emanated from individuals availing of the service related to their quality of life being compromised by people with whom they are living – for example, their sleep being disturbed by a co-resident; inadequate facilities in a community setting where an individual had attended a party; other residents not maintaining the house to the required standard. Complaints emanating from staff members related mainly to noticing incompatibilities between people sharing a residence or a day service setting and compatibilities between particular staff members and individuals – for example, a resident not wanting to be showered by a particular staff member; complaints about how certain family members communicate with staff members. There were also a small – number of complaints made by neighbours and members of the community – bins not being collected; resident behaving inappropriately in community settings; alarms not being turned off.

There were also a significant number of compliments from family members – about sensitivity and kindness being shown to service users when a family member was ill or in hospital; smooth transitions from one day service setting to another, or from home to a residential setting; responsive respite support during times of family crisis; the quality of relationship between staff members and individuals; the positive impact on an individual who was supported by a staff member to acquire and learn how to use a mobile phone; the positive impact on organising a work experience placement for an individual; many compliments on the personal appearance of individuals in day centres and residences; individuals being supported to make choices.



≤ Laois / Offaly													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Access	0	0	0	0	0	0	2	1	0	0	0	0	3
Dignity & Respect	0	0	0	0	1	0	1	0	0	0	0	0	2
Safe & Effective Care	1	0	1	1	0	0	1	0	2	3	2	1	12
Communication & Information	3	2	0	0	0	0	0	0	1	0	0	0	6
Participation	0	0	0	0	0	0	0	0	0	0	0	0	0
Privacy	0	0	0	0	0	0	0	0	0	0	0	0	0
Improving Health	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountability	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	0	0	1	2	0	0	0	0	0	4
Clinical Judgement	0	0	0	0	0	0	0	0	0	0	0	0	0
Vexatious Complaints	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Homes/ residential care for older person (64 and under)	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Homes/ residential care for older person (65 and over)	0	0	0	0	0	0	0	0	0	0	0	0	0
Pre-school inspection services	0	0	0	0	0	0	0	0	0	0	0	0	0
Trust in Care	0	0	0	0	0	0	4	2	1	0	0	0	7
Children First	0	0	0	0	0	0	0	0	0	0	0	0	0



	Westmeath / Meath												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Access	0	0	0	0	0	0	0	0	0	0	1	1	2
Dignity & Respect	0	0	0	1	1	0	0	0	0	0	0	1	3
Safe & Effective Care	1	0	1	1	0	0	1	0	1	0	4	3	12
Communication & Information	0	2	0	0	0	0	0	0	0	2	3	0	7
Participation	0	0	0	0	0	0	0	0	0	0	0	0	0
Privacy	0	0	0	0	0	0	0	0	0	0	0	0	0
Improving Health	0	0	0	0	0	0	0	0	0	0	0	1	1
Accountability	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	3	0	0	1	1	0	0	12	10	8	36
Clinical Judgement	0	0	0	0	0	0	0	0	0	0	0	0	0
Vexatious Complaints	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Homes/ residential care for older person (65 and over)	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Homes/ residential care for older person (64 and under)	0	0	0	0	0	0	0	0	0	0	0	0	0
Pre-school inspection services	0	0	0	0	0	0	0	0	0	0	0	0	0
Trust in Care	0	0	0	0	0	0	2	1	0	4	1	3	11
Children First	0	0	0	0	0	0	0	0	0	0		0	0



		I			Sou	th Kild	are		I	I			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Access	0	0	0	0	0	0	0	0	0	0	0	0	0
Dignity & Respect	0	0	0	0	0	3	0	0	1	1	1	0	6
Safe & Effective Care	0	0	1	1	1	1	0	0	1	0	0	0	5
Communication & Information	0	0	0	0	1	0	0	0	0	0	0	0	1
Participation	0	0	0	0	0	0	0	0	0	0	0	0	0
Privacy	0	0	0	0	0	0	0	0	0	0	0	0	0
Improving Health	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountability	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	1	0	0	0	0	0	0	0	2
Clinical Judgement	0	0	0	0	0	0	0	0	0	0	0	0	0
Vexatious Complaints	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Homes/ residential care for older person (65 and over)	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Homes/ residential care for older person (64 and under)	0	0	0	0	0	0	0	0	0	0	0	0	0
Pre-school inspection services	0	0	0	0	0	0	0	0	0	0	0	0	0
Trust in Care	0	0	4	0	3	0	0	0	2	1	1	0	11
Children First	0	0	0	0	0	0	0	0	0	0	0	0	0



Attendance at Board Meetings 2017													
Name	Name 23/02/17 11/05/17 19/06/17 07/09/17 23/11/17												
Sr. Mary Anna Lonergan	Present	Present	Present	Present	Present								
Catriona Corcoran	Apologies	Present	Present	Apologies	Present								
Deirdre Flinn	Present	Present	Present	Present	Present								
Francis Donnelly	Apologies	Present	Present	Present	Present								
Maureen Windle	Present	Present	Present	Present	Present								
Jim O'Brien	Present	Present	Present	Present	Present								
Kate Quinlan	Present	Present	Apologies	Present	Present								
Leslie Stevenson	Present	Apologies	Apologies	Apologies	Present								
Mary Culliton	Present	Apologies	Present	Present	Apologies								
Peter O'Reilly	Apologies	Present	Apologies	Present	Present								

*Top highest salaries

No	Salary Scale	No	Salary Scale
1	115K - 120K	5	70K - 75K
2	80K - 85K	7	65K - 70K
7	75K - 80K	21	60K - 65K

^{*} The salaries reported here relate to both senior managers and senior clinicians.





