Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Community Living Area D
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	12 August 2021
Centre ID:	OSV-0004086
Fieldwork ID:	MON-0031536

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre comprises of two houses both on the outskirts of a small town in Co. Laois. Each house is home to five female residents, and the centre operates on a 24 hour a day, year round basis with no closures. The service provided is to support residents who are aging to continue to positively engage in their community and to actively retire. The provider states that the aim of the centre is to provide a safe and secure home for residents while encouraging and facilitating them to remain as independent as possible in their daily lives. One of the houses comprises of two small semi-detached bungalows converted into a single dwelling, providing individual bedrooms, a large kitchen dining room and sitting room. The other house is a purpose built large bungalow with individual bedrooms, kitchen, dining room, and large sitting room. Both houses have outdoor space, one having a paved patio area and one a lawned garden.
Residents in both houses are supported at all times by a staff team comprising of nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 12 August 2021	10:00hrs to 17:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic and as such the inspector adhered to national guidance and best practice in relation to infection prevention and control during interactions with residents and staff over the course of the inspection.

The centre comprises two houses on the outskirts of a town. Both of the houses are fully detached bungalows. The inspector had the opportunity to engage with all nine of the residents over the course of the day.

On arrival to the first house, three of the residents were eating their breakfast. One resident was in bed. One of the residents told the inspector that they were returning to their day service after a long break due to the COVID-19 pandemic which they were looking forward to. Three of the residents showed the inspector their bedrooms and the things that were important to them including their photographs, jewellery and medals from the Special Olympics. The residents in this house had lived together for a long time and said that they liked living together. The fourth resident greeted the inspector when they got up and told them they were planning a night away in a hotel. One of the residents went to get their pension and out for coffee over the course of the morning. The inspector observed all of the residents in this house to be well presented and all appeared well cared for. Interactions were respectful and it was clear that residents and staff were comfortable in each others company.

In the second house, one of the residents greeted the inspector on arrival. They told the inspector that they were moving into the house later in the month and they were really looking forward to it. They showed the inspector their new bedroom which they had decorated with things which were important to them. The resident showed the inspector their art work. Another resident sat at the table enjoying a cup of tea and a chat with staff. The inspector met with a third resident who was sitting listening to the radio. The resident told the inspector that they were planning a trip away and they had been out earlier in the day with a relative for coffee. Another resident allowed the inspector to come into their bedroom as they watched a movie. The resident spoke to the inspector about their plans to finish their Christmas shopping in the coming weeks and showed them some of the gifts they had already bought. They later came to the office and spoke with the inspector about their role as an advocate within the organisation. Residents in this house appeared to be content in their home and comfortable in the presence of the staff supporting them.

In summary, from what residents communicated and what the inspector observed, it was evident that this was a well managed centre which was delivering good standard of care and support to the residents living there. Residents were enjoying a good quality of life, notwithstanding the challenges posed by COVID-19 and changing healthcare needs. All of the residents who the inspector met were well presented and appeared well cared for. The next two sections of the report present

the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there were clear systems and processes in place to promote the quality and safety of the service provided to residents. Good provider level oversight of the quality and safety of care was provided through annual reviews and six monthly reviews in line with the regulations. The annual review included the voices and views of residents and their families. This indicated that residents and families were generally happy with the care which they received. Actions identified were clearly documented and completed within identified time frames.

The centre was managed by a suitably qualified person. The person in charge had responsibility for the day-to-day running of the two houses which make up the centre.The person in charge reported to the Community Services Manager who in turn reported to the Director of Services. Emergency governance arrangements were in place and clearly documented for staff when the person in charge was absent or off-duty. The provider had established a crisis management team to provide governance and support to their centres during the COVID-19 pandemic.

At centre level, the person in charge had effective systems in place to provide day to day oversight of each house. Daily care and support notes for each resident were viewed on an online system by the person in charge each day. The person in charge had delegated local audits to staff and reviewed these regularly. A key working system was in place.

There was an appropriate number of staff and a suitable skill mix to meet the assessed needs of the residents in each house in the centre. Rosters showed that where relief staff were required, regular staff were used who were familiar with the residents and their support needs. All staff had completed mandatory training. Supervision took place every six months with the person in charge.

In summary, the high levels of compliance found on this inspection were reflective of good systems of governance and management and demonstrate the provider's capacity and capability to provide a quality and safe service for the residents living in the centre.

Regulation 15: Staffing

The provider had ensured that the staffing level and skill mix was appropriate to

meet the assessed needs of the residents in line with the Statement of Purpose. Following on from the provider's annual review in 2020, the provider carried out a staff needs analysis for one of the houses. This resulted in the allocation of a second staff member to work in one of the houses during the day. Staff reported that this made a significant difference to residents' quality of life. Planned and actual rosters were viewed and indicated that where required, the same relief and agency staff covered shifts to enable continuity of care. In both houses, staff were observed to be knowledgeable about the residents needs and interacted in a respectful manner with the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix. All staff in the centre had completed mandatory training in safeguarding, hand hygiene, fire safety and manual handling.

Arrangements were in place to ensure staff were supervised and supported in their roles. A sample of staff supervision meeting records was viewed. Staff received supervision from the person in charge every six months. Sessions were structured with clear actions documented and these were time bound. Staff reported feeling well supported by their manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear management structures in place to ensure that a safe and quality service was being delivered to the residents. The provider had carried out annual reviews and six monthly visits of the designated centre. The annual review involved consultation with residents and their families, both of whom reported they were happy with the service. Actions on both the annual review and the six monthly review were clearly identified and documented. On the day of the inspection, actions were completed within identified timelines and signed off by the person in charge and their manager. The provider had clearly documented emergency governance arrangements in place for when the person in charge was off-duty and these were circulated to staff every two weeks.The provider had established a crisis management team to provide governance and oversight specifically related to COVID-19.

The provider had clear lines of reporting relating to specific aspects of residents' care such as restrictive practices, positive behaviour support and risk management

to enable information sharing with relevant committees at management level. This was important to ensure effective oversight and to promote best practice at provider level in these areas.

At centre level, the person in charge had good management systems in place to ensure day-to-day oversight of the running of the centre. The person in charge reviewed each resident's online notes on a daily basis. They delegated duties to assigned staff to carry out audits within each house and reviewed this on a regular basis with the team. Arrangements were in place to ensure staff were supervised and supported in their roles. Formal supervision with the person in charge took place every six months.The person in charge was supervised by the area director and attended management meetings once a month. Staff meetings took place on a monthly basis and were resident focused.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all information required in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents were found to be living in a centre which was striving to provide them with a good quality of life. Some residents presented with changing healthcare needs and it was evident that they were being supported to enjoy the best possible health. Residents had access to a range of health and social care professionals and there was evidence of input into care plans by these professionals as appropriate. All of the residents care needs were reviewed at least annually and all care plans were in place and up to date on the day of inspection.

Residents were found to be safe and well protected in this centre. The inspector reviewed the provider's policies and procedures on safeguarding and found that they were in place, up to date and clearly understood by staff.

The centre had a safety statement and risk management policy in place which were up to date. The inspector found a robust approach to risk management was evident at provider, centre and individual levels with risks such as fire safety, resident aspiration/choking and falls identified, assessed and managed appropriately.

The inspector found that the registered provider had safe and appropriate systems

in place for fire safety management. Monitoring and detection systems were in place and serviced regularly. Fire fighting equipment, extinguishers and emergency lighting systems were all found to be in place. However, some improvements were required on fire drills in one of the houses. In addition to this, the inspector was not assured that a fire door was in place on the office door in one of the houses.

In summary, management and staff in this centre were working hard to ensure that residents continued to experience a good quality of life in difficult circumstances caused by the COVID-19 pandemic. Residents were found to be enjoying a good quality of life and reported that they liked living there and were happy.

Regulation 12: Personal possessions

All residents had their own bank account. Each resident had a financial assessment carried out and a care plan to ensure that residents were supported to be as independent as possible with their finances, while ensuring they were appropriately safeguarded. There were clear systems in place to assess risk relating to residents' finances.

From meeting with residents and viewing all of the bedrooms in the centre, it was evident that residents were supported to have control over all of their personal possessions, with adequate space to store clothes and other personal affects. Residents rooms were decorated in line with their preferences and had items such as televisions, photographs, medals and a range of other possessions personal to each resident. Documentation reviewed showed a personal inventory of possessions was kept for each resident which included photographs in order to ensure personal affects were secure and protected.

Judgment: Compliant

Regulation 17: Premises

Both of the houses are detached bungalows. The first house had six bedrooms. Each of the residents' rooms were clean, well decorated and ventilated. Residents had ample storage for their personal belongings. Minor works which had been identified on the last inspection had been completed. There was adequate communal space for residents to sit and space to receive visitors. All residents required use of a mobility aid and the circulation spaces within this house were narrow. This was under regular review by the provider in conjunction with an Occupational Therapist. The garden in this house was mostly lawn which due to the challenges with mobility was inaccessible to the residents. This was identified as an concern by the staff and the provider was looking at options to remedy this.

The second house was a large bungalow with sleeping quarters at each end of the

building and the living areas in the centre. The inspector viewed the residents' rooms. They were found to be decorated in line with the residents' interests and preferences with ample storage. They were clean and well ventilated. There were separate laundry facilities, a sufficient number of bathrooms and adequate communal spaces to meet the needs of the group of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had a safety statement, risk management policy and very clear centre specific risk management procedures in place. There were clear systems in place for the assessment, management and ongoing review of risk. The risk register had risk assessments carried out at provider, centre and individual level which were colour coded and regularly reviewed.The provider's risk management policy contained required information as per Schedule 5 of the regulations. Risk management, accidents and incidents were discussed at provider level each month.

The inspector viewed the incident and accident log in two of the houses. There were clearly identified learning outcomes and actions following on from any incidents / accidents and these were discussed at staff meeting. Inspectors spoke with staff about identified risks in the centre and how these risks were being managed. Staff were clear regarding the main risks for both individuals and the centre and could outline the control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had good systems in place to prevent and manage infection in the centre, particularly in relation to COVID-19. There was an up to date infection control policy in place. There were adequate facilities for hand hygiene with use of personal protective equipment (PPE) observed across both houses. Temperature logs for staff and residents were kept on a daily basis and there were risk assessments in place in relation to COVID-19 for residents and staff.

The provider had clear contingency plans in place in the event that a resident or a staff member developed COVID-19. Both premises were very clean and both staff and residents were observed to carry out hand hygiene regularly. Health and Safety audits were carried out monthly with clearly identified actions. All up to date information relating to COVID-19 was provided in both houses for staff in the office area.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had appropriate systems in place to detect fire and fire fighting equipment was present in both houses. The fire register indicated that there were up to date and regular audits on fire safety in each house. There were maintenance and service logs for each house which were in date.

One bungalow was divided into two sleeping quarters with the kitchen in the centre of the building. Fire doors were seen on all of the residents bedrooms and the kitchen area. However, the inspector was not assured that there was a fire door installed on the door of the staff office which was also a sleepover room. All of the residents had personal emergency evacuation plans in place and each resident needed a mobility aid to evacuate. Fire drills took place regularly. These were mostly in the day time. The timings of day time drills had increased significantly in the past twelve months. There was one night time drill on file for 2021. Given the significant increase in day time drills over the past twelve months in line with increasing support needs of these residents, the inspector was not assured in relation to safe evacuation of residents at night time with minimal staffing.

In the other bungalow, all residents had a personal emergency evacuation plan. Day and night time drills were documented. Residents slept in two sleeping quarters at each end of the house. However, there was a staff on sleepover at each end, enabling the safe and timely evacuation of residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had an annual assessment of need carried out and corresponding support plans in place. Residents had input from relevant health and social care professionals as required. Goals were SMART and clear actions were identified to achieve these. Many of the residents preferred activities and routines had stopped during the pandemic. Residents reported that they were enjoying eating out again and getting their hair done. The inspector viewed a sample of person centred plans. There was photographic evidence of the activities which residents had enjoyed during the pandemic and the plans were audited monthly to ensure goals continued to progress for residents.

Judgment: Compliant

Regulation 6: Health care

Most of the residents in this centre presented with complex and changing healthcare needs related to ageing. The inspector reviewed a sample of residents healthcare plans. These indicated that residents were supported to enjoy best possible health. All residents had access to a GP and had a full healthcare review every six months. Residents had access to a number of health and social care professionals such as dentists, physiotherapists and behaviour therapists. All residents had clear healthcare plans in place and daily notes were kept on an electronic system which included observations as appropriate. There were records of all appointments attended and the outcome of these. Residents had access to National Screening Programmes as appropriate. All staff whom the inspector met in both houses were very knowledgeable in relation to residents healthcare needs and showed the inspector how they recorded these on the provider's online system.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected. These included policies relating to safeguarding, health and safety and risk management. The inspector spoke with two members of staff, both of whom were knowledgeable about types of abuse and where they would report their concerns. Residents who met the inspector appeared well cared for and comfortable in the presence of staff. The inspector viewed the safeguarding log and found that the provider had managed all allegations of abuse appropriately in line with National Guidelines. Staff were able to tell the inspector what they would do if they had a concern in relation to any resident's care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area D OSV-0004086

Inspection ID: MON-0031536

Date of inspection: 12/08/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire officer has given assurances that fire door is in place for staff room / office. Night time Fire evacuation carried out with minimal staff on 19/08/2021 – same taking 3 minutes to complete.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	13/09/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	19/08/2021