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 41
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	16 September 2021
Centre ID:	OSV-0005846
Fieldwork ID:	MON-0026253

About the designated centre

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

Community Living Area 41 comprises two detached homes. One home is a dormer detached house situated in a small housing estate near a town in Co. Kildare. It consists of three bedrooms, a kitchen/dining room, sitting room and a living room, bathroom, utility room and two store rooms/offices upstairs. Individuals have their own bedroom on the ground floor. This location has access to an open outdoor area towards the back of the house and a small garden to the front. Currently this house is a home for three residents. The second home is located in a rural location within a short driving distance to the town. The house is a detached, spacious bungalow. It consists of four bedrooms, a sitting room, a lounge room, a dining room, kitchen and sun room, two bathrooms and utility room. Individuals have their own bedroom. The location has access to a garden and patio area. Currently the second house is a home for three residents. Community Living Area 41 has the capacity to facilitate seven residents, both male and female over the age of 18. The residents in both homes have significant care needs. The centre supports individuals with varying needs in relation to their intellectual disabilities and require a multidisciplinary approach to care. Both homes are wheelchair accessible and a wheelchair bus is available for both locations. Day services are provided for individuals in their own home. Each of the individuals are actively supported to develop valued social roles and expand their life experiences. Residents receive care 24 hours a day from nursing staff and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 16 September 2021	10:00 am to 5:30 pm	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 followed public health guidance throughout the inspection. This centre comprises two houses, each one being home to three residents with complex health and social care needs. The inspector had the opportunity to meet with each of the six residents over the course of the day. All of the residents presented with complex communication needs and used a range of methods to communicate such as vocalisations, body language, eye contact and facial expressions. This required staff to know residents and their unique communication methods well. Interactions between residents and staff were noted to be kind, caring and appropriate to each residents communication needs.

Residents in the centre had moved into their homes from a large campus based setting two years ago. Some of the staff team moved with them and spoke with the inspector about what a positive move this had been for residents in relation to their quality of life and in particular, having more one to one time with staff members. The residents and some of the team had been involved in making a video documenting this journey and this was available on the Internet. One of the staff members reported that "when you have so much more time their nonverbal communication and their personalities shine".

On arrival to the first house, the inspector was introduced to each of the residents. One of the residents was making a jigsaw while watching the television after their breakfast. The resident made eye contact with the inspector and appeared interested in what was happening. The other two residents were having a rest after their breakfast. One of the residents was going on a visit home for the first time in many months while the other resident was going to accompany them on the bus and have time alone with staff. The inspector visited the second house later in the afternoon. One of the residents was sitting in their bedroom watching their favourite film. The other two residents were observed having a drink with staff support.

The inspector received three questionnaires which had been circulated by the person in charge prior to the inspection. The questionnaires were completed by family members advocating on behalf of residents. Questionnaires seek feedback on a number of areas of the service such as the accommodation, mealtimes, visitors, staff support, activities, rights and complaints. Responses were extremely positive with one family member stating "it has given them a beautiful happy home which we truly appreciate". The provider had sought feedback from family members during the annual review and these comments were also highly complimentary of the care received.

One resident attended a day service, while the other residents received a 'wrap around' day service provided in their home. Prior to the COVID-19 restrictions, the person in charge had done a 'community mapping' exercise to identify all of the accessible venues in the local town for the residents to enjoy. Residents had

enjoyed activities such as going out for meals and to the cinema, going for drives, going to the barber or hairdresser and enjoying concerts. While many of these activities had ceased due to COVID-19 restrictions, it was evident that staff had made significant efforts to support people to engage in new activities, with residents doing cooking, baking and gardening and sensory based activities. Staff told the inspector that they were now planning holidays and that they were looking forward to accessing venues and events again.

In summary, from what the inspector observed, what staff reported as advocates for the residents and from reviewing documentation, it was evident that this was a well managed centre providing a high standard of care and support to residents. All of the residents appeared content and comfortable in the company of staff. They appeared well cared for and were well dressed. It was evident that their new homes had provided them with opportunities to develop new skills and engage in new experiences. The next two sections of the report present the findings of this inspection in relation to 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 provider had strong management structures, systems and processes in place to ensure effective oversight of the quality and care being provided to residents in the centre. Six monthly and annual reviews were carried out in line with the regulations. These had clear, time bound actions identified to continue to improve services. The annual review included the views of family members who acted as advocates for the residents in this centre. As previously stated, the comments within this review were highly complimentary of the service being delivered.

At provider level, there were a number of committees in place to oversee different aspects of care such as health and safety, risk, restrictive practices and positive behaviour support. There was emergency governance arrangements in place which were circulated to staff every two weeks. The provider had established a Crisis Management Team specifically to provide governance for COVID-19.

The provider had appointed a suitably qualified and experienced person in charge. The person in charge was full time and was present in the centre five days a week. The person in charge was in post since June 2021. While they were relatively new to the post, they demonstrated good regulatory knowledge and had a good knowledge of the residents and their needs. The person in charge attended management meetings twice a month and accessed peer support through a 'buddy system' which was with other persons in charge in the local area.

At centre level, the person in charge ensured daily oversight by reviewing resident's daily notes on the provider's online system in addition to delegating audits to staff. These audits were carried out in a number of areas such as PRN use, health and

safety, fire, person centred support plans and medications. These were signed off by the person in charge on a monthly basis. Team meetings took place in the centre once a month and had a set agenda. There were appropriate supervision arrangements for staff, with all staff receiving supervision every four months from the person in charge in addition to a yearly appraisal.

The provider ensured that there was an appropriate number of staff and skill mix to meet the assessed needs of the residents. This was in line with the statement of purpose. The planned and actual rosters were well maintained and showed that where they were required, regular relief staff were used to ensure continuity of care. The day and night staff teams were separate. Night time rosters were managed by a Clinical Nurse Manager within the organisation but these staff teams received supervision from the person in charge. This system was to be streamlined in the new year, with the person in charge taking responsibility for the rostering of all staff from January 2022 onwards.

Most staff had completed mandatory training in line with the provider's updated requirements during COVID-19 restrictions. These included fire safety, basic life support and manual handling. However, there was a gap in training relating to transport. Most residents in the centre used wheelchairs which needed to be clamped in the vehicles. There were a significant number of staff who had not received transport training. This training was identified as a control measure on risk assessments for the residents while using transport. This was particularly important as the centre had recently purchased a new vehicle.

In summary, the inspection found high levels of compliance which was reflective of the provider's and person in charge's capacity and capability to ensure residents were receiving good quality care in line with their assessed needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all required documentation to the Office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They were in a full time role . The person in charge managed a large team of staff and demonstrated good oversight of the centre. They had good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The provider had the appropriate number and skill mix of staff to ensure that residents received appropriate care and support in line with their assessed needs and preferences and in line with the provider's statement of purpose for this centre. Rosters indicated use of regular relief staff as required and this ensured continuity of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had amended their requirements for mandatory training due to the difficulties encountered in providing face to face sessions during the COVID-19 restrictions and had a risk assessment in place to reflect this. Training records indicated that most staff had completed mandatory training. One staff had not completed safeguarding training. This was completed on the day of the inspection and evidence was provided to the inspector. In addition to mandatory training, staff had completed a number of training sessions related to infection prevention and control such as donning and doffing of PPE, hand hygiene and breaking the chain of infection.

Due to the residents' complex needs, there were additional training requirements outlined as control measures in the centre's risk assessments. These were in areas such as buccal midazolam, transport and managing dysphagia. The centre had recently purchased a new vehicle and the majority of residents were wheelchair users. There were a number of staff who had not done transport training which was essential to meet the assessed needs of residents and ensure their safety.

Staff were supervised by the person in charge every quarter and there was a supervision schedule in place. A sample of staff supervision records was viewed by the inspector. Supervision sessions were structured and had clearly defined actions to be completed. Staff who the inspector spoke with reported that they felt well supported in their roles.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had good management systems in place. There was a clear management structure and lines of reporting. The person in charge reported to the Local Manager who in turn reported to the Area Director. There was emergency governance arrangements in place which were circulated to staff every two weeks. There was a Crisis Management Team to provide leadership and governance in relation to COVID-19. Night time support was provided by a manager on the campus nearby. Where additional staffing support was required at night, there was a 'runner' staff who moved between centres for specific tasks.

Provider level oversight was achieved through the annual and six monthly audits in addition to committees which ensured oversight of specific aspects of care such as restrictive practice, health and safety, positive behaviour support and risk management. Day to day oversight by the person in charge was achieved through daily review of residents' notes, audits and being present in the centre each day.

Management meetings took place twice a month and the inspector viewed a sample of minutes from these meetings. The provider had set up a buddy system for persons in charge which had set times for persons in charge to contact each other and provide peer support. Team meetings were held once a month and had a structured agenda.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider's statement of purpose contained all information required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable incidents were notified to the Office of the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

The inspector found residents to be safe, well cared for and enjoying a good quality

of life in this centre. Both of the premises had been custom designed to cater for their specific accessibility needs. They were tastefully decorated, clean, warm and homely.

The provider had a safety management structure in place which consisted of a regional health and safety committee who reported to a health and safety steering committee and the executive management team. Within the Safety statement, there were set requirements for audits and the frequency they were to be carried out in. The risk management policy contained all information required in the regulations. There were good systems in place to identify, assess and manage risk at centre and individual levels. All risk assessments were in date and regularly reviewed by both the person in charge and local manager.

The residents in the centre had complex health care needs. They were supported to enjoy best possible health and enjoy a good quality of life. Residents had assessments of need carried out every six months and there were corresponding care plans in place to ensure these needs were met. They had access to a local GP and a range of health and social care professionals as required. The provider had a staff member within the organisation assigned to supporting staff in the development of person centred plans and in ensuring they were effective, reflective of the person and their interests and most importantly, that they progressed and were achieved. Annual visioning meetings were held with the resident and their families and evidence of these were shown to the inspector and contained photographs of residents and their journey the previous year in achieving their goals. While the achievement of some goals had been postponed due to the COVID-19 restrictions, this was reflected in the plans.

Infection prevention and control was well provided for in the centre with a range of standard operating procedures in place.There were a number of updated standard operating procedures in place for taking temperatures, wearing masks, ensuring health care waste was appropriately disposed and for cleaning and disinfection. Contingency plans and risk assessments for residents in place. Temperature logs were done for residents and staff twice daily. Adequate hand hygiene facilities were in place and staff had access to up to date guidance in relation to COVID-19. Personal protective equipment (PPE) was worn by all staff.The provider had good fire safety management systems in place. Detection and containment systems were in place. Emergency lighting and fire orders in appropriate parts of each house were observed by the inspector and in working order. Equipment was regularly tested and maintained. The inspector was provided with evidence of fire drills which indicated that safe and timely evacuation of residents was achievable in line with their personal emergency evacuation plans (PEEPS).

Finally, the inspector found that there were clear systems in place to safeguard residents from all forms of abuse. Any safeguarding incidents had been appropriately recognised, reported and investigated. Staff were knowledgeable about types of abuse and how to report them if required. All of the residents appeared to be comfortable and content and were well presented on the day of the inspection.

Regulation 17: Premises

The centre comprises two bungalows, each of which promoted best practice in relation to accessibility for residents - there was overhead tracking hoists available in addition to two very large bathroom areas which both had jacuzzi baths which residents reportedly enjoyed.

Each resident had their own room which was decorated to reflect their preferences, personalities and families. Both premises were clean, warm and homely. Residents had suitable space for their personal belongings. The kitchen areas were accessible to residents. Gardens to the rear of each property were accessible to residents. In one of the houses, the staff had created a piece of wall art outside a resident's window so that they would be able to look at colour when they were resting. Both properties had suitable arrangements for the safe disposal of general and clinical waste in addition to having adequate facilities for laundry. Monthly health and safety audits took place and maintenance was a standing agenda item each month.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector viewed the provider's risk management policy, the centre's safety statements, the incident and accident logs, the restrictive practice register and the risk register.There were appropriate systems in place to identify, assess and mange risk within the centre. The risk register clearly outlined risks at centre and individual levels.The centre's vehicles had daily checks carried out in addition to regular cleaning of the vehicle. Documentation was provided to the inspector to indicate that the vehicle was insured and in a roadworthy condition.

Judgment: Compliant

Regulation 27: Protection against infection

On arrival to the centre, there were appropriate measures in place for visitors such as a temperature check and a visitors book. There were adequate facilities for hand hygiene throughout the centre. Staff were observed wearing PPE and observing hand hygiene practices. The provider had a contingency plan in place should a resident become unwell. Cleaning schedules were observed twice daily on areas which were frequently touched and this included residents wheelchairs and hoists. There were daily and weekly schedules which were clear to follow for staff. There were appropriate waste disposal arrangements in place in addition to adequate facilities for laundry.

Temperature checks were carried out on staff and residents twice a day and these were logged. The provider had completed the COVID Self-Assessment tool provided by the Authority. There were risk assessments in place for residents. A COVID-19 folder was available for staff to access which was regularly updated in line with new guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety management systems in place. There were adequate detection and containment systems in place in both houses. Maintenance logs, daily fire checks, evidence of servicing and certification were all provided to the inspector and in date. Each resident had a personal emergency evacuation plan in place. Staff informed the inspector that they were changing products to evacuate residents and were awaiting the new evacuation mats to arrive. Fire orders were displayed in appropriate areas in each house to ensure emergency procedures were readily available to staff. Fire drills were carried out by day and night and documentation indicated that timely evacuation was achievable with minimal staffing. Records of drills Fire drills were signed by the person in charge and sent to the Operations Manager within the organisation. Staff were knowledgeable about the fire evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' person centred support plans. Each of them had an annual assessment of need carried out and corresponding care plans to meet those needs. Plans were reviewed every three months by the key workers.

Photographic evidence of residents working towards their personal goals was viewed and showed residents enjoying lots of different activities and events in line with their identified vision and interests.

Judgment: Compliant

Regulation 6: Health care

Residents in this centre presented with complex health care needs and were supported to enjoy best possible health. They had access to a local GP and a range of health and social care professionals such as speech and language therapist, occupational therapists, physiotherapists and dentists.

There was a clear record of appointments which each resident attended with information on the outcome of these appointments. Some residents in the centre had been unable to access a particular health screening service due to their accessibility needs. The provider had done a significant amount of work to advocate on behalf of these residents and engaged with a number of services to try and get access for them. This was not yet resolved on the day of inspection and was an ongoing piece of work.

Where the residents were candidates for National Screening programmes, they were supported to access these important services. Where a resident had not availed of this service, there was clear documentation as to why and this was done in conjunction with professionals in the screening programmes. Residents annual health care needs were checked by the GP.

Judgment: Compliant

Regulation 8: Protection

The provider had a number of policies in place in relation to protecting residents from abuse such as the trust in care policy, the protection of vulnerable adults and protection of personal possessions, personal and intimate care and staff recruitment and selection. Safeguarding was a standing item on the agenda for staff meetings each month.

The inspector viewed the safeguarding log and this indicated that safeguarding incidents were identified, appropriately reported and investigated in line with national and local policies. Intimate care plans were clear in what level of support residents needed and promoted their dignity and privacy.Finances and personal possessions were safeguarded against through the use of regular audits and the use of a personal possessions inventory which included photographs of residents'

personal items. Finally, staff were knowledgeable about the types of abuse , how to recognise them and how to report them.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 41 OSV-0005846

Inspection ID: MON-0026253

Date of inspection: 16/09/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in Community Living Area 41 will be facilitated to complete or refresh their Transport Training including safely boarding and disembarking the vehicle and the use of wheelchair clamps.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/12/2021