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 M
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	24 August 2021
Centre ID:	OSV-0002740
Fieldwork ID:	MON-0032608

About the designated centre

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

This centre is a bungalow on a large site in a rural setting with easy access to a large town. It has four bedrooms, one used by staff and three available for residents to use, two of which are en-suite. There is an open plan kitchen-dining room and living space. The rear of the house has a large fenced enclosed garden to lawn and to the front of the house is a large lawn and orchard. It can provide full time residential support services for three individuals although currently only two individuals live here. There is a strong focus on promoting skill building and independence within the home and community. The service strives to ensure that the individuals lead fulfilling lives and develop real connections within their local community. This centre provides a full time residential support service for two individuals which is based on the social model of support. Staff working in the centre consist of a combination of social care and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Tuesday 24 August 2021	10:30 am to 3:00 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 adhered to public health guidance throughout the inspection. Both residents in this house moved into the centre in 2017 from a campus based setting. One of the staff reported that this move had been a hugely positive one and that residents were enjoying a better quality of life.

On arrival, the inspector met with one of the residents who was in their sensory room. The sensory room was tastefully decorated and had a range of equipment for the resident to engage with in line with their assessed needs and individual preferences. The resident was supported by a staff member who was very respectful and positive towards the resident. They spoke to the inspector about their plans to support the resident to enjoy relaxing in the sensory room and were knowledgeable about their likes and dislikes. The inspector observed the resident doing some gardening later on in the morning which they appeared to enjoy. Staff was observed being very attentive when giving this resident a drink and supported them in a dignified manner.

The inspector got to observe the second resident briefly. This resident did not wish to engage with the inspector. They had been supported to purchase their own car which they enjoyed. The resident was out in the morning for a drive and was back out again in the afternoon. Staff reported that the resident chose the activities they enjoyed on a daily basis.

Residents in the house were supported to be active members in local community groups such as the Tidy Towns Committee and a local Walking club. One of the residents was supported to show the inspector photographs of them doing a fundraiser for a charity which they appear to have enjoyed. Both residents did not attend a day service and were supported to engage in meaningful activities within the house. Staff told the inspector some of the activities which they had been doing during COVID-19 restrictions such as doing virtual tours of places of interest, doing projects in the garden such as painting, growing vegetables and doing walking challenges. The inspector viewed photographs of residents engaging in these activities.

In summary, based on what the inspector observed, what the residents and staff communicated and from a review of documentation, it was evident that the centre was well managed and residents were safe and receiving good quality care. Residents appeared to be content and comfortable in the company of staff. They were well presented. The next two sections of the report present the findings 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 to residents.

Capacity and capability

The provider had good management systems and processes in place to ensure residents were receiving good quality care. The management structure had clear lines of reporting. Provider level oversight of the service was achieved through annual and six monthly reviews in line with the regulations. Action plans were time bound and specific.The provider had a number of committees in place to oversee specific elements of the service such as restrictive practice, positive behaviour support and risk management. There were emergency governance arrangements in place which were sent out to staff on a fortnightly basis. There was a crisis management team which the provider had put in place in order to ensure that there were effective governance and management arrangements during the COVID-19 pandemic. This team met on a regular basis.

The provider had appointed a suitably qualified and experienced person in charge. The person in charge had a number of systems in place to ensure effective daily oversight of the centre. Residents were supported by staff with the required skills to do so. The staff to resident ratio ensured they received a service in line with their assessed interests and needs each day. Rosters showed that use of relief staff was minimal and where they were required, they were regular relief staff which ensured continuity of care.

Staff training was largely in date, however, some improvements were required. The provider had a statement of purpose and a directory of residents, both of which contained all of the information required by the regulations. All notifiable incidents were notified to the Chief Inspector within required time frames.

In summary, the high levels of compliance found on this inspection were reflective of the provider's capacity and capability to ensure residents were living in a centre which was safe and which was providing good quality care.

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge to manage the centre. The person in charge worked full-time and had responsibility for 2 other designated centres. They divided their time evenly between the three centres. The person in charge demonstrated good oversight of the centre and was knowledgeable about the residents and their support needs.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that there was a suitable skill mix and number of staff employed to meet the assessed needs of the residents. The planned and actual rosters showed minimal use of relief staff, which promoted continuity of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was viewed by the inspector and demonstrated that all of the staff in the centre had completed mandatory training on safeguarding, fire safety and manual handling within the required time frames. Staff had completed additional training in relation to managing COVID-19 such as hand hygiene , donning and doffing PPE and breaking the chain of infection. While most of the training was in date, some improvements were required. First aid was an essential training to ensure the safety of these two residents, both of whom presented at risk of choking. This training was identified as a control measure for each individual 's risk assessment. Three staff had not ever done this training while another three were in need of refresher training. A refresher in food safety training was required for a number of staff.

Staff were supervised by the person in charge on a quarterly basis and had performance management conversations on an annual basis.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had a directory of residents in place which contained all of the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had strong management systems and processes in place to ensure that residents received a safe service which enabled them have a good quality of life.

The management structure had clear lines of reporting and responsibilities in place. The person in charge reported to the Area Director who in turn reported to the Regional Director.

Provider level oversight of the service was achieved through annual and six monthly reviews in line with the regulations. The annual review included consultation with the residents and family members as appropriate. Action plans were SMART. The provider had a number of committees in place to oversee specific elements of the service such as restrictive practice, positive behaviour support and risk management.

There were emergency governance arrangements in place which were sent out to staff on a fortnightly basis. There was a crisis management team which the provider had put in place in order to ensure that there were effective governance and management arrangements during the COVID-19 pandemic. Monthly management meetings took place for persons in charge across the county.

At centre level, the person in charge ensured they had oversight of the service through daily sign off of each resident's notes, local audits and spot checks. Team meetings were held on a monthly basis and had a clear structure. The provider had suitable arrangements in place for the supervision of staff. Staff were supervised by the person in charge on a quarterly basis. Staff reported feeling well supported in their roles. The person in charge received supervision from the Area Director and attended management meetings once a month.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a Statement of Purpose in place which contained all of the relevant information laid out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable events were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place which was available to residents in an easy-to- read format. There was a clear pathway for the management of complaints. The provider carried out an analysis of different complaints which were made on a yearly basis and this outlined the status or progress of each of these complaints.The residents in this centre had complex communication needs and required staff or other people in their circle of support to make complaints on their behalf if required.

A review of the complaints log for the centre indicated no complaints in the previous year. There were three compliments from family members, all of which praised the staff for their efforts during the COVID-19 restrictions.

Judgment: Compliant

Quality and safety

This centre was found to be striving to support residents to have best possible health, to engage in activities they liked and to have a good quality of life. Both of the residents presented with complex needs. Annual assessments of needs were completed with support plans developed to ensure these needs were monitored and met. Residents had access to a local GP and a range of health and social care professionals. One of the resident's right to refuse treatment was respected and a balanced approach was taken to minimise distress caused to this resident.

Behaviour support plans were regularly reviewed and an analysis of incidents were carried out monthly. Restrictive practices were appropriately identified, had a clear rationale for their use and were regularly reviewed within a multidisciplinary team. The provider had a number of policies and procedures in place to safeguard residents from abuse.

The provider had appropriate systems in place to identify , assess and manage risks at provider, centre and individual levels. There were learning outcomes identified from any incidents which occurred and this was shared with the staff team on a monthly basis.

Infection prevention and control was managed well in the centre. There were temperature logs for both staff and residents, cleaning schedules, PPE and adequate hand washing facilities throughout.

There were appropriate fire management systems in place with equipment regularly serviced and maintained. Both residents had a personal emergency evacuation plan in place. Drills were carried out regularly by day and by night and documentation reviewed indicated that evacuation was achieved in a reasonable time with minimal

staffing.

Overall, residents were found to be safe and very well cared for in this centre.

Regulation 17: Premises

The centre is a large bungalow which was bright, spacious, well ventilated and well suited to the assessed needs of the residents. It was warm, homely and tastefully decorated throughout. There was a large accessible back garden where a gazebo had been built for the residents to enjoy. There were tracking hoists available to support staff to move a resident. Each residents room contained artwork or personal photographs and were individualised to suit the resident's known preferences. Residents had ample storage for their personal belongings.

The house was in a good state of repair throughout and the inspector viewed monthly health and safety checks which were carried out and the maintenance request book which was used to address identified issues. As an additional measure, the person in charge carried out regular spot checks of the premises to ensure it was well maintained. The person in charge had the premises assessed by a national specialist organisation in order to ensure the premises was accessible and safe for one resident to promote their independence while maintaining their safety.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's safety statement, the incident and accident log and the risk register. There were appropriate systems in place to identify, assess and manage risks at provider, centre and individual levels. There were learning outcomes identified from any incidents which occurred and this was shared with the staff team on a monthly basis.

Individual risk assessments were in place and in line with resident's assessed needs. As previously outlined, one of the risk assessments identified choking as a risk but the control measure of staff training was not achieved at the time of the inspection.

Regular health and safety checks were carried out on the house by staff and these were signed off by the person in charge on a monthly basis. The centre's vehicle was checked on a daily and weekly basis and had all necessary documentation to indicate it was roadworthy and serviced appropriately.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had a number of systems in place in relation to infection prevention and control. In terms of governance, they had a crisis management team in place and this team met regularly. The person in charge had carried out the COVID-19 self assessment and had contingency plans in place in the event that a staff member or resident became symptomatic. The premises was clean and well maintained with regular cleaning schedules in place.

Residents and staff both had their temperatures taken and logged twice daily. On arrival the centre had appropriate measures in place in relation to visitors such as a questionnaire, a hand sanitising station and a temperature check. There were adequate hand washing facilities throughout the centre and staff were observed wearing PPE. The person in charge carried out on the spot checks relating to infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire management systems in place in this centre. There were adequate detection and containment systems in place throughout. Maintenance logs, daily fire checks, evidence of servicing and certification were all provided to the inspector. Each resident had a personal emergency evacuation plan in place and these were regularly reviewed. Fire orders were displayed in prominent places in the centre to ensure emergency procedures were accessible to staff. Fire drills were carried out in the day time and at night and documentation indicated that the residents could be safely evacuated with the minimal staffing levels in place. All drills were signed off by the person in charge and sent to the Operations Manager in the organisation.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident in the centre had a comprehensive assessment of their needs carried out each year with clear support plans developed to address those needs. The inspector viewed resident's personal centred support plans for each resident. These had goals which were reviewed by the resident's key worker on a monthly basis. Photographs in each plan documented the resident's achieving these goals and enjoying different activities. It was evident that staff had made significant efforts to

continue to engage with residents in activities they enjoyed in spite of all of the COVID-19 restrictions. An annual meeting was held with the person and their circle of support and key workers had developed photo based presentations to ensure these meetings were inclusive and accessible.

Judgment: Compliant

Regulation 6: Health care

Residents in the centre were supported to enjoy best possible health. They had access to a local GP and a number of health and social care professionals such as occupational therapy, speech and language therapy and physiotherapy. Where health care needs were identified, these were responded to quickly and all appointments were clearly documented along with the outcome of the appointment. Health information was available for residents and residents had been successfully supported to receive their vaccinations. For one resident, their right to refuse a health care intervention was respected and documented. A balanced approach and person centred approach to managing this risk to minimise distress to the resident. The person in charge had contacted and received specific input from two national organisations in respect of skin integrity and ensuring the premises was accessible and supporting residents to mobilise safely.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were developed with input from a multidisciplinary team and were regularly reviewed. They were clear and person -centred in their approach. Any behavioural incidents were analysed on a monthly basis and plans were updated as appropriate. Any restrictive practices had a clear rationale and were logged and regularly reviewed. The restrictive practice log was reviewed by the person in charge and the Area Director regularly and the provider had a restrictive practice committee to ensure provider level oversight of restrictive practice.

Judgment: Compliant

Regulation 8: Protection

The provider had a number of policies in place to ensure that residents were safe and well protected in the centre. Safeguarding was a standing item on monthly staff meetings to ensure that staff were regularly reminded of their responsibilities in this area , the reporting process in addition to discussing any incidents and learning from these incidents as appropriate.

Residents' intimate care plans outlined how much support residents needed in each area to ensure consistency for the resident while ensuring the resident's privacy and dignity was respected and maintained. The inspector reviewed the safeguarding log and found that concerns were appropriately reported, documented and investigated. Residents had safeguarding plans in place where required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area M OSV-0002740

Inspection ID: MON-0032608

Date of inspection: 24/08/2021

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A training plan is in place to ensure that all staff complete mandatory and relevant trainings. Continued monitoring of training matrix by Person in Charge to ensure no mandatory training for staff is completed within relevant timeframes.

First Aid Training schedule has been developed by registered provider in cooperation with Muiriosa Education and Training Department. Training has commenced in September 2021. Further dates are planned for November 2021.

Proposed date for completion is 20th December 2021.

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.	Substantially Compliant	Yellow	20/12/2021