



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 31
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	12 August 2022
Centre ID:	OSV-0007726
Fieldwork ID:	MON-0028140

About the designated centre

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

This designated centre is a bungalow in a rural area in Co. Kildare. The centre was registered to provide fulltime residential services for a maximum of two residents. As part of the centre's renewal of registration the registered provider informed the office of the Chief Inspector in July 2022 of their intention to change the service type from fulltime residential care to respite care. The house consists of 3 bedrooms (1 staff bedroom and 2 bedrooms used by the resident), one en-suite, a bathroom, a kitchen, a sitting room and an arts and craft room. There is a garden to the side and front of the house. A car is available for the designated centre to facilitate and promote community activities. Respite users will be supported by a team of social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 (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
Friday 12 August 2022	09:05hrs to 11:10hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This was an announced inspection which was completed to inform a decision regarding the centre's upcoming renewal of registration. The provider had registered the centre for two residents and it had been home for one resident for a long period of time. Prior to the inspection taking place, the provider informed the Inspector of Social Services of their intention to change the centre from a full-time residential centre to a respite centre to facilitate another respite service closing down. The inspection therefore included a review of the governance and management arrangements the provider had in place to facilitate this change in service provision.

The centre is a bungalow situated in a rural location in Co. Kildare. There are two bedrooms for respite users' use, one with an en-suite and the other with an accessible bed for residents with mobility requirements. The third and fourth bedrooms were allocated as an arts and crafts room and a staff office/sleepover room. There is a garden to the side and front of the house. The centre is currently registered until November 2022, and there were no residents or respite users living or staying in the centre at the time of the inspection.

The centre was currently registered until November 2022, and there were no residents living in the centre at the time of the inspection. The registered provider stated that they expected the respite service to commence within six months. The provider was using the opportunity of the house being vacant to make upgrades to the premises before the admission of respite users. This included upgrading bathroom facilities, painting, providing new furniture, and reviewing the fire safety procedures to ensure the service was safe for all respite users.

While the inspector was unable to meet with any residents or respite users during the course of the inspection, the inspector met the person in charge who would be taking over the responsibility of the respite centre. They were very familiar with the respite users' needs and the requirements of the centre to meet those needs. The person in charge accompanied the inspector in a full walk through of the building. The inspector found that some painting had already taken place, and the person in charge pointed out additional areas for maintenance and upgrading. As previously communicated to the Chief Inspector, the house required further fire safety measures and this is discussed under Regulation 28: Fire Precautions.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that the governance and management arrangements proposed for the centre were appropriate to ensure effective oversight of the care and support that would be delivered. There would be a full-time person in charge appointed along with a clinical nurse manager who would support the person in charge in a senior management position.

A review of the proposed staffing arrangements for the centre found that overall the number, qualifications and skill mix of the staff team would be appropriate to meet the needs of the current respite group. In addition, the existing staff team from the closing respite centre would be relocating to this centre, ensuring the continuity of care to the respite users. Planned rosters were in place, identifying staff names and their start and finish times. While the centre was being registered for a maximum capacity of two residents, the inspector was informed that it was envisioned that the service would continue only to accommodate one respite user at a time as this was the current arrangement in the soon-to-close respite centre. The inspector required the centre's statement of purpose, an important governance document against which the centre's registration is linked, to be updated to provide additional assurances as to the staffing arrangements if the centre were to accommodate two respite users at one time.

The person in charge detailed the online training system in place that provided a clear overview of the mandatory and supplementary training completed by all staff. The system also acted as an alert device to notify managers when the expiry date of completed training was due, ensuring the timely booking of refresher training so the training status of staff would not lapse. Reviewing the training matrix, the inspector could quickly determine that all staff moving to the centre had the required training requisites, including safeguarding vulnerable adults, fire safety, epilepsy and dysphagia training.

Regulation 14: Persons in charge

The person in charge of this centre was not met with during the course of the inspection. However, they fulfilled the requirements of the regulation in terms of their qualifications and experience. In addition, the incoming person in charge also meet these requirements.

Judgment: Compliant

Regulation 15: Staffing

The inspector was assured that the staff team that would be employed in the centre had the necessary competencies and skills to support the respite users and to build

and maintain therapeutic and supportive relationships. There were no vacancies in the proposed staff team, and it was clear to the inspector that both the registered provider and the person in charge understood the importance of continuity of care and support for the respite user group. One staff member was rostered on during the day and night throughout the respite users' breaks. While most of the respite users only required the support of one staff member, there were at times that a few respite users would require the support of a second staff member for two hours in the morning and evening. The inspector was informed that this additional staffing support is reallocated from a nearby designated centre and would be known to the respite user. As previously mentioned, the assurances for the staffing arrangements for two respite users was requested through the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector was assured that staff training would be provided in line with the assessed needs of the respite users. All mandatory and refresher staff training was up-to-date on the inspection day for the incoming staff team. The incoming person in charge completed regular reviews of staff training needs and sought further training opportunities if the need arose. Furthermore, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 22: Insurance

A review of the insurance documentation submitted with the application to renew the registration of the centre was completed. The provider met the requirements of this regulation.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure was in place with identified lines of accountability and authority. Staff would report to the social care leader, who was the person in charge. They, in turn, reported to the area manager, who had been notified to the Chief Inspector as a person participating in the management of the centre.

The provider had committed to the effective resource of the centre to ensure the safe delivery of care and support to respite users. This was demonstrated through the centre's premises improvement plan and fire safety works plan discussed in the next section of the report.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated by the provider on 02 August 2022. A copy had been submitted to the Chief Inspector as part of the application to renew the registration of the centre. The provider was required to submit additional information relating to the following:

- The management details as set in the centre's certificate of management
- Organisational structure review as above
- Respite service-specific aims and objectives
- Clarification regarding the provision of day provision contained in the document
- Admissions procedures specific to respite, including catchment area, funding, allocation of respite and pre-admission procedures
- Staffing arrangements to support two respite users in the event that two respite users would be accommodated at the same time
- Operational times of the centre including planned closures
- Exclusion criteria including any medical or mobility requirements that the centre could not meet.

Judgment: Not compliant

Quality and safety

On review of documentation from the closing respite centre, the inspector was assured that the respite periods were planned and managed in a manner as to ensure that the respite users had a relaxed and positive experience. The provider had self-identified premises and fire safety actions that were required in the centre and had clear plans to remedy such deficits. The inspector observed that the works had commenced to address the areas of concern, but some work was outstanding at the time of the inspection.

The operation of the centre service was proposed to run from Monday afternoons until Saturday morning with planned closures for two weeks during the summer, at Christmas and on bank holidays. During the weekdays, the respite users attended

day services and work programmes so as not to disrupt their education or training, and then had a break at the weekend. The physical environment was laid out in a manner as to ensure that the physical care needs of the current respite user cohort could be supported.

While the premises was vacant, the provider was in the process of redecorating and refurnishing the house to enhance the comfortable homely nature of the living space. The provider was replacing furniture, repainting rooms, carrying out internal and external maintenance work, and upgrading bathroom facilities. The provider had a refurbishment plan for the centre dated March 2022, and the plan covered the bedrooms, kitchen, utility room, bathrooms and hallway. The inspector observed a number of the actions had been completed to date and that the provider was in the progress of finishing the remaining works.

Servicing checks were being carried out on the fire safety systems that were present within the designated centre. Such systems included a fire alarm, emergency lighting, a fire blanket, fire extinguishers and fire doors. Such doors are important to prevent the spread of fire and smoke while providing a safe evacuation route in the event that an evacuation is required. The centre was also provided with multiple evacuation routes, all of which were observed to be unobstructed on the day of the inspection. The locking mechanisms on the exit doors had been identified as an area for improvement by the provider fire safety consultant to ensure ease of evacuation and were due for replacement. In addition, not all areas of the house were suitably equipped to contain the spread of flame and smoke in the event of a fire. For example, while the living room and kitchen were equipped with self-closing, fire-rated doors, other areas of the house, including respite users' bedrooms, were not. The inspector was provided with the time line for these works to be completed.

Regulation 17: Premises

There was sufficient provision of private and communal accommodation, which provided a comfortable living environment for respite users. The centre was accessible to those respite users who were currently availing of the respite services. The provider was in the process of addressing premises issues through its improvement plan and was required to complete the remaining actions as outlined in the plan dated March 2022.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires. The provider had identified that further works were required in relation to fire

containment, such as the installation of fire doors, exit door locks and the installation of a number of self-closing mechanisms in the house. The provider had submitted an overall plan to the Chief Inspector on the 22 April 2022 of the time lines to implement these measures across all of their designated centres in the Kildare region. The provider was required to complete the works as outlined in the plan within the agreed time lines.

Judgment: Substantially 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 (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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Community Living Area 31 OSV-0007726

Inspection ID: MON-0028140

Date of inspection: 12/08/2022

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 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.</p> <p>The Statement of Purpose has been reviewed and amended taking into account feedback as identified in this report.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience</p> <p>The registered provider shall identify areas of improvement within the designated centre and set out a schedule of works and timeframes to improve the overall presentation.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. This includes installation of fire doors, door closures and thumb locks.</p>	

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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	30/03/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/02/2023
Regulation 03(1)	The registered provider shall	Not Compliant	Orange	31/08/2022

	prepare in writing a statement of purpose containing the information set out in Schedule 1.			
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