



Office of the Chief Inspector

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

Name of designated centre:	Community Living Area 2
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	03 July 2019
Centre ID:	OSV-0004077
Fieldwork ID:	MON-0024812

About the designated centre

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

The designated centre currently accommodates two female adults, with an intellectual disability and on the Autistic Spectrum. The centre comprises of two bungalows which are within two kilometres from each other, and are located in a small town in Co. Kildare. In one of the houses there is a sitting room, kitchen/dining room, two bedrooms and one bathroom. In the second house there is a kitchen which opens out into a dining/sitting room. There are two bedrooms, one en-suite, a bathroom and a sensory room. Both houses include a garden with a gazebo. A vehicle is provided in both houses to assist residents attend social activities. As per the statement of purpose there is a person in charge, three social care workers, one social care leader, one care assistant, and one facilitator employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
03 July 2019	10:30hrs to 19:00hrs	Jacqueline Joynt	Lead
03 July 2019	10:30hrs to 19:00hrs	Valerie Power	Support

What residents told us and what inspectors observed

The inspectors met the residents in both houses and throughout different times of the day observed elements of their daily lives. The residents in both houses used non-verbal communication and as such their views were relayed through staff advocating on their behalf. Residents' views were also taken from feedback forms, residents' weekly meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the residents' opinions.

On arrival at one of the houses the inspectors observed the resident having their hair being styled by staff and appearing relaxed and content while this was happening. In the other house the inspectors observed the resident coming and going throughout the afternoon to activities of their choice.

Family feedback questionnaires were reviewed by the inspectors. Family members reported very high levels of satisfaction with the care and support provided to their family member. In particular, family members complimented the staff and their positive interactions with the residents and family.

Overall, the inspectors observed that there was an atmosphere of calm and tranquility in both houses and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

Capacity and capability

Overall, the inspectors found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to the residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each resident's needs, wishes and intrinsic value were taken in to account.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

The inspector found that governance systems in place ensured that service delivery was safe and effective through the on-going auditing and monitoring of its performance. To ensure better outcomes for residents the person in charge carried

out monthly audits to evaluate and improve the provision of service.

The person in charge had commenced in their role in this designated centre on the 27th of June 2019. The inspectors found that the person in charge was familiar with the residents' needs and supports required to meet those needs. There was evidence to demonstrate that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents. For the most part there was a continuity of staffing so that attachments were not disrupted. Many of the staff had been employed for three years or longer. In one of the houses there had been a recent turnover of staff and the inspectors saw documentation which demonstrated that this turnover impacted on the resident's health and well-being. The provider and person in charge had adequately addressed this matter through rostering staff from from other centres who were familiar to the resident. Furthermore, a number of different strategies had been put in place to support the resident gradually get to know and built up relationships with new staff.

On commencement to their role the person in charge had carried out a supervision meeting with all staff. Staff advised the inspectors that they found the supervision meeting to be supportive and beneficial to their practice.

The organisational working alone policy in place provided procedures and guidelines for staff working alone in the centre and off base. There was also a supportive telephone link-in system in place for staff.

The inspectors saw that overall staff mandatory training was up-to-date. The inspectors found that where there was a change in the needs of a resident, the provider had been proactive in promptly organising specific training to support and enable staff provide care that met the changed needs of the resident.

It was evident that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with senior management and other persons in charge from the same organisations on a monthly basis. These meetings identified improvements required which were relayed back to each designated centre, ensuring better outcomes for residents.

The inspectors found that, while no complaints had been made by residents, an effective complaints procedure for residents was provided in the centre. Information on the complaints procedure and on how to access advocacy services was displayed in both houses, in formats appropriate to residents' needs.

The statement of purpose reflected accurately the facilities and services provided in the designated centre. The statement of purpose contained all information required by Schedule 1 of the regulations and was reviewed at regular intervals. An easy-

read version of the statement of purpose was available in both houses.

Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspectors found that on the day of inspection there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidenced-based practice.

Judgment: Compliant

Regulation 23: Governance and management

There was an annual review of the quality and safety of care and support in the designated centre and was made available to residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information required by Schedule 1 of the regulations and was reviewed regularly.

Judgment: Compliant

Regulation 34: Complaints procedure

An effective complaints procedure for residents was in place. Information on the complaints procedure and on advocacy services was displayed in the designated centre.

Judgment: Compliant

Quality and safety

The inspectors found that overall each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for residents however, the inspectors found that in relation to safety, improvements were required to the fire precaution systems in place in one house.

Overall, residents had up-to-date personal plans. The residents' plans reflected the continued assessed needs of the resident and for the post part outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Residents were provided with their own assessable format of their personal plan which documented the progress and achieves of their goals. Personal plans were reviewed on an annual basis in consultation with the resident, relevant keyworker, allied health professionals and where appropriate included the residents' families. On the day of inspection one plan was outstanding by one month however, the person in charge advised the inspectors that a date in July was currently in discussion.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents received appropriate person-centred care and had access to a general practitioner of their choice. Residents were supported to live healthily and where appropriate take responsibility for their own health.

The residents' personal plan promoted meaningfulness and independence in their life and recognised the intrinsic value of the person by respecting their uniqueness.

The residents were engaged in an individualised service within the designated centre which had been assessed and personalised to better meet the needs of each resident. Residents' activities included nature walks, trips to local attractions, swimming, arts and crafts and community activities such as dining out in local cafés and restaurants.

The inspector found that staff were innovative in finding ways to support the residents to live life as they chose, and in the way that balanced risk and opportunities in a safe manner. For example, a resident's goal of taking a trip on a train initially proved too difficult for the resident however, the goal plan was reviewed and alternative ways of supporting the resident achieve this goal were found. The resident now enjoys frequent trips on the train to different destinations in the country.

The person in charge and registered provider were proactive in continuous quality improvement . Monitoring of behavioural support plans were carried out on a routine basis. On the day of the inspection the inspectors found that the provider had arranged for the appropriate allied health professionals to support a resident regarding their recent change of behavioural needs. Staff and management meet with the health professionals to identify strategies that would best support the resident's specific behavioural needs.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. The residents were protected by practices that promoted their safety. For example safeguarding measures were in place to ensure that staff providing personal intimate care to residents who required such assistance did so in line with the resident's personal plan and in a manner that respected the residents' dignity and bodily integrity.

The design and layout of the of the two premises ensured that the residents could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in both houses. The internal physical environment of both houses was clean and in good decorative and structural repair. The environments provided appropriate stimulation and opportunity for the residents to rest and relax. However, the inspectors found that improvements were required to the external back area of one of the houses.

Appropriate systems were in place to detect and extinguish fires, including evidence of regular servicing of equipment. All staff had received training in fire prevention and emergency procedures. There were personal evacuation plans in place for each resident, and residents took part in regular fire drills. However, improvements were required in relation to fire containment in the kitchen of one house. The inspectors also observed a lack of clarity on evacuation routes in both houses when speaking to staff and when observing written fire procedures.

Regulation 17: Premises

Overall, both houses were found to be in good structural decor and repair however, improvements were required in the back yard of one house; maintenance records showed that since early June 2019 the clean up of the back yard had been requested on three occasions however, on the day of inspection this work was still outstanding.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were arrangements in place to ensure risk control measure were relative to the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable arrangements were in place to detect and extinguish fires and regular fire drills were carried out with residents. However, fire containment measures were not adequate in one house, and improved clarity was required in relation to fire evacuation routes in both houses.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The review of one personal plan was outstanding. The Providers internal six monthly

review had identified three individual risk assessments that required updating in a resident's personal plan however, on the day of inspection the updating of the assessments remained outstanding.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident having regard to their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

In relation to restrictive practices and the required consent, (in one house), the inspector found that the documentation did not adequately demonstrate the nature of the consent and the extent at which it constituted informed consent. However, care was delivered to a high standard and did not result in a medium to high risk to the resident.

Judgment: Substantially compliant

Regulation 8: Protection

The resident was safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary. There was a photograph and contact details of the designated officer displayed in a communal area of the house.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 2 OSV-0004077

Inspection ID: MON-0024812

Date of inspection: 03/07/2019

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Garden maintenance work required in one of the premises is now completed.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire containment measures will be upgraded in one house and the individual fire evacuation plans for both houses will be reviewed and updated. Statement of Purpose will be updated to reflect this.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Outstanding assessments have been reviewed and updated.	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Documentation around restrictive practices will be reviewed, updated and family informed.	

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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	26/07/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2019
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a	Substantially Compliant	Yellow	06/08/2019

	manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/09/2019