



## Office of the Chief Inspector

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

Name of designated centre:	Community Living Area D
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	12 August 2019
Centre ID:	OSV-0004086
Fieldwork ID:	MON-0022565

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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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
12 August 2019	10:00hrs to 18:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The inspector met with eight residents on the day of inspection and spent time with them all both individually and as a group. In one of the houses, one resident was on holiday and not present on the day of inspection. The other four ladies in the house joined the inspector for a cup of tea at the kitchen table. They informed the inspector that they were due to go on a short break together the day after the inspection to Galway where they had booked a hotel. They explained that they were friends and enjoyed trips and breaks away together, residents outlined their plans for the inspector, which included for some a chance to catch up with family members. All of the residents showed the inspector their individual bedrooms and talked about things they liked to do and plans they had for that day and over the week. One resident showed the inspector medals they had won for various sporting achievements over time, 43 in total including Olympic and World medals from representing Ireland in the Special Olympics. Two other residents were going together to a reflexology appointment which they stated they enjoyed and staff were observed supporting the residents in getting ready for this, by blow drying hair and providing input into suitable clothes for the walk there. One resident was active in the kitchen helping prepare lunch and all of the residents in the centre were engaged in the upkeep of their home and were proud to show it to the inspector.

In the other house residents were expecting the inspector and opened the door and provided a warm welcome into their home. A resident in this house was also very involved in sport and had their medals displayed. Another resident explained that they had chosen the colour for the walls in their room and explained how they had bought matching lampshade, cushions and curtains. In the garden of this house a resident showed the inspector a memorial plaque that they had erected and a flowering shrub they had planted in memory of a staff member that had passed away. On the walls in communal areas the inspector noted framed paintings by one resident who explained they were supported by staff to enter art competitions. A resident in this house had had a recent family bereavement and staff were seen to be very supportive and ensured the resident had time alone as well as being supported to understand what had taken place through simplified language and time given to respond to all queries or communications. All residents gathered to have a meal together and were heard engaging with staff about their day and planning for the evening.

As this was an announced inspection, resident questionnaires had been sent to the centre in advance of the inspection to elicit views from residents on what life in the centre was like. Residents complimented the premises, and commented that they liked the bedrooms and facilities. Residents also reported that they felt they were well supported and that the staff were welcoming and caring. Specific mention was given by residents to social activities they particularly enjoyed such trips to see a musical, going to bingo, eating out, knitting club or having a cup of tea in the garden when the weather was nice.

## Capacity and capability

The inspector found that this was a well-managed centre with good structures and levels of accountability evident which actively promoted residents well-being and independence.

There was a suitably qualified and experienced individual who held the post of person in charge. Management structures in the organisation are clear and there was good support and reporting structures between the person in charge and the area director. The person in charge had responsibility for only this centre and as such was available for staff to provide informal support as well as formal supervision.

There were unannounced six monthly visits undertaken on behalf of the provider and detailed reviews and actions were identified as a result. The annual report for 2018 was available. This was comprehensive and reported on incidents or untoward events, residents views and unannounced inspections. Some improvements were identified as necessary, such as staffing levels in the centre to ensure residents could continue to access social events, and the provider had an additional staff member employed by the date of inspection. The inspector found that robust auditing systems had been consistently applied in the centre which supported on going review of care.

A core group of consistent staff was employed in both houses and they had the required training and experience to support the residents. The residents reported that they were very happy with the staff and explained they felt supported in their home. In resident questionnaires a high proportion of residents commented that they liked the staff company, could chat to them and felt the staff knew them well and they enjoyed their company. There were effective systems for communication between staff and managers in place to ensure consistency of care.

From a review of the staff training records mandatory training was up to date for all staff which included first aid and epilepsy management. All staff and managers demonstrated a sound knowledge of the residents needs and preferences and residents were observed to be comfortable and interacting easily with the staff in their home.

A complaints log was present within the centre with a record maintained of any complaints, comments or compliments maintained. There was documented evidence that all complains were dealt with in a timely effective manner. A complaints policy was in place which gave clear guidance for staff in how to deal accordingly with a complaint being submitted, while this policy was due review there was a written statement outlining that it was a current working document until revision was

completed. The complaints officer was visible throughout both houses of the centre. One resident reported that they had been supported by staff to make a complaint, about cars parked in disabled bays without appropriate stickers displayed, and were happy to have done this as they understood about making a complaint when not happy about something.

#### Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted to the Office of the Chief Inspector within the required time frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and there were suitable support arrangements in place.

Judgment: Compliant

#### Regulation 15: Staffing

The numbers and skill mix of staff were suitable to meet the assessed needs of residents. The staff were familiar with the residents' needs and seen to interact with residents in a respectful and dignified manner. The provider had assigned additional staff to the centre in response to the residents needs and this was continuously under review.

Judgment: Compliant

#### Regulation 16: Training and staff development

The staff had the required training, skills and knowledge to support residents. Supervision and performance management systems were in place.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. Additionally six monthly unannounced visits to the centre were taking place.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to

the Chief Inspector in line with requirements of regulation 31.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaint policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of of complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being dealt with in a timely effective manner.

Judgment: Compliant

### Quality and safety

It was apparent to the inspector that residents' quality of life and overall safety of care was prioritised and managed in a person-centred manner with emphasis on the residents choices and preferences evident. Residents' social care needs were actively promoted and encouraged and they accessed numerous external activities such as chair yoga, reflexology, knitting club and their local communities for instance collecting their pension in the Post Office. This was in addition to holidays away and day trips with all residents having very busy lives. There was an emphasis on supporting residents with life-skills including independently accessing the community, money management and looking after their own home, which the inspector saw that they took pride and ownership in, with one resident commenting that they loved cleaning their home.

Residents were encouraged to understand and where possible manage their own health care needs and had access to pertinent allied services such as physiotherapy, speech and language therapy and dieticians. Staff were seen to help the residents implement any recommendations by these specialists, with for example training to staff in a local coffee shop to support a resident requiring thickened fluids still independently meet a friend for a coffee.

Residents had access to mobile phones, the internet and their own televisions if they wished and they were also supported with easy read versions of various documents. Each house in this centre had a resident who attended the providers resident forum meetings and they were seen to feed information back to their peers in house meetings. One resident from the centre had attended the advocacy conference in Dublin and has been invited onto the National platform of self advocates and spoke to the inspector about this role.

Residents had regular multidisciplinary reviews according to their needs and also

annual support meetings attended by them and their representatives. These were used to make plans with the residents. It was apparent and the residents told the inspector that they were always consulted regarding their own choices for their home life , their day services and activities. Goals set by residents and their key worker were meaningful and encompassed the centre core targets of best health, access to the community and contact with friends and family. In each house an informal meeting was held at which they planned the week ahead, agreed meal times and routines with each other.

There was adequate food and drink available, and the inspector observed a discussion with residents regarding planning meals that reflected various choices and preference. Residents were involved in preparation of shopping lists and in carrying out shopping alongside staff. Residents' specific dietary requirements were catered for, and where additional support was required for eating or drinking, staff were knowledgeable of any specialist recommendations, and these needs were supported appropriately.

There were effective systems in place to protect residents from abuse and the person in charge and the staff team were seen to provide effective supports to the residents in consultation with them. Behaviours that challenge were not a feature of this service but there was evidence and residents confirmed that staff supported them to manage and understand their own challenges.

There were no restrictive practices implemented in the centre. Residents were assessed both for self-administration of medicines and money management. The inspector found that where resident's preference was for staff to support them with this the systems were safe and transparent.

Risk management systems were effective, centre specific and considered. There was a detailed and current risk register which was regularly reviewed and included clinical and environmental risks. Pertinent plans and environmental adaptations had been made to meet the changing needs of residents including falls, choking or seizures. Any changes in residents assessed needs were promptly responded to for example, where a resident had fallen and was off balance opening doors towards them, the provider had installed sliding doors to wardrobes and presses accessed by the resident.

There were fire safety management systems in place, and staff had been appropriately trained in fire safety. There were adequate arrangements in place for the detection, containment and extinguishing of fires, and equipment was regularly serviced. Residents took part in fire drills at scheduled intervals and there were personal evacuation plans in place for each resident.

Records of fire drills were found to include sufficient detail to inform an effective review of evacuation plans, for example, an evacuation drill in one centre where residents had been unable to open a door as staff had used the latch or safety chain. However this specific incident had reoccurred in another drill within a couple of months and while the person in charge had appropriately responded at the time there had not been a consistent change in this practice. In one of the

houses the evacuation times were increasing over time and this was attributed to the changing needs of residents and discussions regarding this in particular at night when there is lone working and this had been flagged to the provider as a concern.

Residents were protected by appropriate procedures in relation to the ordering, receipt, storage and disposal of medicines. Staff had received training in the safe administration of medication training and were supported with practical administration prior to administering residents' medicines. In addition, protocols were in place to guide staff practice in relation to some as required medications for a number of residents. Capacity assessments were in place to determine if residents could self administer medication and residents who wished to were supported to take part in any aspect of self-administering their medicines. Medication audits were completed regularly and medication incidents were recorded and fully investigated.

### Regulation 18: Food and nutrition

Residents were supported to prepare and cook their own meals, in accordance with their abilities and preferences. Residents had access to ample quantities of food and drinks, and individual dietary needs were catered for.

Judgment: Compliant

### Regulation 20: Information for residents

There were a variety of documents present in the centre in easy read format including a residents guide and residents were supported in accessing minutes from relevant meetings in easy read versions.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner with residents involved in such decision as it impacted on them.

Judgment: Compliant

## Regulation 28: Fire precautions

Although the provider had fire safety precautions in place, further improvements were required to ensure:

- Fire exits in one house were consistently accessible and residents had the ability to open them
- fire drills to be reviewed in light of changing resident needs and the ability of a lone staff member to ensure a safe and effective evacuation procedure.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were suitable and safe with regular reviews reviews of residents medicines

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.

Judgment: Compliant

## Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly with the residents full involvement.

Judgment: Compliant

## Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive and also supported residents to develop the skills to protect themselves.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider was making considerable effort to ensure that residents could exercise choice and control in their daily lives. Regular house meetings were taking place and residents were consulted in the running of the centre.

Judgment: Compliant

## Regulation 17: Premises

The centre consisted of two single storied residences. They were individualised and homely however in one of the houses improvements were required with respect to painting and decor in areas, and areas of maintenance such as fixing cupboard doors in communal areas along corridors.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

# Compliance Plan for Community Living Area D OSV-0004086

Inspection ID: MON-0022565

Date of inspection: 12/08/2019

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. On 02/10/2019, all locks were replaced appropriately and all residents can now vacate the residence without difficulty.  2. Reviewed Risk Assessment and updated Management Plan with regard to Fire Evacuations.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Painting, décor and maintenance requirements have been completed.	

## 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	11/10/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	02/10/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/11/2019