



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area E
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	16 July 2020
Centre ID:	OSV-0004087
Fieldwork ID:	MON-0029617

About the designated centre

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

This centre comprises of two houses in the centre of a rural town, one of which can be home to four residents although only three are currently living there and one house is home to a single individual. This centre is home to male and female residents over the age of 18 who present with moderate to severe intellectual disability and/or other diagnoses such as autism. The houses operate on a 24 hour, seven days a week basis with staff present both day and night to support residents. This centre strives to provide a home like environment where individuals are encouraged and supported to become as independent as possible in their daily lives. The centre promotes and encourages community involvement and places an emphasis on personal choice and person centered planning.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 16 July 2020	10:10hrs to 16:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection took place in the backdrop of the COVID-19 pandemic. Communication between inspectors and residents, staff and management took place in adherence with national guidance. At the time of this inspection there were two locations attached to this designated centre. However, the chief inspector had received an application to register one of these locations as a separate designated centre. That part of the centre was reported by the person in charge to be vacant and was not viewed by the inspector during this inspection.

There were three residents living in this designated centre and the inspector had an opportunity to meet with all of the residents. One resident opened the door and welcomed the inspector warmly to their home. Later on, this resident showed the inspector their room and spent some time talking with the inspector about topics of interest to them. They told inspectors they liked living in the centre. This resident was relaxing in the sitting room on the morning of the inspection and told the inspector they planned to go out later in the day. They appeared to be comfortable in the presence of staff. Staff working with this resident demonstrated a strong awareness of this individual's communication and support requirements, including the need to adapt this resident's schedule according to their needs on any given day.

The second resident spoken with was relaxing in a comfortable chair in the kitchen watching television. This resident greeted the inspector warmly. They showed great pride in their appearance and showed the inspector some clothes they had purchased themselves. They pointed out numerous pictures of themselves with family members and showed the inspector a picture of a close friend and other items of importance to them. This resident appeared content in the company of staff and was observed to interact positively with them. They were keen to tell the inspector about how they maintained contact with close family members and friends and in particular about how staff facilitated them to maintain a meaningful relationship with a close friend by supporting them to plan and attend events together. Further evidence of this was noted when the inspector viewed this individual's personal plan.

The third resident the inspector met did not communicate verbally. This resident used a variety of other communication methods to interact with staff and the inspector and was clearly able to communicate their likes and dislikes. This resident was content in their room watching a DVD of their choice on the morning of the inspection. They showed the inspector their collection of DVDs and pointed out a selection of their favourite films. Later on, this resident showed the inspector their freshly ironed clothes and communicated that they were getting ready to go out in the car. This resident was seen to interact very positively with staff present and relaxed in his home environment.

Throughout the time the inspector spent in the centre, a calm atmosphere prevailed

in the house and residents appeared happy and content in their home and in the presence of the staff supporting them.

Capacity and capability

Inspectors reviewed the capacity and capability of this centre to provide safe and effective services for the residents that lived there. The centre was previously inspected in April 2019 with positive findings on that inspection. There had been a change in the person in charge since the previous inspection with the current person in charge in situ since January 2020. Overall, the findings of this inspection remained positive. Some improvements were required in how the formal supervision of staff was carried out.

A clear management structure was present and the inspector met with both the person in charge and the person participating in management of this centre on the day of the inspection. This inspector was satisfied that the management team maintained a presence in the centre and staff spoke positively of the management team. An on call management rota was in place to provide staff with additional support if required out of hours, and this was prominently displayed in the office. Team meetings were taking place prior to COVID-19 government restrictions and there was an appropriate audit schedule that was regularly updated. Good person in charge oversight was in place regarding the care and support of residents.

An annual review of the quality and safety of care and support had been completed in respect of this centre and was made available to inspectors. A six monthly unannounced visit had been completed and a written report on the the safety and quality of care and support provided in the centre had been compiled following this visit.

Staff files and training records were viewed by the inspector. Staff had received training in areas such as fire Safety, complaints and safeguarding and protection of vulnerable adults as well a variety of other disciplines. Training records viewed indicated that all mandatory training had been completed as required and refresher training was taking place as appropriate. Additional training had taken place during the COVID-19 pandemic in areas such as hand hygiene and the donning and doffing of personal protective equipment (PPE). The policy in place within this organisation states that formal supervision should take place at least twice annually. However, staff files indicated a significant gap in supervision records for some staff and the person in charge confirmed that formal supervision meetings had not taken place in line with the organisations policy during this time. The person in charge cited the COVID-19 pandemic as the primary reason that these had not occurred since she had commenced the role in January 2020 and told the inspector that these supervision meetings were planned. Staff spoke positively about the management systems in place and told the inspector that they felt well supported and were comfortable to escalate any concerns they had.

This centre was staffed by a core group of dedicated staff with a skill mix appropriate to the assessed needs of the residents living there. This maintained continuity of care for residents and ensured that footfall into the centre was kept to a minimum during the pandemic. Two staff are on duty at all times in this centre. This was observed on the day and was confirmed by staff rotas present. Staffing levels were found to be sufficient to meet the needs of the residents. Staff members spoken to were found to be knowledgeable and respectful in how they spoke of residents and it was clear to inspectors that they were strong advocates for the residents. A vetting disclosure was in place in respect of all staff working in the centre.

The inspector had sight of the directory of residents for the centre and found this to be accurately maintained. This document included details of present and past residents of the centre as set out in Schedule 3 of the regulations.

Regulation 15: Staffing

The registered provider had ensured the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. Residents received continuity of care and support. There was a planned and actual staff rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training. Copies of the Act and regulations and guidance issued by public health were available to staff. There was a gap in formal supervision that was not in line with the organisations policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre.

Judgment: Compliant

Regulation 22: Insurance
The registered provider had submitted details of a valid contract of insurance in respect of the designated centre.
Judgment: Compliant
Regulation 23: Governance and management
The registered provider had provided appropriate resources to the designated centre to ensure the effective delivery of care and support. There is a clearly defined management structure in place that identifies lines of authority and accountability.
Judgment: Compliant
Regulation 3: Statement of purpose
A statement of purpose was in place that contained all of the required information such as the organisational structure for the centre, the arrangements made for dealing with complaints and the arrangements for residents to attend religious services.
Judgment: Compliant
Quality and safety
<p>Inspectors examined quality and safety within the designated centre and overall found good evidence of compliance over a number of areas. Some areas for improvement were identified in relation to the storage of prescribed medications, risk management procedures, and the documentation of goals in personal plans.</p> <p>The premises was suitable to meet the needs of the residents. Where desired, resident bedrooms were decorated in a manner that reflected their individual preferences. One resident was observed relaxing in a comfortable chair in his room and residents had access to televisions in their bedrooms, the kitchen and the sitting room. There was a space in the kitchen for a resident to relax apart from other residents if they wished. The centre was visibly clean and maintained to an</p>

adequate standard. There was a large patio and yard area to the side and rear of the house with french doors leading out to it, and staff told the inspectors that residents sometimes used this area to walk or sit outside if they wished.

Residents individualised care plans were viewed and these were found to be comprehensive and accessible to residents, containing numerous pictures of activities residents enjoyed and important events in residents' lives, including concerts, meals out with significant people in their lives, and holidays away. Consultation with residents and their representatives was evident throughout and information in plans was sufficient to guide staff to support residents in their day to day lives. From speaking with residents and observing them in their home environment, it was clear to the inspector on the day of this visit that residents were supported to take part in activities that were important to them and led meaningful lives. However, some improvements were required in documentation to ensure that goals were being regularly reviewed to take into account changing circumstances and new developments.

Multidisciplinary records viewed demonstrated that residents had access to numerous health and social care supports, including psychology, psychiatry and neurology as appropriate. A behaviour support plan had been developed and regular, comprehensive reviews were taking place for one resident who required additional supports in relation to mental health, and staff spoken to demonstrated a good awareness of this individual's support requirements. Health assessments such as the Malnutrition Universal Screening Tool (MUST) had been completed as appropriate and plans were in place to support residents to transfer to acute services, should the need arise.

Processes and procedures relating to risk were set out in an organisational risk management policy and this had been reviewed as appropriate. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. This register had last been reviewed in August 2019 and the inspector found that some risk assessments had not been appropriately updated in the time since. For example, although there was an organisational plan and risk assessment in place in relation to COVID-19 and this was shown to the inspector on the day of the inspection, the local risk register and in particular the risk assessment relating to infection control had not been updated to include the ongoing pandemic.

Infection control procedures in place in this centre were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Posters were displayed in the office to guide staff on the correct use of masks and the processes of donning and doffing of PPE and there was a folder available to staff that included national guidance and local protocols in place during the COVID-19 pandemic. Staff demonstrated an awareness of infection control measures to take to protect residents, staff and visitors to the centre, including appropriate hand hygiene procedures and use of PPE.

There was a locked cabinet in the centre for the storage of medications. Medication administration records were in place and being completed appropriately by staff. All staff had received training in medication administration and management. However, a drinks thickener, a prescribed medication which has implications for resident safety if swallowed when dry, was found to be stored in a kitchen cupboard that residents accessed on a regular basis. Unopened tins of this drinks thickener were also stored in an unlocked part of the medication cabinet. Although there were none present in the centre at the time of the inspection, there was no designated storage area to keep medications such as discontinued or out of date medications, separate from other medications. Discontinued medications were clearly indicated as such on medication administration records. However, not all of these records had been signed by a general practitioner as required.

Fire containment and detection measures including fire doors and an appropriate alarm system were in place in this centre. The kitchen door was found to be held open with a wedge but this was removed immediately once requested by the inspector. Suitable fire fighting equipment including fire extinguishers and fire blankets were viewed throughout the centre. Equipment was regularly serviced by a competent professional in this area and plans were in place to provide for the safe evacuation of residents, staff, and visitors in the event of a outbreak of fire in the centre. Emergency lighting was in place. Regular fire drills were occurring and there was evidence that the provider had arranged for a visit from the local fire-fighting personell to the premises in March 2020.

Regulation 13: General welfare and development

Residents were provided with opportunities to participate in activities in accordance with their interests and wishes. Residents were afforded a good quality of life within the designated centre.

Judgment: Compliant

Regulation 17: Premises

The designated centre was clean, adequately maintained and and decorated in line with residents individual preferences. There was adequate cooking and bathroom facilities and outdoor space was available to residents

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there are systems in place in the designated centre for the assessment and management of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This required updating to ensure that all risks were being appropriately reviewed and considered.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place including fire detection and containment measures. Equipment was regularly serviced and plans were in place for the safe evacuation of the centre in the event of an outbreak of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Not all prescribed medications were securely stored in a manner that would ensure that residents did not have inappropriate access to them. There was no designated storage area to segregate out of date or returned medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for all residents that reflected their assessed needs. These were available in an accessible format. Some improvements were required to ensure that goals were regularly reviewed to take into account changing

circumstances and new developments.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate health care was provided to residents. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment was facilitated. Residents had access to health and social care professionals as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. There was a low level of restrictions in place in this centre.

Judgment: Compliant

Regulation 8: Protection

The person in charge had ensured that all staff had received appropriate training in the safeguarding and protection of vulnerable adults. Appropriate individualised plans were in place to guide staff on the provision of personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make decisions about their care and support and exercise choice and control over their daily lives. Information relating to advocacy services was available to residents. Staff were observed to support residents in a dignified and respectful manner that was suited to residents needs. Consent had been obtained from residents prior to medical screening tests. Residents were supported to maintain meaningful relationships with important people in their lives.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area E OSV-0004087

Inspection ID: MON-0029617

Date of inspection: 16/07/2020

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC will complete a schedule for staff to ensure all staff are supported with formal supervision at least twice annually as per organizational policy and more frequently if identified by the PIC.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All risks identified will be assessed and managed with ongoing review including responding to emergencies in the centre. The risk register will be updated to reflect all risks identified as they occur.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and</p>	

pharmaceutical services:

Storage of all prescribed medications including drinks thickener will be in accordance to guidelines. All medications discontinued, or out of date will be stored appropriately and separate to current medications until they are returned to pharmacy. All discontinued medications will be signed off by the General Practitioner on the kardex.

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:

All individual assessment and personal plans will be updated regularly to reflect changes in needs and circumstances particularly during current circumstances where goals may change due to restrictions of Covid 19, or new developments.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	04/09/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	04/09/2020
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to	Substantially Compliant	Yellow	04/09/2020

	ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	28/09/2020
Regulation 05(6)(d)	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 take into account changes in circumstances and new	Substantially Compliant	Yellow	04/09/2020

	developments.			
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