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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Community Living Area 41</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Muiríosa Foundation</td>
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<tr>
<td>Address of centre:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>16 July 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005846</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0026252</td>
</tr>
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</table>
About the designated centre

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

Community Living Area 41 comprises two detached homes. One home is a dormer detached house situated in a small housing estate near a town in Co. Kildare. It consists of three bedrooms, a kitchen/dining room, sitting room and a living room, bathroom, utility room and two store rooms/offices upstairs. Individuals have their own bedroom on the ground floor. This location has access to an open outdoor area towards the back of the house and a small garden to the front. Currently this house is a home for three residents. The second home is located in a rural location within a short driving distance to the town. The house is a detached, spacious bungalow. It consists of four bedrooms, a sitting room, a lounge room, a dining room, kitchen and sun room, two bathrooms and utility room. Individuals have their own bedroom. The location has access to a garden and patio area. Currently the second house is a home for three residents. Community Living Area 41 has the capacity to facilitate seven residents, both male and female over the age of 18. The residents in both homes have significant care needs. The centre supports individuals with varying needs in relation to their intellectual disabilities and require a multidisciplinary approach to care. Both homes are wheelchair accessible and a wheelchair bus is available for both locations. Day services are provided for individuals in their own home. Each of the individuals are actively supported to develop valued social roles and expand their life experiences. Residents receive care 24 hours a day from nursing staff and care staff.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 6 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 July 2019</td>
<td>09:00hrs to 19:30hrs</td>
<td>Sarah Mockler</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector met all six residents currently residing in this designated centre. The residents had recently transitioned from a congregated setting to the community homes. All residents had lived together in the previous setting. All residents used non-verbal forms of communication. Observations, staff advocating on the residents behalf and relevant documentation were reviewed in order to capture the residents' view on the quality of care they were receiving.

Across the day the inspector observed residents completing different aspects of their daily routine. The inspector observed the breakfast routine in one of the homes were residents received full assistance. Residents were treated kindly and respectfully during this routine in line with their assessed needs. One resident was getting ready to go out in the community to purchase some more items for their new room. Later in the day another resident was observed to take part in meal preparation.

Staff spoke to residents in line with their assessed needs and wishes. Staff were observed to read non-verbal cues as appropriate, for example a resident would vocalise a sound to indicate they wanted to interact with a staff member. On each occasion during the observation period, the staff member responded appropriately to the resident. Later in the day, another resident used a gesture to indicate they did not want staff interaction, the staff member respected this accordingly.

Residents appeared content and settled in their new home. Staff spoke about how well each resident had transitioned and spoke about the positive impact it had on the residents life.

Capacity and capability

Overall, the inspector found that residents were safe and in receipt of good quality care and support in the centre. The person in charge had systems in place to monitor the quality of care and support for residents including a suite of audits which were completed regularly. There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. Due to the effective governance in the centre there were positive outcomes for residents. Generally there was a good level of compliance in line with regulations.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. It was evident that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge was very knowledgeable of the residents individual needs and preferences. Many of the residents presented with complex needs in line with their diagnosis and associated healthcare needs. Although the person in charge had only
been responsible for the centre since February 2019, they presented with a thorough knowledge of each individuals' care needs. Residents appeared very comfortable in the presence of the person in charge. Residents were observed to smile and look towards the person in charge when they spoke and interacted with the residents.

There were appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. As this was a new designated centre the unannounced visits from the provider had not taken place yet. However, the person in charge had requested that the provider complete an announced audit of the centre to ensure correct process were in place to monitor the quality and safety of the care. This had just taken place in the days before the inspection and the report had not been drafted. The outcome of this visit was reviewed and some actions identified had already been completed. There were two separate staff teams, one for day and one for night. The day staff reported directly into the person in charge. The night team directly reported into their manager who in turn reported into the person in charge. The person in charge had facilitated a staff meeting with the night team and their manager to ensure effective communication and oversight was in place. The notes of this meeting were reviewed. The person in charge also ensured that they were present at different times to overlap with the night team. These steps had ensured there was effective communication between the two teams.

There was enough staff with the right qualifications and experience to meet the assessed needs of residents. Many of the staff had transitioned with the residents and were very familiar with their individual assessed needs. There were arrangements in place for staff absences and continuity of care was promoted by using regular relief staff. Nursing care was provided in line with the statement of purpose and the assessed needs of residents. Residents were observed to receive assistance, interventions and care in a respectful, timely and safe manner.

Staff had received training and refresher training in many areas to enable them to provide up-to-date evidence based practice. However, no care staff had been trained in relation to one specific healthcare need that was applicable across all residents. Staff had commenced supervision in line with the organisations policy. Staff spoken to felt supported in their role.

The centre's admission process considered the wishes, needs and safety of the individual and safety fo the individual and the safety of other residents currently living in the centre. Each home for the residents was carefully chosen to ensure it suited their specific assessed needs. Where possible, residents and his or her family had the opportunity to visit the centre. A written contract for the provision of services was agreed on admission.

### Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge. The person in charge was engaged in the governance, operational
management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

**Regulation 15: Staffing**

There were enough staff with the right skills, qualification and experience to meet the assessed needs of the residents at all times. There was an actual and planned rota in place. Residents received assistance and care in a respectful, timely and safe manner.

Judgment: Compliant

**Regulation 16: Training and staff development**

Staff were supervised appropriate to their role. Staff had received training and education to enable them to deliver care that was safe and in line with the residents' assessed needs. However, care staff had not received specific training in relation to one assessed need for residents. All residents were assessed as requiring support for this health need.

Judgment: Not compliant

**Regulation 23: Governance and management**

Management systems were in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored.

Judgment: Compliant

**Regulation 24: Admissions and contract for the provision of services**

The centre's admission process considered the wishes, needs and safety of the individual and the safety of the other residents transitioning into the designated centre. A written contract for the provision of services was agreed on admission.
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<tr>
<th>Quality and safety</th>
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Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. The residents had recently transitioned from a congregated setting. The provider and person in charge were ensuring that all their needs were now being met in the residents' local community and home. The residents were kept safe as there were appropriate policies, procedures and practices in relation to their care and support needs. The residents quality of care was also positively impacted by their involvement in their new home and community. For example residents now had the opportunity to become involved in meal preparation in their home, this was not available to the residents previously. On the day of inspection a resident was observed to be involved in this practice.

Both homes were warm, homely and decorated in line with residents' wishes. Both premises met residents' needs and the design and layout promoted the residents' safety, dignity, independence and wellbeing. The homes promoted best practice in relation to accessibility, with wheelchair access at all the main entrances and exits. Overhead mechanical hoists were also in place where required. Both homes had access to a well kept outside area.

The person in charge had put considerable work and effort to ensure that residents were participating and included in their local community. The person in charge, along with the relevant multidisciplinary input, had completed community mapping for accessibility in the local town. Many of the residents were now accessing supports from their home or community, such as the general practitioner, or access to other therapeutic services. Since the residents' moved they had all gone on a holiday and the places chosen for the holiday were meaningful for each resident. The person in charge was also in the process of identifying new daily activities for the residents. Residents were facilitated to maintain personal relationships.

The residents had just recently transitioned together from one designated centre within the organisation to this designated centre. The transition process was well planned and there was a transition plan in place for each resident. There was evidence of family involvement in the transition process and residents were also consulted in line with their assessed needs. Staff advocating for residents spoke about how quickly all residents settled into their new home. During observation periods across the day of inspection residents appeared comfortable and content in their new home.

The inspector found that residents were protected by appropriate risk management procedures and practices. There was a risk register in place and evidence that general and individual risk assessments were developed and reviewed as necessary.
Risk control measures were relative to the risk identified.

Residents’ healthcare needs were appropriately assessed. They had the appropriate healthcare assessments and support plans in place. Residents had access to nursing care and other allied health professionals in line with their assessed needs.

All staff had received suitable training in fire prevention and emergency procedures and were able to discuss the same, on the day of inspection. The registered provider had ensured that all fire equipment was maintained and serviced at regular intervals. There was adequate means of escape. However, one main escape route did not have adequate emergency lighting to lead individuals to the emergency door in the event of an emergency. All escape routes were clear from obstruction and were sufficiently wide to enable evacuation, taking account residents’ individual needs. The mobility and cognitive understanding of residents had been considered and appropriate emergency plans had been developed and reviewed regularly. The safe evacuation of residents relied on fire containment measures throughout the homes. Both homes had fire containment measures in place in the form of fire doors at relevant locations. However, in one of the homes the fire doors were left open at night due to assessed needs of residents. There were no arrangements in place to ensure these doors were closed in the event of a fire.

Residents were protected by appropriate policies and procedures in relation to safeguarding. Staff were knowledgeable in terms of the safeguarding policy and could readily identify who to contact if they had any concerns. To date there were no incidents in relation to safeguarding in this designated centre.

The inspector reviewed a sample of residents’ personal plans and overall they were sufficiently detailed to provide safe and good care to the residents. It was evident that the residents preferences, potential and independent abilities were being explored and encouraged. There was an assessment of need in place and care interventions were developed in line with residents' assessed needs. However, there were some gaps in the documentation that did not result in a medium or high risk to residents. For example a specific therapy was recommended to be completed on a daily basis with one resident, this was not occurring and the residents personal plan had not been updated to reflect this. Also following a visit to an allied health professional, specific recommendations had not been recorded in the residents care plan.

Residents were protected by appropriate policies, procedures and practices in relation to the ordering, receipt, storage and disposal of medicines. Staff had completed safe administration of medication training and practical administration prior to administering medications.

Regulation 13: General welfare and development

Each resident was provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the residents'
disability, assessed need and his or her wishes.

**Judgment:** Compliant

### Regulation 17: Premises

There was adequate private and communal accommodation in both homes. The physical environment was clean and kept in good structural repair.

**Judgment:** Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place when residents transferred between the service.

**Judgment:** Compliant

### Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risks identified.

**Judgment:** Compliant

### Regulation 28: Fire precautions

Although there was adequate means of escape, emergency lighting was missing from one part of an escape route in one of the homes. Although fire containment measures were in place, in one of the homes fire doors were left open at night and there was no procedures in place to ensure they were closed in the event of an emergency.

**Judgment:** Substantially compliant

### Regulation 29: Medicines and pharmaceutical services
Residents were protected by appropriate policies, procedures and practices in relation to the ordering, receipt, storage and disposal of medicines.

Judgment: Compliant

**Regulation 5: Individual assessment and personal plan**

There were gaps in the residents' personal planning documentation but overall care was delivered to a high standard. Personal plans were not always updated to reflect a change in need or following specific recommendations.

Judgment: Substantially compliant

**Regulation 6: Health care**

Appropriate healthcare was made available for each resident, having regard to the residents' personal plan.

Judgment: Compliant

**Regulation 8: Protection**

Residents were protected by safeguarding policies, procedures and practices in the centre. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
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<tr>
<td>Regulation 25: Temporary absence, transition and discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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</table>
Compliance Plan for Community Living Area 41 OSV-0005846

Inspection ID: MON-0026252

Date of inspection: 16/07/2019

**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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Dysphasia training took place on 14th August 2019 which was completed by 11 staff, 4 staff were unable to attend training on this date but will complete training by 30th September 2019.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
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</thead>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The identified missing emergency lighting will be installed and free swing closures installed on the doors which are required to be left open at night.

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and personal plan</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Assessments and Personal plans were reviewed and updated.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 16(1)(a)</td>
<td>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/09/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(c)</td>
<td>The registered provider shall provide adequate means of escape, including emergency lighting.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2019</td>
</tr>
<tr>
<td>Regulation 28(3)(a)</td>
<td>The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2019</td>
</tr>
<tr>
<td>Regulation 05(6)(d)</td>
<td>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 developments.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/08/2019</td>
</tr>
</tbody>
</table>