<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Community Living Area 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004077</td>
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<tr>
<td>Centre county:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Muiríosa Foundation</td>
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<tr>
<td>Provider Nominee:</td>
<td>Margaret Melia</td>
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<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on</td>
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</tr>
<tr>
<td>the date of inspection:</td>
<td></td>
</tr>
<tr>
<td>Number of vacancies on</td>
<td>0</td>
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<tr>
<td>the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 21 September 2016 10:00 To: 21 September 2016 12:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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**Summary of findings from this inspection**

Background to the inspection:
This was an inspection of a centre which is part of Muiríosa Foundation (hereafter called the provider). This inspection was conducted following the submission of an application by the provider informing HIQA that a new premises was being incorporated as part of this designated centre. This change occurred as a previous premises was sold by the landlord (private) which required a new premises to be sourced by the provider for the one resident who required a new home.

This centre was found to demonstrate high levels of compliance with the regulations and standards on the centre's last inspection on 8 November 2014. The aim of this inspection was to specifically inspect the new premises and ensure compliance with the regulations and standards.

This designated centre was located in a rural location operated by this provider. This designated centre comprised of a renovated house that was designed and decorated in line with the resident's needs, wishes and preferences. The centre was found to be of a very high standard and compliant with the regulations and standards.

This inspection was carried out to monitor compliance in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Registration of Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 and the associated National Standards for Residential Services for Children and Adults with Disabilities.
How we gathered our evidence:
As part of the inspection, the inspector met and observed the resident who visited the centre on the day of inspection. The resident was involved in extensive transitional planning and was found to be well supported. The inspector spoke with the person in charge and reviewed documentation such as policies and procedures, safety statements, risk assessments, residents personal planning, auditing, reviews and staff rosters.

Description of the service:
The provider had a statement of purpose in place that outlined the service that they provided.

There were two residents accommodated in the designated centre (which consisted of two properties) on the date of inspection. The specific property inspected was home to one resident and was the only premises inspected. According to the centre's statement of purpose, the centre provided residential services to individuals who are over the age of eighteen who have an intellectual disability and autism.

Overall judgment of our findings:
Overall, the inspector found that this centre provided safe and good quality care to the resident proposed to move into this new premises. The resident lived in the same house for 10 years and this transition was a substantive change for them. The provider demonstrated professional and multi disciplinary input and support for the resident and their family. This new premises was laid out and designed to a very high standard and the inspector found that the quality of planning, care delivery and governance met the requirements of the regulations and standards.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found a high standard of personal planning and social care provision evident in the designated centre.

Transitional planning, person centred support planning and comprehensive care planning were all very evident regarding the service provision in this centre.

The inspector found that the resident who was transitioning into the new premises had been involved in a step by step introduction to their new home in line with their needs, wishes and preferences. Detailed pictorial communication plans were reviewed and the resident was met on the day of inspection and communicated with the inspector on their own terms. It was clear this service was completely individualized for this resident in an inclusive and professionally supportive manner.

Personal planning incorporated all of the required care planning for the resident's healthcare, social care and personal support care needs. Care planning was found to be comprehensive, highly detailed, multi-disciplinary and up to date.

Family involvement and support was very evident and the person in charge showed communication with the resident's family and highlighted the importance of the resident's links to their family and community.

Social activities, holidays, trips abroad and busy social and activity schedules were a strong feature in this centre. A core staff team was in place and the standard of service delivery and social activation was to an exceptionally high standard.
Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that this new premises was built, designed and decorated to a very high standard. This premises consisted of a house that was renovated in 2016 and was finished to an excellent standard. The premises was located on a large site with ample garden space. The resident presented as very happy with their new home.

The inspector found that there was:
- Adequate private and communal accommodation for residents, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout suitable for the needs of residents
- Adequate space and suitable storage facilities for the personal use of residents
- Communal space for residents suitable for social, cultural and religious activities appropriate to the circumstances of residents
- Suitable storage
- Ventilation, heating and lighting suitable for residents in all parts of the designated centre
- A separate kitchen area with suitable and sufficient cooking facilities, kitchen equipment and tableware
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents
- Suitable arrangements for the safe disposal of general and clinical waste where required
- Adequate facilities for residents to launder their own clothes if they so wish

The premises had been personalised for the resident who was moving in with their artwork (paintings and sculptures) found throughout the premises. The premises was warm, bright and very homely and the resident presented as very happy with their new home (they visited the house at the time of inspection).

The premises were appropriately equipped with appropriate fire alarm and detection system, emergency lighting, and fire fighting equipment. The centre had a modern
security alarm and the premises were found to be safe and secure.

The inspector found that as the resident was in the process of their transition to this premises and some of their personal effects (their bed and wardrobe) were in the process of transitioning.

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met the residents’ individual needs in a comfortable and homely way in compliance with the Regulations and Standards.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found the centre was managed and overseen by a competent and professionally qualified person in charge. The person in charge had appropriate nursing/healthcare qualifications and held the role of clinical nurse manager within the organisation with managerial responsibility for a number of locations.

The person in charge worked full-time and was person in charge for only one designated centre. This centre consisted of two locations and provided individualised care for two residents. The governance and management systems in place were found to be effective in line with the statement of purpose and needs of residents.

Management structures were in place to monitor and provide oversight and appropriate review of the designated centre. Auditing was reviewed and the inspector found that the provider engaged in regular unannounced visits and reviews of the centre. An annual review was also in place for 2015 and follow up auditing in 2016 was also reviewed. Audits were completed in line with regulatory requirements with areas audited including safeguarding, health and safety, health care, care planning and premises.
Staff performance management, staff rosters and staff training were found to be managed well and reviewed. The person in charge was aware of all staffing requirements and needs and had systems in place to monitor, review and manage the designated centres resources.

The inspector found a high standard of individualised service was being provided in this centre in line with the requirements of the Regulations and Standards.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority