<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Community Living Area 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002719</td>
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<td>Centre county:</td>
<td>Kildare</td>
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<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>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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.
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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 16 June 2017 10:30
To: 16 June 2017 15:30

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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<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11: Healthcare Needs</td>
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<tr>
<td>Outcome 12: Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
Background to the inspection
This announced inspection was carried out to inform a registration decision, whereby the provider submitted information to HIQA that indicated they were ceasing operating at the designated centre's registered address and moving the operation of the designated centre to another address. This centre has had four inspections to date, and all actions highlighted in the previous inspections have been satisfactorily addressed by the provider.

How we gathered our evidence
As part of the inspection, the inspector met with one resident, the person in charge, the provider nominee and a staff member. The resident presented as very content and well cared for over the course of this inspection. Residents and families were found to be well communicated with regarding the transition of the residents from one premise to another. Staff were found to know residents assessed needs very well. The inspector observed practices and reviewed documentation such as support plans, medical/healthcare records, a risk register and risk assessments, incident/accident records, training records and policies and procedures.

Description of the service
The provider had a statement of purpose in place that clearly explained the service they provided. In the areas inspected, the inspector found that the service was being provided as it was described in that document. The centre provided care for two female residents who had an intellectual disability. Residents were of retirement age and had some associated support needs. There was one vacancy at the time of inspection.

The centre is a detached bungalow located in a rural community. The centre met the residents' assessed needs in terms of the physical premises and location of the centre.

Overall judgment of our findings
Overall, the inspector found that issues that were identified on the previous inspections had been satisfactorily addressed by the provider. This provider demonstrated appropriate engagement with HIQA and was found to be delivering a good quality of care to the two residents in this centre. The newly acquired building had been renovated and refurbished to meet residents' needs. The resident who was met on this inspection stated that they were 'very happy' with their new home.

There were no areas of non-compliance found with this centre on this inspection.
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 that the residents in this centre had their social care needs well met. One of the two residents who lived in the centre was spoken with, and the inspector reviewed both residents person centred support plans.

Personal plans were up to date, comprehensive, and had multidisciplinary input and the inspector found good evidence of implementation. The resident spoken with stated they were very happy with the supports they received and staff spoken to demonstrated strong knowledge of the residents' needs, wishes and preferences.

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 design and layout of the new building acquired for this centre was found to be suitable for its stated purpose. This large rural community based bungalow was found to be as described in the provider's statement of purpose.

There was ample private and communal space for the residents who had visited the centre and were met on this inspection. Residents' bedrooms were individualised and well decorated and items of personalised furniture and decoration had been provided. The inspector found the provider had renovated and refurbished the centre to ensure residents' needs could be appropriately provided for.

There were an appropriate number and standard of bathrooms and toileting facilities in the centre. The resident met on this inspection informed the inspector that they were looking forward to moving into the house and showed the inspector their bedroom and gave a tour of the new premises.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
This inspection found that the health, safety and welfare of residents were well managed in this centre. The residents, staff and visitors were found to be appropriately protected by the provider's policies and procedures. A safety statement was in place, and a fire register was reviewed. The provider had premise architectural plans and fire evacuation procedures in place which were also reviewed.

Staff members were aware of risk areas and the premises had been fitted with appropriate fire safety equipment, fire containment measures and emergency lighting. Evacuation drills had been completed in the new premises.

Residents had risk assessments in place and there was evidence of appropriate recording and responding to health, safety and risk based accidents and incidents.
**Judgment:**
Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were safeguarding and protection of vulnerable adult's policies and procedures in place in this centre. The person in charge and staff had a good understanding of the systems of reporting in place to ensure residents were appropriately protected. There were no active reported or investigated safeguarding concerns in this centre, and there were clear channels and processes in place regarding same.

This centre operated to provide full-time care to two residents (at the time of inspection) who were retired. The inspector found financial practices in the centre were regularly audited and reviewed as a financial safeguard by the provider and person in charge.

A restraint-free environment was found to be promoted and the person in charge had a record and oversight of any perceived restrictive practices in place.

The inspector found the resident present on inspection presented as very happy, comfortable and content with the staff on duty. Staff were trained in safeguarding and protecting vulnerable adults and demonstrated appropriate knowledge of same.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that the residents in this centre were well supported to enjoy best possible health. The residents had appropriate access to allied health professionals and were in receipt of good quality healthcare provision and care. The inspector found detailed healthcare planning and guidance for the residents was in place and competent staff who demonstrated good knowledge of meeting the residents assessed needs.

All healthcare documentation was in place, and the residents in this centre presented as very content and comfortable on the day of inspection. There was very clear guidance and care planning in place for the management of all healthcare needs and continuous liaison with appropriate allied health professionals was apparent in resident's appointment calendars.

Residents were on healthy eating plans and some required specific dietary supports such as eating, drinking and swallowing support guidelines and modified diets. The inspector found evidence of the provision of same and good staff knowledge of residents' needs.

Judgment:
Compliant

Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

Theme:
Health and Development

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

Findings:
Overall, inspectors found that residents were protected by the designated centres’ policies and procedures for medication management. The residents’ medications and medication safes were not yet transferred to the new building and would transfer at admission with the residents.

There were written operational policies for the ordering, prescribing, storing and administration of medication. The inspector found that medication practices and procedures were in accordance with current national guidelines.

Suitable arrangements were in place for the disposal of medication. Out-of-date or unused medications were returned to the dispensing pharmacy. Medication errors were
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 that there were effective governance and management systems in place in this designated centre. There were clear lines of accountability and a very consistent and settled staff team. The person in charge had relevant qualifications in social care and management and had appropriate experience in the management of services for persons with disabilities.

The person in charge has managed the centre since commencement of regulation and evidenced transitional plans for the residents. The person in charge showed the inspector a number of areas that were reviewed and audited as part of the operation of this designated centre. While this centre was moving location, the care and support needs and governance and management structures in place have not changed. This centre has demonstrated good levels of compliance since commencement. The resident presented as very familiar with the person in charge and informed the inspector they were very happy in their new home.

Judgment: Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.
Theme:
Responsive Workforce

 Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The centre was found to be staffed by an appropriate number and skill mix of staff based on the assessed needs of the residents. The person in charge and staff team from the previous address were transferring to the new building; therefore, there was a consistent experience for residents.

In discussing the residents assessed needs with staff and management, the inspector found that the service provided was meeting the needs of the two residents who lived in this centre in a professional and caring manner. The person in charge and staff team demonstrated very good awareness of the residents assessed support needs in this centre. The person in charge highlighted that whole-time equivalencies would be reviewed if a third resident was admitted to the centre.

On the day of inspection, there were appropriate staff numbers observed to be supporting the resident. Staff were observed to be caring and knowledgeable regarding residents' support needs.

The inspector found the residents presented as very comfortable with the staff and person in charge. Staff files and training records were reviewed on another date and were found to meet the requirements of the Regulations.

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