<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Community Living Area 17</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002717</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>Lead inspector:</td>
<td>Jacqueline Joynt</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<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>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 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: 23 January 2018 09:55  
To: 23 January 2018 17:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
<th>Outcome 06: Safe and suitable premises</th>
<th>Outcome 07: Health and Safety and Risk Management</th>
<th>Outcome 08: Safeguarding and Safety</th>
<th>Outcome 11: Healthcare Needs</th>
<th>Outcome 12: Medication Management</th>
<th>Outcome 14: Governance and Management</th>
<th>Outcome 17: Workforce</th>
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**Summary of findings from this inspection**

Background to inspection:
This inspection was carried out by the Health Information and Quality Authority (HIQA) to inform a registration renewal decision with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector found that residents received good quality of support and care which was focused on supporting residents to live independent lives of their choosing. There was a high level of compliance and evidence of this was indicated through an array of positive outcomes for the residents.

The last inspection of this centre took place on the 20th of September 2016 for a single issue inspection and previous to this an inspection took place on the 9th of December 2014 with full compliance found across all areas inspected resulting in no follow up actions.

How we gathered our evidence:
As part of the inspection, the inspector met with two residents, two staff members and the person in charge. In addition, the inspector completed a walk around of the premises internally and externally. The inspector also reviewed documentation,
including a number of residents' personal plans, medication related documentation, policies and procedures, fire management related documents and risk assessments. Family and residents' questionnaires that were provided to the inspector were also reviewed. The inspector observed numerous interactions between residents and staff and work practices on the day. The staff interacted warmly with the residents and appeared to enjoy their surroundings.

On conclusion of the inspection the inspector met with the person in charge, the person participating in management, three staff members including one of the centres' residents for a feedback meeting.

Description of the service:
The designated centre comprised of a detached bungalow in a residential estate in a small village in County Kildare which accommodated two residents. The inspector found the house to be warm, welcoming and homely. Each resident had their own bedroom which was decorated to reflect their interests including items of personal significance and photographs of family and friends. Photographs of residents were displayed throughout the house including resident’s handmade pottery on show in the sitting room display cabinet.

The house had sufficient living space containing a large kitchen with a dining area, adequate amounts of shared bathrooms and toilets which were equipped to cater for the needs of residents. There was a garden and outside space to cater for outdoor activities in the summer time. This included a number of raised beds for growing vegetables and herbs which supported one of the residents' interests in gardening.

The house had been allocated two full-time vehicles to accommodate residents attend one to one social activities.

Good practice was identified in areas such as:
• The person in charge engaged in continuous professional development which has the potential to enhance and better support the staffs' supervision meetings process. (Outcome 14).
• Storage space in one resident's bedroom had been upgraded to support their changing needs and to ensure continuity of independence around accessing his own daily outfits.
• Continuity of support and the maintenance of relationships between staff and residents are promoted through regularity of consistent staff teams (Outcome 17).
• Residents are supported to engage in meaningful roles which encourage and promote community participation and involvement (outcome 5).
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:
On the day of inspection, the inspector found that each resident’s wellbeing and welfare was maintained to a high standard. The inspector found each resident's health, personal and social care support needs were assessed and met by the provider, including an assessment on how residents communicate discomfort. Assessment of needs was regularly reviewed with involvement from residents and their family members where appropriate. The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents’ lives and personal plans reflected the revised assessed needs of residents.

All residents had an up to date personal plan which was continuously developed and reviewed in consultation with the resident, relevant keyworker, allied healthcare professionals and family members. The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. For example one resident had accessible wardrobes put into his bedroom allowing him to access clothes on high railings which in turn supported his continued independence and choice around choosing his daily outfits.

The inspector found evidence that the residents participated in the development of their own personal plans. Residents had an accessible format of their plan which contained photographs of their planned goals, the progression of these goals and their completion. On the day of the inspection the two residents sat with the inspector and went through their personal plan showing off the photographs of their goal achievements to date.
The residents’ personal plans promoted meaningfulness and independence in residents’ lives and recognised the intrinsic value of the person by respecting their uniqueness. For example resident’s personal plan demonstrated how they were supported to have meaningful roles in their local community such as engagement with the estate clean-up, neighbourhood recycling and growing fruit in their garden to share with their neighbours. Residents were also involved activities of their own personal choosing such as golfing, bowling, nature walking, pottery making, cinema and holidays away.

Both residents were part-taking in a New Directions type programme that provided person-centred support which was tailored to meet individual need, promote community inclusion and independence. The programme aimed to support the residents live a life of their choosing in accordance with their own wishes, needs and aspirations. Part of this programme saw residents encouraged to try out new activities through a ‘taster’ activity process.

**Judgment:**
Compliant

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**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 centre was fit for purpose and reflected the layout as described in the centre’s statement of purpose. The house was located in a housing estate in a small village in County Kildare within walking distance of the village which contained shops, café’s and a public house.

The house provided adequate living space, with three bedrooms and a sitting room. There was a good sized kitchen in place which had sufficient cooking facilities, kitchen equipment and tableware. The dining area in the kitchen was an adequate size for the number of residents living in the centre which contributed towards ensuring mealtimes were a positive social event. There was a utility room next to the kitchen with facilities in place for residents to launder their own clothes if they so wished. There were three bathrooms and although they were available to both residents each resident chose a specific bathroom that they preferred to use as their own.

There was an ample size garden out the back of the house which had a decking area.
There were a number of raised planters in the garden which supported one resident's goal to grow vegetables and herbs. There was a large grass space where residents liked to sit out in the summer or use as a space to practice putting golf balls. Previous to storm Ophelia there had been a large apple tree which residents shared the fruit from with their neighbours. There are plans to re-plant another tree as it was recognised that this actively was meaningful to the residents and also promoted connectedness and community inclusion.

The inspector found, that on walking up to and into the house, that it provided a warm and homely atmosphere. There was suitable lighting and ventilation in place. All of the living areas had sufficient furniture, fixtures and fittings in place and reflected the residents' preferences and likes. There was evidence of good collaboration with residents in practice in the décor of the house and in particular their bedrooms. For example, one resident had his bedroom extended to allow a private sensory space for him to go to relax and listen to his music. Personal photographs hung on residents bedroom walls including posters and paintings that were of their choosing and appropriate to their interests. The house hallway also included framed photographs of residents engaged in different activities.

Arrangements were in place to ensure that residents had access to appropriate equipment which would promote their independence and comfort. For example, one resident was provided with an accessible wardrobe which allowed him assess clothes that were on an elevated rail.

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):
No actions were required from the previous inspection.

Findings:
There were arrangement in place to promote and protect the health and safety of residents and staff. All health and safety, risk management policies and procedures were in place and reviewed regularly. The inspector found that overall the health and safety and risk management of residents, visitors and staff was promoted and protected.

A comprehensive risk management policy was implemented throughout the centre including the identification and management of risk, measures in place to control identified risk and arrangements for identification, recording and investigation which met the requirement of regulation 26.
Satisfactory procedures were in place for the prevention and control of infection which were in line with standards published by the Authority. These procedures were ensured by weekly cleaning audits and checks. There was an accident and incident book in place and satisfactory measures to prevent accidents.

The inspector found that there was a good system in place for the prevention and detection of fire. The audit and inspection requirements set out in the safety statement included monthly and weekly checks ensuring precautions implemented reflected current best practice.

The inspector reviewed evacuation and emergency plans and found that there were plans in place for each individual and an overarching emergency plan for the service. There was physical and documentary evidence to show that fire-fighting equipment, fire alarms and emergency lights were appropriately installed and serviced by an external company. There were arrangements in place for undertaking and recording formal safety checks of fire equipment, fire exits, emergency and other safety precautions.

All the staff's fire safety training was up to date and reviewed regularly. There were arrangements in place to support the mobility and cognitive understanding of residents in the evacuation procedure. On speaking with staff it was evident that they were knowledgeable around the safe evacuation of residents including procedures for residents who required extra support such as gentle prompting and encouragement.

The house provided two road-worthy vehicles so that each resident could be transported to and from their own individualised social activities. There were audit systems in place to ensure both vehicles’ on-going road-worthiness and that they were, at all times, suitably equipped.

**Judgment:**
Compliant

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**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:
The inspector found that there was a comprehensive set of policies and supporting procedures in place for the prevention, detection and response to abuse including measures to keep residents safe and protect them from harm. There were policies and procedures in place for the intimate care of residents which staff were all knowledgeable in. The inspector observed warm and respectful interactions between staff and residents and it was evident that there were positive relationships built between residents and staff.

The inspector spoke with two staff members and found that they were aware and knowledgeable of safeguarding policies and procedures. There was documentary evidence to show that all staff had been provided with safeguarding vulnerable adults training. There was a designated officer for the centre and their photograph and contact details were displayed clearly in the hallway of the house. Furthermore, there were easy to read safeguarding guidelines and information on ‘rights’ available to the residents.

There were arrangements in place for incident, allegations and suspicion of abuse to be recorded. The inspector found that the rights of the resident were protected in the use of restrictive procedures with any restrictive practices in place being frequently reviewed and alternative measures continuously sought. For example, the inspector found evidence to show that the number of restrictive procedures had reduced in recent times as positive and appropriate alternatives such as music and reflexology had been sought.

The inspector found evidence that there was appropriate and regular communication with the organisation’s behaviour support team and psychologist regarding the use of reactive procedures and strategies. Staff were knowledgeable about the supportive strategies in place for residents and further training around de-escalation and intervention techniques had been planned for all staff.

The inspector found that there were good systems in place to protect residents against financial abuse through appropriate practices and record keeping. Residents had been assessed for financial management which was reviewed appropriately. Residents were provided with their own locked safe and were supported by staff to manage their daily finances.

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):
No actions were required from the previous inspection.

**Findings:**
The inspector found that there were arrangements in place to support residents on an individual basis to achieve and enjoy the best possible health. There were arrangements in place to ensure that appropriate healthcare was made available for each resident, having regard to their personal plan.

All residents had an up to date health care plan which demonstrated appropriate access to a general practitioner of their choice and allied healthcare professionals when required. Residents’ healthcare needs were appropriately assessed and continuously reviewed. This was supported through an interactive monitoring and recording information technology system in place.

Residents were offered a variety of healthy food options at mealtimes. This was supported through discussions at residents' weekly meetings using books containing photographs of different meal options. Further to this meals were discussed the night before to ensure maximum choice and options for residents. The inspector observed the evening meal being cooked by staff and found it to be healthy and nutritious. Snacks and treats were also available to the residents. Residents were offered support and helped to eat, when necessary, in a sensitive and appropriate way. This was encouraged through positive and social engagement between staff and residents throughout the meal.

From speaking with staff and looking at photographic evidence the inspector found that residents were supported to get involved in meal preparation and weekly food shop, if they so wished.

Where appropriate residents availed of a dietician to support them around regulation of diet and promote healthy eating habits.

**Judgment:**
Compliant

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**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:**
There were written operational policies relating to the ordering, prescribing, storing and
administration of medication to residents in place. PRN medication included protocols, rationale and review dates.

Individual medication plans, including details of allied health services offered, were appropriately reviewed and put in place as part of the resident’s personal plan. Residents’ medical self-assessments had taken place however, at time of inspection no resident was self-medicating. To promote independence of residents, resident’s medication was stored safely in their own room. The locked cupboards included appropriate storage of daily and PRN medication and included a list of stock inside and details of each medication including their side effects.

The inspector found that the processes in place for the handling of medicines were safe and in line with current guidelines and legislation. The inspector found that there were appropriate procedures for handling and disposing of unused and out of date medicines.

All staff were trained in safe administration of medication in adherence to appropriate management of medication policy. There was a system in place for reviewing and monitoring safe medication management practices which was evident through weekly and monthly audits that took place.

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:
There were effective management systems in place to oversee the designated centre. A clearly defined management structure identified the roles and responsibilities of relevant managers which detailed the lines of authority and accountability which were in place regarding the management of the centre.

The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcome for the residents. The person in charge organised monthly house audits
surrounding procedures in fire safety, food and nutrition, hygiene, health and safety, medical management, staff training and finance. A monthly report was collated and forwarded to the executive management team which consisted of the outcomes and actions of staff monthly meetings and monthly house audits.

The annual report was completed and was available to residents and their family if requested. The six monthly unannounced reviews were taking place as per regulations.

The inspector found that overall, the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and was supported by another member of staff in carrying out many of these tasks. The person in charge advised the inspector that he felt supported by management and staff informed the inspector that they felt supported by the person in charge.

The person in charge met with other persons in charge from the same organisation for monthly meetings which promoted shared learning. Alongside this the person in charge also linked in with a number of other team leaders on a regular basis to receive and give support and share learning of beneficial and valuable practices acquired.

The inspector found evidence demonstrating that the person in charge was committed to continuous professional development and had just completed a year long course which had the potential to enhance and support the centres’ supervision process including their new supervision policy which had been updated in December 2017.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed staff rosters and found that staffing arrangements included enough staff with the right skills, qualifications and experience to meet the needs of residents. The organisational working alone policy in place provided procedures and guidelines for staff working alone in the centre and off base. There was also a
supportive telephone link-in system in place for staff.

The inspector found that there were arrangements in place for continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. The current core team of staff had supported and worked with the residents for a number of years consistently and overall, where relief staff were required only staff that were known to the residents were employed.

The inspector saw that staff mandatory training was up to date and that complementary to this other training was provided to staff to enable them provide care that reflects evidence-based practice. Furthermore, training in communication and therapeutic interventions had been planned in order meet the residents' changing needs. The inspector talked with a number of staff and found that they demonstrated good understanding and knowledge of policies and procedures in place to ensure the care and safety of the residents.

The inspector found that good quality supervision was in place that improved practice and accountability. A new supervision policy had been put in place since December 2017 and the roll of the policy had commenced with all of the centre's staff having attended their first six monthly meeting. Staff advised the inspector that they found the supervision meetings to be supportive and beneficial and were happy that the frequency had increased from yearly to six monthly.

Staff interviewed advised the inspector that they felt supported by the person in charge and management and that they could approach them at any time in relation to concerns or issues arising. The person in charge worked on the floor with staff throughout the week which ensured good supervision and support for staff.

The inspector observed warm interactions and positive engagements between residents and staff on the day of inspection. Families who forwarded questionnaires in advance of the inspection noted that they were happy with how staff engaged and supported their family members.

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:

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Regulation Directorate
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