



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

Name of designated centre:	Community Living Area 2
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	13 March 2018
Centre ID:	OSV-0004077
Fieldwork ID:	MON-0021092

About the designated centre

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

The designated centre currently accommodates two female adults, with an intellectual disability and on the Autistic Spectrum. The centre comprises of two bungalows which are within two kilometres from each other, and are located in a small town in Co. Kildare. In one of the houses there is a sitting room, kitchen/dining room, two bedrooms and one bathroom. In the second house there is a kitchen which opens out into a dining/sitting room. There are two bedrooms, one en-suite, a bathroom and a sensory room. Both houses include a garden with a gazebo. A vehicle is provided in both houses to assist residents attend social activities.

The following information outlines some additional data on this centre.

Current registration end date:	12/07/2021
Number of residents on the date of inspection:	2

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 March 2018	10:30hrs to 18:30hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met the residents in both houses and throughout different times of the day observed elements of their daily lives. In one house the inspector joined the resident for a cup of tea and looked through photographs of the residents recent trip abroad. The resident was smiling and appeared happy looking back over the photographs.

The residents in both houses used non-verbal communication and as such their views were relayed through staff advocating on their behalf. Residents' views were also taken from HIQA questionnaires, residents' weekly meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the resident's opinion.

The residents were enabled and assisted to communicate their needs, wishes and choices which supported active decision making in their lives including their care. Staff valued the intrinsic value of the person by respecting resident's uniqueness. Residents had their own individualised day programmes which aimed to support the resident live a life of their choosing in accordance with their own wishes, needs and aspirations.

Staff were trained to provide person-centred services and supports to residents living in both houses. Residents were supported to choose goals that encouraged their independence and personal development. Achievements were celebrated with photographs taken and displayed in the residents personal plan and throughout the houses.

Residents felt safe and protected. There was an atmosphere of friendliness, and resident's dignity, modesty and privacy was respected. Staff worked in partnership with each resident and their family to promote their safety and well-being, in accordance with residents' wishes.

Residents were involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. Many pieces of artwork created by the residents were displayed throughout the houses.

Through the continuity of the workforce, relationships between residents and staff were being maintained and attachments were not disrupted. Residents felt staff were kind and respectful towards them and this was evident through through positive, mindful and caring interactions.

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each residents' needs, wishes and intrinsic value were taken into account. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

It was evident that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with other persons in charge from the same organisations on a monthly basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

Staff informed 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 matters that arose. The person in charge was committed to continuous professional development and informed the inspector that she had applied for further management skills training and had also made an application for an academic course in Applied Behaviour Analysis.

There were arrangements in place to ensure on-going monitoring and auditing of systems to protect residents against all forms of abuse and ensure their rights were respected. Staff were knowledgeable and trained in appropriate Safeguarding procedures. In both houses there was a photographed poster of the safeguarding designated officer available for residents, their families and staff.

The inspector found that there was a comprehensive auditing system in place by the person in charge for each house to evaluate and improve the provision of service and to achieve better outcome for the residents. 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 inspector reviewed staff rosters and found that there were enough staff with the right skills, qualifications and experience to meet the assessed need of the residents at all times. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector saw that staff mandatory training was up to date and that complementary to this other training around risk assessment, complaints process and medical matters was provided to staff to enable them provide care that reflected evidence-based practice.

The inspector spoke with two staff members who demonstrated appropriate understanding and knowledge of policies and procedures that ensure safe and

effective care of residents. The staff members advised the inspector of the person-centred service the residents received and how the service was tailored to meet individual need, promote community inclusion and independence.

The inspectors observed warm interactions and positive engagement between residents and staff in both houses throughout the day. Family members, who had forwarded questionnaires in advance of the inspection, noted that they were happy with how staff engaged and supported their family members.

Registration Regulation 5: Application for registration or renewal of registration

Application pack with appropriate accompanying paperwork was provided by due date.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was engaged in effective governance, and the registered provider had ensured that she was a fit person in line with HIQA's guidance on fitness.

Judgment: Compliant

Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflects up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 22: Insurance

The centre is insured against accidents or injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available and recognised the intrinsic value of the residents using the service.

Judgment: Compliant

Quality and safety

Overall, the inspector found the centre was well run and provided a warm and pleasant environment for residents. It was evident that the person in charge and staff were aware of each residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality however, the inspector found that in relation to safety, improvements were required to the fire precautions in place in both houses.

All residents had an up to date personal plan which was continuously developed and reviewed in consultation with the resident, relevant key worker, allied health care 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.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. Residents were engaged in an individualised service within their home which had been assessed and personalised to better meet their needs.

Residents were supported to engage in goals that promoted community inclusion such as local walks, shopping, going to the cinema and attending football matches. Residents were involved in their running of the house through meaningful household roles and tasks which in turn promoted their independence.

Residents were encouraged and supported around active decision making and social inclusion. The inspector was informed by a staff member that residents regularly collected their own medication and that one resident was supported to engage in their own money management through weekly use of their own ATM card.

Residents had an accessible format of their personal plan which contained photographs of their planned goals and how they were supported to progress them. The inspector saw that completion of goals and achievements were celebrated through photographs which were then hung on the walls throughout each house.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in each house. The physical environment of the house was clean and in good decorative and structural repair. The environment in both houses provided appropriate stimulation and opportunity for the residents to rest, relax and engage in recreational activities; Sensory rooms with sensory equipment, objects and lighting were provided for the residents.

The inspector found that all staff had received suitable training in fire prevention and emergency procedures and arrangements were in place for ensuring residents were aware of the procedure to follow. However, the inspector found that improvements were required to systems in place for the prevention and detection of fire. The inspector also found that the building was not adequately subdivided with fire resistant construction such as fire doors.

Each resident's medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve resident's health and well-being. Medication was reviewed at regular specified intervals as documented in resident's personal plans.

Regulation 17: Premises

Both premises met the needs of the residents and the design and layout promoted residents' safety, dignity, independence and well-being.

Judgment: Compliant

Regulation 28: Fire precautions

Both buildings were not adequately subdivided with fire resistant construction such as fire doors as appropriate. In one house there was no fire panel to detect the location of fire and fire alarms in place were battery operated household alarms. In both houses two fire extinguishers were kept in one room with no other fire extinguishers placed in different locations throughout the house.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Safe medical management practices were in place and were appropriately reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Both residents had an up to date personal plan which reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to keep residents safe and to protect them from abuse. There was an atmosphere of friendliness, and resident's dignity, modesty and privacy was respected.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 2 OSV-0004077

Inspection ID: MON-0021092

Date of inspection: 13/03/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ol style="list-style-type: none">1. Fire Containment Fire containment will be enhanced with the installation of smoke seals on the doors to protect the evacuation route as appropriate in both houses in this designated centre 2. Fire Extinguishers There will be a fire extinguisher located in the kitchen along with one in the staff room in both house in this designated centre 3. Fire Panel A full L1 Fire alarm system will be installed in the house which did not already have one in place	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2018
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	30/06/2018