### Centre name:
Community Living Area 9

### Centre ID:
OSV-0004081

### Centre county:
Kildare

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Muiríosa Foundation

### Lead inspector:
Jacqueline Joynt

### Support inspector(s):
None

### Type of inspection
Unannounced

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

### Number of vacancies on the date of inspection:
0
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>27 November 2017 10:50</td>
<td>27 November 2017 18:30</td>
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<tr>
<td>28 November 2017 09:40</td>
<td>28 November 2017 15:30</td>
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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 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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<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 inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance 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 previous inspection of this centre took place 09 and 10 December 2014. Two actions were identified following the previous inspection and the inspector found on this inspection that both these actions had been implemented fully.

How we gathered our evidence:

As part of the inspection the inspector spoke with six residents, two staff members and the person in charge. The inspector observed numerous interactions between residents and staff and work practices through-out the two days. The inspector reviewed documentation, including a number of residents' personal plans, medical related documentation, policies and procedures, fire management related documents
and risk assessments. In addition, the inspector completed a walk around of the premises internally and externally. On conclusion of the inspection the residents’ were provided with informal feedback from the inspector and subsequently the inspector met with the person in charge, the person participating in management and staff members for a formal feedback meeting.

Description of the service:

The designated centre comprised of two separate houses that accommodated six residents with intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests including items of personal interest and photographs of family and friends. Both houses had adequate living space with each house containing a large kitchen and dining area, adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. Residents' artwork was framed and displayed throughout both houses. Each house had a garden and outside space to cater for outdoor activities in the summer and outside one house there were a number of birdfeeders put in place due to one resident's interest in bird watching. The houses were approximately three miles distance from each other and were located just outside a small town where shops, cafes and community recreation were available. Each of the houses had been allocated a full-time road-worthy vehicle to transport residents to social outings and activities.

Overall judgment of our findings:

Of the seven outcomes examined, the inspector found good practice and compliance in five outcomes with some improvement required for two substantially compliant outcomes.

Overall, the inspector found this 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 to meet these needs. The inspector observed warm interactions between residents and staff with the residents appearing to enjoy their surroundings. However, the inspector identified some improvements were required around frequency of staff supervision meetings and safeguarding policies and procedures surrounding one to one overnight trips. These issues are discussed in the body of the report and included in the action plan.

Good practice was identified in areas such as:

- The inspector found that there were arrangements in place to facilitate and support residents to be part of their own medication management. (Outcome 12)
- The person in charge regularly engaged in continuous professional development which enabled her to provide care that reflects the most up to date evidence-based practice. (Outcome 14)
- Residents were provided with individual electronic devices to record and save memories of holidays, families visits, special occasions and
achievements in their lives. (Outcome 5)
• Storage space in a number of bedrooms had been re-arranged to support residents' assessed changing physical needs. (Outcome 11)
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 days 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 active 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.

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 after a review by an occupational therapist, wardrobe shelving had been lowered in a number of the residents’ rooms to support residents continue to choose their daily outfits.

The inspector found evidence that the residents had maximum participation in developing their own personal plans. Residents kept an accessible format of their plan in their bedrooms and were excited and eager to go through it with the inspector. Residents talked enthusiastically about their goals and achievements and showed the inspector evidence of this through a variety of photographs in their personal plans alongside numerous videos on their individual electronic devices.

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 one resident’s personal plan demonstrated steps taken to support their wishes in achieving a volunteer work placement in a local retail establishment. Residents were also involved in activities of their own personal choosing such as baking Christmas cakes for their families, learning an instrument, kayaking, horse riding, making wreaths, bird-watching and attending concerts of their favourite musician.

**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:**
Overall, the inspector found that the health and safety and risk management of residents, visitors and staff was promoted and protected. All health and safety and risk management policies and procedures were in place and reviewed regularly.

A comprehensive risk management policy was implemented and included the identification and management of risk and measures to investigate, record and control identified risks. There was an accident and incident book in place with satisfactory preventative measures in place. For example, a resident who enjoyed participating in food preparation at mealtimes was accommodated through the use of safety utensils to lessen the risk of injury. On the day of inspection the inspector found that a non-serious incident which had occurred in August 2017 was logged in the centre’s incident book with satisfactory follow up however, it had not been included in the Health Information Quality Authority’s quarterly notification. The person in charge has since re-submitted the appropriate form with the necessary inclusions.

The inspector found that there was a good system in place for the prevention and detection of fire. All staff 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. It was evident through conversations with staff that they were knowledgeable around safe evacuation of residents including procedures for residents who required extra support. The person in charge advised the inspector that a risk assessment had been carried for a resident that required extra support in evacuations and as a result new supportive equipment is now on order to ensure a safer evacuation procedure for them.

Each house provided a road-worthy vehicle to transport residents to social activities.
There were audit systems in place to ensure both vehicles’ on-going road-worthiness and that it was, 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

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

**Findings:**
Overall, the inspector found that there were measures to protect residents being harmed or suffering abuse in place however, improvements were required around assessments and plans for one to one overnight trips away.

The inspector found that there were a suite 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 comprehensive policies and procedures in place for intimate care of residents with residents being supported and encouraged to carry out their own personal care where appropriate. The inspector observed warm and respectful interactions between staff and residents and it was evident that positive relationships had been developed.

The inspector spoke with staff and found that they were knowledgeable of safeguarding policies and procedures and all staff had been provided with appropriate safeguarding training. There was a designated officer for the centre and their photograph and contact details were displayed clearly in both houses.

There were arrangements in place for incident, allegations and suspicion of abuse to be recorded and the inspector saw evidence that incidents were appropriately investigated and responded to in line with the centre’s policy, national guidelines and legislation. The inspector found that the rights of the resident were protected in the use of restrictive procedures and that restrictive practices in place had been continuously reviewed and alternative measures continuously sought.

The residents took part in one to one person-centred overnight holiday trips away with
their key working staff. This was supported by a holiday research form completed in collaboration with the resident. Alongside this the organisation’s working alone policy incorporated staff working away from base however, the inspector found that there was no evidence of a risk assessment or safeguarding plan specific to these one to one overnight holiday trips away.

The inspector found that there were good systems in place to protect residents against financial abuse through appropriate practices and record keeping. Residents told the inspector that they were supported to manage their own finances on a day to day basis and had their own locked safe with responsibility for the key.

Judgment: Substantially 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 residents were supported 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 healthcare plan which demonstrated appropriate access to a GP of their choice and allied health professionals when required. Residents’ healthcare needs were appropriately assessed and continuously reviewed. The residents talked to the inspector about their medication and it was evident that they had been encouraged and empowered to be knowledgeable around what their medication had been prescribed for.

The inspector observed healthy food choice posters and information on display in both houses. Staff showed the inspector a number of healthy option cookbooks that the residents like to use when choosing their weekly meal plan. Residents were supported to get involved in meal preparation and cooking of meals.

Staff advised the inspector that the residents were supported in choosing healthy and nutritious food options when carrying out their weekly food shop. Where appropriate, residents availed of a dietician to support them around regulation of diet and promote healthy eating habits.
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:
The inspector found that there were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines in place. PRN medication included protocols, rationale and review dates.

The administration and prescription sheets demonstrated that appropriate medication management was in place. All staff were trained in safe administration of medication in adherence with the 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 in place.

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

Individual medication plans included details of allied health services offered to residents and were appropriately reviewed and put in place as part of residents’ individual personal plan. Residents were assessed around suitability to self-medicine and at the time of inspection residents in one house were being facilitated to be part of their own medication management. This process was supported by easy to read medical management guidelines in residents’ personal plans alongside accessible medical storage facilities in each of residents’ bedrooms.

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

**Findings:**
Overall, there were effective management systems in place to oversee the designated centre. There was a clearly defined management structure in place which identified the roles and responsibilities of relevant managers and detailed the lines of authority and accountability.

The inspector found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. There was a comprehensive auditing system in place to evaluate and improve the provision of service and to achieve better outcomes for the residents. The person in charge carried out monthly house audits relating to procedures in fire safety, food and nutrition, hygiene, health and safety, medical management, staff training and finance. A report which included the actions of staff monthly meetings and the centres' audits was collated and forwarded to the executive management team on a monthly basis.

The person in charge advised the inspector that she felt supported by management and staff informed the inspector that they felt supported by the person in charge. The inspector found documental evidence demonstrating that the person in charge was committed to continuous professional development with a number of appropriate medical, safeguarding and managerial courses recently attended.

A copy of the annual review was completed on 3rd of October 2017 and the person in charge advised the inspector that it was available to residents and their family if requested. A six monthly unannounced review place took place in April 2017 and again in October 2017.

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

**Findings:**
Overall, there were appropriate staffing arrangements included enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. However, there was not enough evidence to demonstrate staff received sufficient supervision.

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 when working alone.

The inspector reviewed staff rosters and found that there had been a marked reduction in agency staff being rostered resulting in an increased consistency of care provided to residents. Extra support rostered hours were available if required with one resident availing of extra hours to support a work experience role and explore supported employment opportunities.

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. The inspector talked with a number of staff and found that they were knowledgeable of the policies and procedures in place to ensure the care and safety of the resident.

The inspector found that staff attended annual performance reviews and met with the person in charge at monthly staff meetings however, due to the frequency of staff working alone there was not enough evidence to show that staff received sufficient supervision.

There were volunteers supporting residents engage in person centred activities at the time of inspection and documental evidence was provided to demonstrate that a comprehensive induction had been carried out which included volunteer roles and responsibilities clearly laid out in writing.

**Judgment:**
Substantially 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:

Jacqueline Joynt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
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<td>Centre ID:</td>
<td>OSV-0004081</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>27 &amp; 28 November 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>9 January 2017</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

There were satisfactory safeguarding policies, procedures and practices in place for staff working alone however, the inspector found that there was no evidence of a risk assessment or safeguarding plan specific to one to one overnight holiday trips away.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
A risk assessment will be completed for staff and service users around one to one holiday trips away.

**Proposed Timescale:** 31/01/2018

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector found that there was not enough evidence to show that staff received sufficient supervision.

**2. Action Required:**
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
Formal staff supervision now in process following the sign off of the supervision policy.

**Proposed Timescale:** 28/02/2018