



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

Issued by the Chief Inspector

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| Name of designated centre: | Community Living Area T |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Offaly |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 11 September 2020 |
| Centre ID: | OSV-0005680 |
| Fieldwork ID: | MON-0029616 |

About the designated centre

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

This centre comprises of a large bungalow located at the end of a cul-de-sac, in a small village in the Midlands. The centre is fully accessible with wide corridors and double doors into all communal spaces. It has a spacious living room and kitchen-dining room, with three bedrooms, one of which is en-suite. There is a separate staff office and large main bathroom. The house has an enclosed garden and patio area and the residents move freely from inside the centre to the outside space. The centre provides residential services for up to three individuals with moderate to severe/profound intellectual disability and additional needs. The centre strives to promote positive community awareness through daily presence and awareness in the community. The residents can easily access the facilities in the village on foot and have a vehicle available to access the nearest large town as required.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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 |
|-----------------------------|-------------------------|----------------|------|
| Friday 11 September 2020 | 09:00hrs to 14:00hrs | Deirdre Duggan | Lead |

What residents told us and what inspectors observed

This inspection took place in the backdrop of the COVID-19 pandemic. Communication between inspectors and residents, staff, and management took place in adherence with national guidance. At the time of this inspection there were two residents living in this designated centre, and both were present. As the residents in this centre found it difficult to adhere to physical distancing guidelines, the inspector was facilitated to carry out a documentation review in a separate location. The inspector visited the centre and spent a brief periods of time with the residents prior to them departing on the bus for a short planned activity. The inspector spent a brief periods in the centre on their return also. The inspector observed staff interactions with the residents and viewed the residents enjoying a snack in the kitchen.

On arrival, residents were busy preparing to go out for a drive on the bus. Both residents interacted briefly with the inspector at this time. Residents were observed to be very familiar with both the staff member on duty, who was also the team leader in the centre, and the person in charge who was present for the inspection and facilitated the activity.

On their return to the centre, the inspector observed residents enjoying a cup of tea and a snack with sufficient staff support. Both residents was observed moving independently throughout the centre in a comfortable and relaxed manner. The staff member working in the centre on the day of the inspection was observed to be responsive to residents needs and familiar with their individual communication methods and residents appeared comfortable and contented in their presence. This person was noted to interact in a positive manner with residents and spoke respectfully about residents, their support requirements, and some of the goals that the residents were working towards.

Residents used a variety of methods to communicate their preferences to staff. The inspector saw, on the day of this inspection, that the residents of this centre were leading full and meaningful lives and were afforded ample opportunities to partake in ordinary lived experiences and activities of their own choosing.

Capacity and capability

Capacity and capability of this centre was reviewed. The centre was previously inspected in 2019 with overall positive findings on that inspection. There had been changes to the management since the previous inspection. The findings of this inspection remained positive, and residents were found to be receiving a safe and

high quality service.

Governance and management systems provided sufficient oversight of this centre. This was achieved through a robust management structure. The registered provider had appointed a person in charge and this individual was present on the day of the inspection and spoke with the inspector about the arrangements she had in place for oversight of the centre, including regular audits and ongoing supervision of staff. This individual was suitably qualified for the role and demonstrated good knowledge of the residents and their individual support needs. There was a team leader in place that provided both direct support and administrative support within the designated centre and reported to the person in charge. The inspector had an opportunity to meet with this individual also on the day of the inspection and found them to be capable and knowledgeable in their role. The person in charge had curtailed visits to the centre during the COVID-19 pandemic to reduce footfall. The inspector was satisfied that with the support of the team leader, the person in charge had maintained adequate oversight during this period, and visits to the centre by the person in charge had recommenced prior to this inspection.

There was a statement of purpose in place and this had been submitted to the office of the chief inspector as part of an application to renew registration of this designated centre. This important document was on display in the hall of the centre on the day of the inspection and contained all of the required information as per the regulations.

An annual report had been completed in respect of this centre and this was made available to the inspector. A six monthly audit had also been completed. This provided clear evidence of ongoing review and identification of any issues, with actions identified being completed.

The person in charge told the inspector about the support she had from her line manager and other members of the management team in the organisation. Management and team meetings were taking place, and arrangements had been put in place during the COVID-19 pandemic to ensure that sufficient support was available at all times to staff in the centre. The provider had put in place a crisis management team to provide guidance and support during the pandemic, and there was an organisational contingency plan in place. The person in charge had good knowledge of national guidance and had put in place the necessary precautions to protect residents and staff. Guidance was made available to staff also and this was seen by the inspector.

A record of accidents and incidents that had occurred in the centre was viewed by the inspector. Incidents had been notified as appropriate to the Chief Inspector of Social Services within the required time-frames.

This centre was adequately resourced to meet the needs of the individuals living there. Staffing levels were found to be suitable for residents' needs. The accommodation was well maintained to a high standard and appropriate staffing levels afforded residents a high quality service. There was access to a vehicle to facilitate activities, access to the community, and medical appointments.

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| Registration Regulation 5: Application for registration or renewal of registration |
| An application to renew the registration of the centre had been made. This contained all of the information set out in the regulations. |
| Judgment: Compliant |
| Regulation 14: Persons in charge |
| The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary for the role and demonstrated good oversight of the centre. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| There was a clearly defined management structure in the centre with management systems in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. An annual review had been completed in respect of the centre and arrangements were in place for the supervision of staff. |
| Judgment: Compliant |
| Regulation 3: Statement of purpose |
| The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule one of the regulations. |
| Judgment: Compliant |
| Regulation 31: Notification of incidents |
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Incidents had been notified as appropriate to the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of the service provided to residents was found to be very good. An issue identified in the previous inspection had been addressed. Some issues were identified with the fire containment measures in place in the centre. The provider reported to the inspector that this would be addressed immediately, and documents stating that these works had been completed was received by the inspector in the days following this inspection.

The inspector viewed the plans in place to support residents in this centre to lead full and meaningful lives and achieve the best possible health. Care plans were audited regularly to ensure that all assessments were completed and reviewed as appropriate and that details about appointments and medical reviews were recorded to guide staff. Residents had access to appropriate health and social care professionals. Plans were updated to make sure that staff had the information they needed to follow any recommendations that were made. During the COVID-19 pandemic restrictions contact with a resident's general practitioner (GP) had taken place. Pictures and video calls were used so that the resident did not have to visit the GP surgery.

Person-centred plans were in place. These contained meaningful goals that took into account residents' wishes, support needs and likes and dislikes. Goals were subject to regular review with progress being recorded, including some photographs that showed resident's achieving their goals. These plans also showed that residents were supported and encouraged to maintain family contact and to develop links in their community.

Skills sampling was being recorded by staff and, while not a concern at this time, consideration had been given to determining the wishes residents might have in relation to end-of-life care. Regular residents' meetings were taking place. The inspector saw a number of documents that provided residents with accessible information on a variety of topics, such as what to expect during a COVID-19 test, and information about the government restrictions in place during the COVID-19 pandemic.

Residents were found to be adequately protected from abuse in this centre. The previous inspection in 2019 had found that resident's did not have appropriate intimate care plans in place. The inspector saw that these had since been put in place. Staff had received appropriate training in the safeguarding of vulnerable adults. The two staff present spoke to the inspector about safeguarding and showed a strong commitment to ensuring that residents were kept safe in this centre. There

were systems in place to safeguard residents' finances. Regular finance audits were completed and a spot check on a resident's money found the correct amount was recorded.

An organisational risk management policy was in place and this had been reviewed as appropriate. This set out the processes and procedures relating to risk and how risk was managed. There was an organisational plan and risk assessment in place in relation to COVID-19. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. There was evidence that this was subject to review. The inspector was satisfied that risk was being appropriately identified and acted upon. However, some of the documentation around risk required review. Some risk assessments did not attach proportionate weight to risks identified, and some had not been appropriately reviewed to reflect changing circumstances. For example, a risk assessment relating to medication had not been updated following medication errors.

Fire detection and containment measures in place in this centre included fire doors, fire fighting equipment and an appropriate fire alarm system. There was emergency lighting throughout the centre and fire drills were taking place regularly. Some fire doors did not close fully when the fire alarm system was activated. This was brought to the attention of the person in charge on the day of the inspection. The provider made immediate arrangements for this to be rectified, and the inspector received a report from the provider that the appropriate works had been completed by a competent professional following the inspection.

There were good infection control procedures in place in this centre. These were found to be in line with national guidance during the COVID-19 pandemic. The centre was visibly clean and appropriate hand-washing and hand-sanitisation facilities were available. An enhanced cleaning schedule was in place to make sure high contact areas were being cleaned often. The staff member in the centre was using personal protective equipment (PPE) in line with national guidance. Staff had received extra training in recent months on infection control measures, including training about hand hygiene and how to use PPE correctly.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support. Residents had opportunities to participate in activities in accordance with their interests and capacities, and were supported to maintain links with their local community, and family and friends.

Judgment: Compliant

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| Regulation 20: Information for residents |
| The registered provider had prepared a guide in respect of the designated centre and this was available to residents. This guide contained all the required information as per the regulations. |
| Judgment: Compliant |
| Regulation 26: Risk management procedures |
| The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Some risk assessments required review. |
| Judgment: Substantially compliant |
| Regulation 27: Protection against infection |
| The registered provider had in place infection control measures that were in line with public health guidance and guidance published by the Authority. |
| Judgment: Compliant |
| Regulation 28: Fire precautions |
| The registered provider had taken precautions against the risk of fire in the designated centre. Some fire doors did not close fully on the day of the inspection. This provider reported to the inspector that this was addressed in the days following the inspection. |
| Judgment: Substantially compliant |
| Regulation 5: Individual assessment and personal plan |
| Individualised plans were in place for the residents that reflected their assessed |

needs. These were available in an accessible format, and were regularly reviewed to take into account changing circumstances and new developments.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that the resident had access to an appropriate medical practitioner and recommended medical treatment, and access to health and social care professionals was facilitated as appropriate

Judgment: Compliant

Regulation 8: Protection

Residents were found to be adequately protected from abuse on the day of this inspection. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|------------------------------------------------------------------------------------|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Community Living Area T OSV-0005680

Inspection ID: MON-0029616

Date of inspection: 11/09/2020

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 |
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| Regulation 26: Risk management procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Person in Charge, along with Team Leader, have reviewed all Generic Risk Assessment's to ensure the Risk Rating reflects the rating's in the Individual Risk Assessment's i.e. Falls, Medication Management. This action was completed on 16/09/2020. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Fire Door's were serviced on the day of the Inspection and the opening/closure issue's were resolved. Certificate of completion was submitted to inspector. This action was completed on 11/09/2020. | |

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 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 16/09/2020 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 11/09/2020 |