Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Community Living Area V - Esker Gate
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	04 July 2019
Centre ID:	OSV-0005775
Fieldwork ID:	MON-0025842

About the designated centre

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

Esker Gate is a four bedroom bungalow that is situated in a small town in Co.Laois. It is a residential designated centre to accommodate three individuals over the age of 18 with intellectual disabilities and varying needs. The house is a four bedroom bungalow with a large kitchen dining area to the rear of the house and two shared living spaces. One of the bedrooms is used as a staff sleepover room. There are two bathrooms within the residence, one of which is a private en-suite. One bathroom has been adapted to support the independence of one resident. The residence is close to local shops and amenities. The residence has private space available for visitors if needed. There is a small rear facing enclosed garden. There are ramps in-situ at the front and rear of the residence to support residents mobility needs. The care needs of the residents are supported through a multi-disciplinary approach to care.The staff team comprises of support workers and a person in charge. Access to nursing support is available when required. Residents also have access to a range of Muiriosa multi-disciplinary services and local community based
services if needed. These include psychiatry, occupational therapy, speech and language therapy, dietetics, chiropody, and physiotherapy. Cover for staff leave is provided by an internal relief panel.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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
04 July 2019	09:30hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were two residents living in the centre and one vacancy on the day of inspection. The inspector had the opportunity to meet and speak with both residents residing in the designated centre on the morning of the inspection and in the afternoon.

One resident spoke openly about how much they enjoyed living in the centre and living in the local area close to their friends and family. The resident spoke about improvements in their quality of life since moving to the centre and the opportunities they have had to attend local services, and local pubs and clubs. The resident was supported to attend local GAA games and to attend soccer matches for the team they support. The resident voiced that they really liked and appreciated the staff supporting them.

Both residents appeared to be at ease in the centre and in each others presence and in the staffs presence. The residents enjoyed attending local activities together regularly. Both residents had the opportunity to decorate their rooms in the centre to suit their preferences and they appeared happy and proud of their own space in their home.

There were no complaints expressed to the inspector on the day of inspection. The residents had access to advocacy services should the need arise and knew who to speak with if they had a complaint or concern.

Capacity and capability

This was the centres first inspection since registration. Overall, the registered provider was demonstrating the ability to provide an effective service. The residents communicated that they enjoyed living there and were happy with the service being provided.

Overall, it was evident that the centre was appropriately managed and governed. There was a clear management structure in place. Staff and residents were aware of who the person in charge was and with whom to raise concerns. Regular checks and audits were completed by staff, the person in charge and people participating in management. Staff completed daily checks on the centres exit routes and cleaning schedules. Weekly checks were then completed on the centres first aid kit, emergency lights, medication storage, and finances. The person in charge oversaw all of these checks once completed and devised actions when needed appropriately. There was a schedule in place for six monthly unannounced audits to take place by a person nominated by the provider. These were reviewing the centres overall

compliance with the regulations. There was also a schedule in place and a person nominated to review the service provided once the centre had been operating for a year.

The person in charge had the capacity and capability to appropriately manage and oversee the running of the designated centre and this was observed on the day of inspection. However, appropriate proof of completion of a management qualification has not been submitted to the Office of the Chief Inspector as required. Numerous requests for this documents have been made by the inspector and the regulatory support team prior to the inspection. Requests were also made during the inspection and after the inspection date.

Adequate levels of staffing were in place to meet the assessed needs of the residents. Residents had low healthcare needs and the house was appropriately staffed with care support workers. Residents had access to nursing support if required and the person in charge was a registered nurse. A lone working system was in place, and a check in system with another local designated centre was devised for when staff came on duty. One resident had been assessed as safe to stay in the centre for short periods of time without staff supervision. There was an on call system in place for outside of regular working hours that staff could use should the need arise. One resident had the opportunity to take part in the staff interview and hiring process prior to the centre opening and spoke about this with the inspector. Staff team meetings occurred regularly and staff received formal support and supervision three monthly in line with organisational policy. Performance management templates were observed and these included the review of staff attendance, punctuality, organising, planning, communication and initiative.

There was a planned and actual staff rota in place that accurately recorded the staff on duty. Cover for staff leave was provided by an internal relief panel.The inspector reviewed staff training records and found that all staff training was up-to-date. Training was planned and provided to support service delivery. Training was provided in areas including safeguarding, fire safety, manual handling, medication management, and epilepsy management. Staff spoken with appeared to utilise their training when delivering support and care.

The complaints procedure was prominently displayed in the designated centre. There was a designated complaints officer nominated to address any complaints. There were no complaints expressed to the inspector on the day of inspection. The residents had access to advocacy services should the need arise and knew who to speak with if they had a complaint or concern, when asked by the inspector.

Regulation 14: Persons in charge

The person in charge had the capacity and capability to appropriately manage and oversee the running of the designated centre and this was observed on the day of

inspection. However, appropriate proof of completion of a management qualification has not been submitted to the Office of the Chief Inspector as required. Numerous requests for this documents have been made by the inspector and the regulatory support team prior to the inspection. Requests were also made during the inspection and after the inspection date.

Judgment: Substantially compliant

Regulation 15: Staffing

Adequate levels of staffing were in place to meet the assessed needs of the residents. A system was in place for supervision of staff.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up-to-date. Training was provided in areas including safeguarding, fire safety, manual handling, medication management, and epilepsy management and was meeting the assessed needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. Staff were familiar with whom to raise concerns with. There was an on call system in place for outside of regular working hours that staff could use should the need arise. There was a system in place to audit and review the service being provided.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that accurately described the service being provided and met all the requirements set out in Schedule 1. This was subject to regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents required to be notified to the Office of the Chief inspector had been notified within the required time frames as set out by the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complaints expressed to the inspector on the day of inspection. The residents had access to advocacy services should the need arise and knew who to speak with if they had a complaint or concern. The complaints procedure was prominently displayed in the designated centre.

Judgment: Compliant

Quality and safety

In general, the registered provider was ensuring the centre was providing a safe and quality service to the residents living there. This was the centres first inspection since registration. One aspect of risk identification and management was identified as in need of improvement on the day of inspection.

The person in charge had ensured there was a comprehensive assessment and health, personal and social care plan in place for both residents. Assessments included a comprehensive review of residents life events and a review of areas including mobility, communication, nutrition, sleep, elimination, personal hygiene, mental health, spirituality, education and safety. Personal plans were then devised in line with the findings from these assessments. A personal planning meeting was held annually with the residents and their preferred attendees. A full review of the residents goals and aspirations was completed at this meeting. Goals appeared person centred and individualised. Some goals included re-establishing or forming links within the local community, a trip to Galway, having a barbecue and attending a first aid course. The residents spoke about their preferred activities at weekends, these included attending a men's shed, the local library, a choir, GAA matches and shopping. Additional staffing was implemented, when needed, to support residents to attend their preferred activities. The provider was in the

process of implementing an online assessment and care planning system

The registered provider had ensured that the designated centre was operated in a manner that respected the age, gender and disability of the residents. One resident was actively part of a residents forum group where topics including residents rights, issues in services and privacy and dignity were discussed. Residents were evidently participating and consenting to decisions about their care and support and resident's individual communication needs were known to the staff supporting them. Both resident's had the ability to communicate their preferences and needs verbally. Residents had access to wireless Internet in the designated centre and one resident regularly used their tablet electronic device. There were two televisions in the house with access to preferred television channels that residents enjoyed watching. Residents were supported and encouraged to engage and partake in the local community. Residents were provided with a residents guide which detailed, in an accessible format, the service that was being provided.

Both residents had up-to-date personal emergency evacuation plans in place. All staff had received up-to-date training in fire safety and emergency procedures. Staff and residents had successfully completed numerous simulated fire drills. Residents and staff were aware of the evacuation procedures and the location of the fire assembly point outside of the designated centre. Fire fighting equipment was observed around the designated centre and these were subject to regular servicing and checks by a fire specialist. Emergency lighting was in place around the designated centre that guided main exit routes in the event of a fire. Appropriate containment measures were in place around the designated centre. Procedures to be followed in the event of a fire were displayed in a prominent place in the designated centre.

There were systems in place for the assessment and management of risks and safety. The inspector reviewed the centres accident and incident log and found that any adverse incidents had been reviewed and actions formulated appropriately. A register was in place that identified risks in the designated centre. Staff were usually lone working and some risk had been identified secondary to this and mitigated appropriately. For example, a check in system was in place for lone workers, whereby staff rang another designated centre when coming on duty. There was a service vehicle in place that was available to residents. This was appropriately serviced, insured and roadworthy. Both residents had individualised risk assessments in place including falls risk assessments. Two risks was identified on the day of inspection in relation to safe evacuation in the event of a fire that the person in charge or the registered provider had not identified. One resident had been assessed as safe to be left without staff supervision for short periods of time, however the residents ability to evacuate the centre independently in the event of a fire without staff present had not been assessed. Furthermore, the inspector identified a padlock on the outside garden gate that was hindering safe evacuation in the event of a fire. The inspector acknowledges that this was immediately removed by the person in charge once identified on the day of inspection.

The registered provider had ensured that measures were in place for the safeguarding and protection of the adults living in the centre. All staff had received

training in the safeguarding and protection of vulnerable adults. Residents were aware of safeguarding and knew who to raise a concern with when asked. Staff spoken with were knowledgeable regarding measures in place to safeguard residents and who to contact if a concern arose. Intimate care plans were in place to ensure that staff supporting residents with personal care were doing so in a manner that respected the residents dignity and privacy. There were no safeguarding concerns identified on the day of inspection.

There were safe and appropriate systems in place for the administration and management of medication. A storage unit was in place where residents medicines were stored in a secure manner. Medication prescriptions were reviewed annually by residents general practitioners (GP). The residents pharmacist was completing regular medication usage reviews and liaising with the residents and their GP if needed. There was a system in place for the recording of received and returned medication. All staff were suitably trained to administer medication. Audits of medication were completed monthly by staff and these where then checked by the person in charge. Assessments had been completed for all residents to review the suitability of self administration. The medication administration records were reviewed and it was found that staff were accurately recording the administration of any medication.

Regulation 10: Communication

Residents individual communication needs were known to the staff supporting them. Residents were evidently participating and consenting to decisions about their care and support.

Judgment: Compliant

Regulation 26: Risk management procedures

In general there were systems in place for the assessment and management of risks and safety. However, management of risks associated with safe evacuation in the event of a fire was identified as in need of improvement on the day of inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire fighting equipment was observed around the designated centre and these were subject to regular servicing and checks by a fire specialist. All staff had received up-

to-date training in fire safety and emergency procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe and appropriate systems in place for the management of medication in the designated centre

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured there was a comprehensive assessment completed and a health, personal and social care plan in place for both residents. These were subject to regular review.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that measures were in place for the safeguarding and protection of the adults living in the centre. All staff had received up-to-date safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre was operated in a manner that respected the age, gender and disability of the residents.

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	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area V - Esker Gate OSV-0005775

Inspection ID: MON-0025842

Date of inspection: 04/07/2019

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Could not locate management course certificate that was previously completed. Therefore have enrolled in a QQI Management course and commenced on the 16th September 2019.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Two locks on the outside gates were removed and the risk associated with same was discussed at team meeting. Locks were disposed.	

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 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Substantially Compliant	Yellow	16/09/2019
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.	Not Compliant	Orange	18/07/2019