



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

Name of designated centre:	Community Living Area X - Annagarvey
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	07 June 2019
Centre ID:	OSV-0005804
Fieldwork ID:	MON-0025814

## About the designated centre

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

This centre is a large newly renovated bungalow in a rural location that is currently home to three residents but with capacity for four. It is located a couple of kilometers outside a large rural town. The centre has a large kitchen and three separate living rooms, One bedroom is en-suite and the main bathroom is appropriate for individuals with impaired mobility. Externally this centre has a paved area to the rear with ramps from the doors allowing for easy access to the garden.

The centre aims to promote positive community awareness through residents having daily presence and participation in the local community. The focus is on encouraging and promoting open, respectful communication with individuals, families, staff and all members of the multidisciplinary team.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## 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
07 June 2019	09:00hrs to 15:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre is home to three residents and the inspector had the opportunity to meet all three in their home on the day of inspection. Two of the residents are siblings and have always lived together while the third resident had previously lived in a congregated setting and this was their first time living in an individualised home.

On arrival the inspector met with staff who were preparing for the day and residents were still in bed. Staff were seen to wait until they heard residents before entering their bedrooms allowing for self determined times to get up. The routine of the day was outlined and social conversation was heard such as, " you need your slippers before we can go to breakfast" or "I love your nails did you get them done yesterday?". There was no sense of rushing through daily routines and residents appeared responsive to the gentle start to the day.

The inspector met one resident in the living room while they watched the television, they indicated that they were enjoying the programme by looking towards it and then towards the inspector to share the focus of their attention and vocalising with pleasure. The resident had a handbag with a fur top on their lap that staff had purchased for them as they enjoyed the sensation of soft texture.

Another resident during the day was seen to come to the kitchen to request a drink or something to eat as they wished, the person in charge commented that occasionally the resident preferred to snack on and off rather than have set meals and this flexibility was observed. The inspector joined them in the kitchen while they were having a cup of tea. Where items were not placed in locations as expected, the resident was seen to return them to the preferred location and enjoyed being able to arrange their environment. They were offered choices of food and drink and indicated selection with prolonged looking at an item and vocalisations. This resident was given time to determine their own timeframes for personal care and engaging in activities over the course of the day.

Residents were seen to have private time in their bedrooms if they wished or the opportunity to be together in communal rooms over the day. They had been involved in the selection of their armchairs for the living rooms and were central in selecting where furniture would go in their homes. Each was seen to have a favourite location to sit and relax.

## Capacity and capability

Overall, the inspector found that the registered provider and person in charge were striving to ensure a good quality and safe service for residents who lived in this centre. This was reflected in the high level of compliance in the regulations inspected against and in the knowledge of staff and the person in charge who were actively promoting residents well-being and independence.

The service to be provided is outlined in a key governance document called the statement of purpose. The provider had ensured that this was in place for the centre and easy read versions were seen in each residents plans. The inspector was satisfied that the statement of purpose reflected the day to day operation of the service, however information on the staffing compliment required amending. This was revised immediately and the new version submitted to the inspector the following day. In addition the provider had an up to date directory of residents available for the inspector to review that contained all information as required.

The registered provider had appointed a suitably qualified and experienced person in charge to this centre. They had a clear understanding of the service that was provided to residents and promoted and advocated for residents to be active participants in their own lives. The person in charge was present in the centre at least three times a week, and staff report that they were present at different times of day giving them oversight of the quality of care provided at all times of the residents day.

There were clearly defined management structures which identified the lines of authority and accountability. The staff team within the centre reported to the person in charge who in turn reported to the area director. The person in charge and area director were meeting regularly to discuss issues as they arise. There was a suite of audits present and recently completed with a roster clearly identifying staff responsibilities for the completion of daily and weekly checks in areas such as vehicle safety or chemical agent checks. The registered provider had completed the initial six monthly unannounced audit of the safety and quality of care and support in this centre. The action plan arising from this audit was used by the person in charge to ensure that practice in the centre was based on best practice guidelines.

A core group of consistent staff was employed and they had the required training and experience to support the residents. Residents appeared relaxed with the staff in their home. Staff reported that while initially it had taken time to become familiar with the personal communication strategies used, and supports required, by residents they felt more confident in supporting residents over time. There were effective systems for communication between staff and managers in place to ensure consistency of care. Staff supervision systems were also in place with the person in charge supervising all staff in the centre.

Each resident who had moved into this centre had a signed service provision agreement between them and the registered provider. This document detailed the service that would be provided and any fees / charges that would be incurred.

There was a complaints log present within the centre which was reviewed on a monthly basis. It was to contain a record of any complaints, comments or

compliments. On the day of inspection no complaints had been received since this centre had opened. A complaints policy was in place which gave clear guidance for staff in how to deal accordingly with a complaint being submitted.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and there were suitable support arrangements in place.

Judgment: Compliant

#### Regulation 15: Staffing

The numbers and skill mix of staff were suitable to meet the assessed needs of residents. The staff were familiar with the residents' needs and seen to interact in a respectful and dignified manner.

Judgment: Compliant

#### Regulation 16: Training and staff development

The staff had the required training, skills and knowledge to support residents. Supervision systems were in place.

Judgment: Compliant

#### Regulation 19: Directory of residents

The directory of residents was available and contained the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were appropriate governance and management structures in place. An initial six monthly unannounced audit by the provider had occurred with evidence of follow up on actions from this review. The person in charge and area director were meeting regularly and recognising areas for improvement and putting plans in place to make these required improvements.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured the development of a comprehensive service provision agreement between the organisation and the resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place which accurately described the nature of the service provided. Where an area required amending this was carried out and submitted immediately to the inspector.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all required notifications had been submitted to the office of the chief inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure



A complaint policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of of complaints officer was visible in an accessible format throughout centre.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents lived in a warm, comfortable and relaxed home. It was apparent that residents' quality of life and overall safety of care was prioritised with emphasis on the residents choices and preferences evident. Residents in this centre were being given the opportunity to engage in as many community based activities as they would like to.

This centre was a large newly refurbished bungalow that was clean and well decorated. Each resident had their own bedroom which the inspector observed to be individualised with personal items on display. There were three living areas and residents had established favourite areas to sit and relax. The inspector was shown a social story based on going shopping to buy furniture for the centre. Externally the garden and patio areas were accessible and while areas of lawn were still establishing they were well maintained.

The person in charge had ensured all residents had an individualised personal plan in place. There were records of meetings including residents and their families that facilitated a complete approach to ensuring the needs of the service user were met and set out clearly in a goal setting format. Goals were meaningful in nature and encouraged community participation for residents. The residents' interests and hobbies were paramount in discussions at their meetings. There was a record of important facts and what was important to each individual as well as ongoing records of things that did not work well and things to try in the future. The inspector noted that even if staff recorded that an activity had not been successful all reasons were explored as to why this might be, for instance for one resident attending a musical it was determined that if the time of the show was altered then the resident enjoyed it more.

Residents' healthcare needs were appropriately assessed and support plans were in line with these assessed needs. Residents in this centre had complex healthcare conditions however the recording and guidelines for staff were clear and comprehensive. Each resident had access to appropriate health and social care professionals and specialist medical professionals in line with their assessed needs.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to

manage their behaviour and they were reviewed regularly. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans. There was specific direction for staff on situations that may contribute to residents feeling anxious such as driving the car too quickly. The inspector found that there were some restrictive practices on the day of inspection but these were regularly reviewed and had been appropriately assessed.

The provider and person in charge had systems to keep residents in the centre safe. Staff were found to be knowledgeable in relation to keeping residents safe and how they would report allegations of abuse. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents. Detailed assessments were completed to appropriately guide staff with respect to supporting residents in managing their finances, and amounts in centre records and resident purses were accurate.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge and area director. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. There were also systems to identify, record, investigate and learn from adverse events in the centre.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and there was evidence that it maintained and regularly serviced. Each resident had a personal emergency evacuation procedure. Fire procedures were available in an accessible format and on display. Staff had completed fire training and fire drills were occurring one had yet to be scheduled for a single staff member to carry out at night.

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt, storage, and disposal of medicines. All residents had had self administration checklists completed and no residents on the day of inspection had responsibility for managing their own medication.

## Regulation 17: Premises

The inspector found that there was adequate private and communal space for residents and that the physical environment was welcoming, personalised and clean.

Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
Risks were identified and managed in a safe, proportionate and considered manner with residents considered in all such decisions as they impacted on them.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
There were suitable arrangements to detect, contain and extinguish fires in the centre. While fire drills were occurring care was required that they accurately matched the staffing at all times such as lone working at night.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Systems for the administration and management of medicines were suitable and safe with regular reviews reviews of residents medicines.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Personal plans were found to be person-centred and were reflective of their social health and psychosocial needs. They were developed in consultation with family and wider members of the team around the person.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents had appropriate assessments completed and were given appropriate

support to enjoy best possible health. Residents' changing needs were recognised and appropriate assessments and supports put in place. Residents had access relevant health and social care professionals in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was a positive approach in responding to behaviours that challenge in the centre. Residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour. Residents were supported to understand and manage any behaviours which caused anxiety for them.

Judgment: Compliant

### Regulation 8: Protection

There were policies and procedures to keep residents safe. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant