



Office of the Chief Inspector

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

Name of designated centre:	Community Living Area 29
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	24 April 2019
Centre ID:	OSV-0005878
Fieldwork ID:	MON-0026408

About the designated centre

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

Community Living Area 29 is situated in the outskirts of a small town in Co. Kildare. The designated centre consists of a bungalow which has the capacity for three residents, male and female over the age of 18 years. The residents in the designated centre have varying needs in relation to their moderate intellectual disability, diagnosis of Autism, mental health needs, mobility and physical disabilities. The bungalow is decorated to the residents' personal tastes and interests. Residents have their own sizeable bedroom, kitchen, sitting rooms and bathroom and is wheelchair accessible. The aim is to provide a home like environment and to encourage each individual to live to their full potential by encouraging choice, providing adequate resources to support each individuals to function at an independent level as possible. A suitable car is available at the location. Residents are supported by health care assistants, social care workers and the person in charge. Staff members provide security, company and support for each individual.

The following information outlines some additional data on this centre.

Current registration end date:	03/02/2022
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
24 April 2019	09:30hrs to 18:30hrs	Sarah Mockler	Lead

Views of people who use the service

The inspector met and spent some time with both of the residents living in the designated centre. The inspector sat with one resident and spent time with them while they were engaging in their favourite activity. The resident frequently smiled and sang during this time and appeared very comfortable in the presence of the staff. With the support of staff they were able to show pictures of the important people in their life. The other resident sat with the inspector while eating their breakfast, they told the inspector about their upcoming holiday the next day and they seemed very excited about this. The resident had planned their day and it was focused around getting organised for their holiday. The resident asked the inspector about their plans of the day and also asked what was the purpose of the inspection. When the inspector asked if the resident felt happy and safe living in their home, the resident very clearly stated they felt very safe in their home.

All residents observed were very comfortable in staff presence and it was evident that staff were very responsive to their individual needs, preferences and communication styles.

Capacity and capability

The governance and management systems in place ensured that high-quality, person-centred care was being provided in the centre. The management structure was clearly defined and there was clear lines of accountability at the individual, team and organisational level. Due to the effective governance in the centre there were positive outcomes for residents, person centred care ensured that an inclusive environment was promoted where each residents' needs were considered and respected. High levels of compliance were observed across the regulations inspected against.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. It was evident that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge was very knowledgeable of the residents individual needs and preferences. The residents were very familiar with the person in charge. The person in charge was also responsible for another designated centre located a couple of kilometers away. The person in charge currently by choice was contracted for 0.89 whole time equivalent hours. The person participating in management confirmed

there was a full time post in place.

There were appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. As this was a new designated centre the annual review and unannounced visits from the provider had not taken place yet. The person in charge had systems in place to monitor the quality of care and support for residents including a suite of audits which were completed regularly. The suite of audits included and were not limited to; care plans, medication, personal evacuation plans and finances. These reviews were identifying areas for improvement, and actions from these reviews were impacting positively on residents care and support and their home. Regular staff meetings were occurring where there was evidence of shared learning and the meetings were resident focused.

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. Two new staff members had recently commenced in the centre and the person in charge discussed and showed the relevant induction program that was in place. Respect, dignity and autonomy of the residents, was very much upheld by all staff which resulted in a very supportive environment for the residents. Staff clearly recognised their roles as advocates for the residents. A lovely interaction style with residents was observed, which was considerate of the residents assessed needs and wishes. Residents received assistance and care in a respectful, timely and safe manner.

All staff had received training and refresher training to ensure the delivery of high quality, safe and effective care for the residents. Staff were receiving supervision as per the organisations policy. Staff spoken with felt well supported in their role.

There was a directory of residents in place and made available to the inspector. However the address for each resident was incorrect. The directory also did not have the date of admission into the designated centre.

The centre's admission process considered the wishes, needs and safety of the individual and the safety of the other residents transitioning into the designated centre. The specific needs of the individuals, such as being within short driving distance of their day service were carefully planned for. A written contract for the provision of services was agreed on admission.

Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with the right skills, qualification and experience to meet the assessed needs of the residents at all times. There was an actual and planned rota in place. Residents received assistance and care in a respectful, timely and safe manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised appropriate to their role. Staff received ongoing training that was relevant to the needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was generally up to date but some required information was incorrect. The address of the residents required updating. The date of admission into the designated centre needed to be added.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centre's admission process considered the wishes, needs and safety of the individual and the safety of the other residents transitioning into the designated centre. A written contract for the provision of services was agreed on admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in associated schedule.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. Residents had a clear choice in taking part in meaningful activities across the day. Staff were very knowledgeable about the residents' preferences, needs and communication style. A resident was very clear in telling the inspector that they felt very safe living in their home.

The home was warm, homely and decorated in line with residents' wishes. The premises met residents' needs and the design and layout promoted the residents' safety, dignity, independence and wellbeing. Each resident had their own sitting room but they would often choose to keep each other company at different times during the day. Each resident had their own bedroom which was decorated to their own taste and their preferred items and pictures were readily displayed. There was a large well kept garden, with a decking area and seating area.

The residents had just recently transitioned together from one designated centre within the organisation to this designated centre. The transition process was well planned and there was a comprehensive transition plan completed for both residents. There was an accessible format of this plan made available to both residents. It was evident they were consulted in the transition. The transition plan was reviewed initially weekly for the first four weeks and was then being reviewed

on a monthly basis. The review evaluated if the residents were happy and settled into their new home. On the day of inspection, the residents appeared very happy and comfortable in their new home. Staff spoke about how easy the transition process was for both residents due to the relevant planning and preparation completed. Staff also spoke about how one resident in particular seemed less anxious as they now had their own space to retreat to in their new home. The staff and residents had organised a house blessing and relatives, friends and staff and residents had attended. There was a compliment in the complaints and compliments book regarding this, and the relative stated how happy the resident was with their new home.

The inspector found that residents were protected by appropriate risk management procedures and practices. There was a risk register in place and evidence that general and individual risk assessments were developed and reviewed as necessary. Arrangements were in place to ensure risk control measures were relative to the risk identified.

The inspector reviewed a sample of the of residents' personal plans and found that they were detailed comprehensive and reflective of the residents current needs. Residents had access to a keyworker to support them to develop and reach their goals. Progress with their goals was demonstrated though written updates on the personal plans and many photographs of the residents completing different types of activities. Each resident also had there own tablet device, where photos and videos were taken of the resident engaging in activities associated with their personal plan. One resident in particular liked to look at the photos and would spend time doing this with the support of staff. It was evident that the residents were continually involved in the personal planning process. There was an assessment of need in place and care interventions were developed in line with residents' assessed needs. These documents were reviewed regularly.

Residents' health care needs were appropriately assessed. They had the appropriate health care assessments and support plans in place. Each resident had access to appropriate allied health professionals in line with their assessed needs. Residents were enabled to attend any National Screening appointment that was available to them.

The residents' had appropriate supports in place in relation to positive behaviour support strategies and access to relevant allied professionals if needed. Where appropriate residents and or their representative were consulted in the process of any therapeutic interventions in relation to positive behaviour support. Where restrictive procedures were being used, they were used only after alternative strategies had been exhausted. When restrictive practices were applied this was clearly documented and was subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

Suitable fire equipment was provided and serviced as required. There was adequate means of escape with emergency lighting provided. Suitable fire containment measures were in place in the home. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently

displayed. Fire drills had been completed.

Regulation 17: Premises

The premises met the needs of all the residents and the design and layout promoted residents safety, dignity, independence and wellbeing. The home was warm, clean and decorated to the residents individual taste.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place for the residents and accessible versions of the transition process were made available to residents. Residents were consulted in this process.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified. Arrangements were in place for identifying, recording and learning from serious incidents and accidents.

Judgment: Compliant

Regulation 28: Fire precautions

There was a procedure for the safe evacuation of residents and staff in the event of a fire. Staff know what to do in this instance. There were fire drill at suitable intervals.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of the residents. The outcome of the assessment was used to inform an associated plan of care. The service worked together with the residents to identify their strengths, needs and life goals. The resident was supported to understand their plan.

Judgment: Compliant

Regulation 6: Health care

There was evidence to demonstrate that residents were supported to access the National Screening process and attend relevant appointments. Appropriate health care was made available for each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where restrictive procedures were used they were applied in accordance with national policy and evidence based practice. Staff had up to date knowledge and skills.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Community Living Area 29 OSV-0005878

Inspection ID: MON-0026408

Date of inspection: 24/04/2019

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The PIC has updated the Directory of residents to include change of address and date of admission to designated centre CLA 29 in compliance with Regulation 19 (3)	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	25/04/2019