



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 17
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	14 January 2021
Centre ID:	OSV-0002717
Fieldwork ID:	MON-0021329

About the designated centre

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

This designated centre comprises of a detached bungalow in a residential estate in a small village in Co. Kildare. The centre accommodates two male residents aged between 18-65 years with an intellectual disability. The bungalow consists of a kitchen with dining area, a sitting room, three bedrooms one of which is en-suite and two bathrooms. There is a garden to the back of the house and there are two vehicles available to residents in this house. The person in charge works full-time in this house. There is one social care worker, two care assistants and one facilitator employed in this centre.

The following information outlines some additional data on this centre.

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
Thursday 14 January 2021	10:30hrs to 16:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life and to have meaningful roles and relationships in their local community. The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre.

The inspector met with the two residents living in this centre. Conversations between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time limited in adherence with national guidance. The residents used non-verbal communication and were supported by staff when engaging with the inspector.

The inspector reviewed feedback that had been submitted by families as part of the annual report consultation process. The families expressed that they were satisfied with the quality of care and support provided to their family member. Families said that they were happy with the level of communication between them and the staff, they were happy with the choice provided to their family member and they felt the needs of their family member were being met. The person in charge informed the inspector, that staff telephone the residents' family at least twice a week to provide an update on the health and wellbeing of their family member. Residents are also supported to keep in contact with their family on a regular basis and during the current health pandemic, this has primarily been through video and telephone calls.

On entering the centre the inspector observed the house to have a homely feel. There was a relaxed atmosphere and both residents were getting ready to head out for their morning activity. The physical environment of the house was clean and in good decorative and structural repair. There were a variety of ornaments throughout the house which had been hand-made by one of the residents. When the inspector complimented the ornaments, the resident smiled and appeared proud and happy at their accomplishment. The house's hallway had framed photographs of residents enjoying various activities. One of the residents appeared excited to show the inspector their bedroom. On viewing the room (from the hallway) the inspector saw personal photographs hung on resident's bedroom walls alongside sports posters and paintings, all of which were of interest to the resident. The resident seemed keen to show the inspector the new flooring in their bedroom and in the bathroom next to it.

The inspector observed that overall, the residents rights were upheld in this centre. The provider supported a self-advocacy group within the organisation and information of this group was on display in the house. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that satisfactory consent forms and decision making assessments were included in resident's personal plans.

The inspector observed staff facilitated a supportive environment which enabled the residents to feel safe and protected. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. Where appropriate, and to ensure that the dignity of each resident, was promoted, residents' personal plans included clear detail on how to support each resident with their personal and intimate needs.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions being made. Where appropriate residents were encourage to help out in household tasks. For example, a staff member advised the inspector that one resident enjoyed helping out with meal preparation and another resident enjoyed helping with washing the centre's cars.

Both residents were part-taking in a New Directions type programme that provided person-centred support which was tailored to meet individual need, promote community inclusion and independence. The programme aimed to support the residents live a life of their choosing in accordance with their own wishes, needs and aspirations.

Due to the current health pandemic restrictions community activities were limited however, residents were supported to choose from a number of community activities they enjoyed such as countryside drives and walks in the local area or golf club. The inspector found that residents' personal plans demonstrated that, prior to COVID-19 restrictions, residents were supported be involved in their local community in accordance to their individual interest. Residents enjoyed bowling in the local club, attending the local barber regularly, eating meals out in local cafes and restaurants, attending community art and craft classes and playing golf at the local club.

In addition, residents' personal plans demonstrated that residents were facilitated and encouraged to engage in their communities in a meaningful way. For example, one resident who enjoyed going for a drink in their local pub chose a goal of making home-brew ale. The inspector saw many photographs of the resident being supported to engage in the different steps of the process. When the task was completed, the resident was supported to show off their achievements by giving the bottled, and personally labelled home-brew, as Christmas gifts to family members and owners of local businesses and services. When speaking with the resident about this goal, the resident smiled and appeared proud and excited about their

achievement.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were provided with a choice of healthy meal, beverage and snack options which were recorded in their personal plan. Treats were also available to residents such as take out meals and a wide variety of healthy snacks.

During the current health pandemic, visits to or from family members was limited however, the inspector was informed that during the Christmas period when restrictions were lessened, both residents were supported to visit their families whilst adhering to public health guidelines. Both residents enjoyed a drive-by visit to their family and where safe to do so, enjoyed a visit in their family's back garden. Not all residents engaged in video calls to their family and where this was the case, they were supported to contact their family by telephone call.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that overall, the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to the residents living in the designated centre. The inspector found that since the last inspection a number of improvements had been made which resulted in positive outcomes for residents, and in particular, regarding staff training and premises. Staff were provided with further up-to-date evidence based training which was specific to the residents' assessed needs and new flooring had been installed in one resident's bedroom and the centre's main bathroom.

This risk-based inspection was completed as there had been no inspection carried out in this centre since July 2019 and an update was required in advance of the

designated centre's registration renewal.

The inspector found that there were satisfactory levels of governance and management in place in this centre. The service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of each resident and this was demonstrated through good-quality safe care and support. The person in charge attended meetings with the regional director and other persons in charge from the same organisation on a monthly basis to share learning, reflect on practices and identify improvements to ensure better outcomes for residents. For example, these meetings regularly discussed findings from other centre's inspections, operational procedures and matters relating to COVID-19.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

Regulation 15: Staffing

Overall, there were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A core team of staff were employed in this centre, and where relief staff were required, the same relief staff who were familiar to the residents were employed.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. There was an annual report completed and unannounced visits were taking place to ensure that service delivery was safe and that a good quality service was provided to residents. The inspector saw that the person in charge carried out a schedule of local audits throughout the year, including audits

relating to the care and support provided to the residents living in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For example, the quarterly notifications were being submitted to HIQA as per the regulatory requirement.

Judgment: Compliant

Quality and safety

The inspector found that the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, the inspector found that a small improvement was required to the recording and review of some documentation to ensure that it was reflective of the care and support provided to the residents.

Appropriate healthcare was made available to residents having regard to their personal plan. Plans were regularly reviewed in line with the residents assessed needs and required supports. Overall, care plans were reviewed regularly and up-to-date however, the inspector found that some guidance and protocols, within the plan, required clearer evidence to demonstrate that they were being regularly reviewed and kept up-to-date.

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily. During conversations with residents and staff, the inspector was informed about the choice of daily walks offered to the residents such as, walks at the local golf course and walks along local heritage pathways. On review of residents' menu plans, the inspector found that the choice of food, beverage and snacks offered to residents was varied, nutritious and in line with each resident's likes and tastes.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). During the COVID-19 health pandemic, systems were in place to ensure all GP visits or appointments were in line with public health guidelines ensuring the safety and

wellbeing of the residents.

Overall, the provider promoted the rights of residents in relation to making choices around their care and support. The inspector saw that the provider had initiated a forum, to support the consent process for the COVID-19 vaccination programme, for residents.

Where appropriate, residents were facilitated to attend health screenings. Where a resident had refused medical treatments or services, the person in charge informed the inspector that the resident's choice was taken into account. However, the inspector found that not all residents' personal plans clearly recorded the refusal or the follow-up that had taken place.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. There had been no safeguarding or adverse incident occur in the centre since the previous inspection.

The person in charge had systems in place to ensure residents were safeguarded from financial abuse. The inspector reviewed a sample of the residents' financial records and found that they were maintained appropriately.

Individual and location risk assessments were in place to ensure the safe care and support provided to residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. However, although risk assessments had been completed, the inspector found that risk associated with COVID-19 had not been included on the centre's current risk register.

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. The inspector observed the house to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules. Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

Regulation 26: Risk management procedures

The provider had carried out risk assessments specific to the current health pandemic however, the inspector found that risks associated with COVID-19 had not

<p>been included on the centre's current risk register.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 27: Protection against infection</p>
<p>The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections occurring in the centre. Staff had completed appropriate training in relation to the prevention and control of COVID-19. The training provided staff with the knowledge and skill necessary to keep residents safe and mitigate the risks of infection.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>Overall, the residents' care plan's were updated and reviewed at regular intervals and in line with residents' assessed needs. However, the inspector found that some guidance and protocols required review, as they were not fully reflective of the care and support provided to residents.</p> <p>Where a resident had refused medical treatments or services, the person in charge informed the inspector that the resident's choice was taken into account. However, the inspector found that not all residents' personal plans clearly recorded the refusal or the follow-up that had taken place.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 8: Protection</p>
<p>Overall, the residents were protected by practices that promoted their safety; residents' intimate care plans ensured that each resident's dignity, safety and welfare was guaranteed. The person in charge carried out audits of residents' finances to ensure that the systems in place to keep residents' money safe, was effective.</p>
<p>Judgment: Compliant</p>

Regulation 9: Residents' rights

The inspector observed there to be many examples of where the residents' rights were promoted. Residents were consulted in the running of the centre and in decision making through weekly resident meetings and through the annual report consultation process. Personal care plans and intimate care plans demonstrated that residents were treated with dignity and respect. Residents were provided with lots of choice around activities, meals and the environment they lived in. The inspector observed communication and interactions between staff and residents and found it to be caring and respectful at all times. There was a self advocacy group within the organisation and a complaints policy and procedure in place to support residents and their families raise any issues they may have in relation to the service provided.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 17 OSV-0002717

Inspection ID: MON-0021329

Date of inspection: 14/01/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 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.</p> <p>In order to be fully compliant in this area the person in charge will ensure that</p> <ul style="list-style-type: none"> • All risks are risk assessed • All risk assessments have a specific review date • All risk assessments will be logged in the risk register which will be updated in line with risk assessment reviews <p>This process will be complete by 20/01/2021</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider shall provide appropriate health care for each resident, having regard to the resident's personal plan.</p> <p>The person in charge will ensure that:</p> <ul style="list-style-type: none"> • All protocols contained within resident's personal plans will have specific review dates 	

and evidence of reviews being completed is maintained.

The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.

- Residents consent in relation to medical treatment on offer will be documented, this will involve providing information to residents in easy read format, using some picture and video format information, as visual information is best for the resident in OSV-0002717.
- Residents will be offered vaccines and any refusals will be documented and their GP will be informed of such.

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	20/01/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/01/2021
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and	Substantially Compliant	Yellow	31/03/2021

	the matter brought to the attention of the resident's medical practitioner.			
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