



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area X - Annagarvey
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	18 February 2021
Centre ID:	OSV-0005804
Fieldwork ID:	MON-0031969

## 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

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 18 February 2021	10:00hrs to 15:00hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were management systems in place that ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them.

The centre comprised a large bungalow that could accommodate four residents on its own grounds in a rural location. There were three residents living in the centre, with one vacancy that had, to date, never been occupied. This centre had recently submitted an application to renew the registration of the centre and the person in charge explained to the inspector that this application was for a reduced capacity of three, in order to ensure that the residents already living there were not impacted adversely by the admission of an additional resident. Two of the three residents were siblings.

Residents' bedrooms were personalised and the centre was homely and inviting and nicely decorated. All areas of the centre were accessible to all of the residents living there and residents had access to a large, pleasant garden area that contained a covered seating area and a garden swing for residents use as well as a birdhouse and other garden furniture.

On this inspection, the inspector met briefly with all three residents and the two staff members that supported them. This inspection took place during the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. One resident found it difficult to maintain a two metre distance at all times and the inspector took additional precautions when interacting with this resident. Residents communicated in a variety of ways. Although the residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service, in response to enquiries about living in the centre residents did provide some positive feedback. The inspector saw that residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with family members on the day of this inspection. An annual review had been completed that this showed that families had been consulted with and their views obtained on the service that their family members were receiving.

The person in charge and staff working in the centre spoke about how family communication was maintained and facilitated in the centre. Staff in the centre spoke about how important the residents' family members were to them and how this could be observed in their reactions to certain family members when they met with them. Residents families were welcomed to the centre and it was evident that there was a good relationship fostered between family members and the staff and

management in the centre. For example, two residents had enjoyed Christmas dinner in the centre with their elderly parent, and prior to COVID-19 restrictions had enjoyed weekly visits from them. Another resident was supported to go home to family members for Christmas Day, and there were long term plans in place for this resident to move to a new designated centre to be closer to their family. Due to the COVID-19 government restrictions family members were not visiting the centre as often. However, regular phone and video contact was maintained and where appropriate drive by and window visits were facilitated. The inspector had sight of records of numerous compliments from family members about the service provided to their relatives in the centre and expressing satisfaction with the improvements in quality of life for residents that had occurred since moving into this centre.

Staff were respectful in their interactions with residents. Residents' presentation was good and residents appeared comfortable to move about their own home freely and with the assistance of staff. One resident was visually impaired and required some staff assistance to mobilise. Staff were seen to regularly support this individual to move around the centre. This individual spent time listening to music and appeared content and relaxed and staff were seen to regularly interact with them and spend time with them. Residents were seen relaxing watching tv and interacting with staff and staff were observed supporting some residents to get ready to go out.

The inspector observed and overheard the residents being offered fresh, home cooked foods and drinks regularly throughout the day. Residents dietary needs were catered for. Where a modified diet was required appropriate guidance was available to staff. The management and staff team, alongside an appropriate health professional, had put significant work into ensuring that there was a choice of food and drinks available to all residents. Modified diets were carefully considered to make them more enjoyable and palatable for residents and to facilitate residents with additional choices, such as offering different flavoured foods and drinks and using resident cues to determine preferred options.

Staff members spoke about a long term goal for one resident to become a volunteer or paid member of staff in a local community setting. The inspector saw that the residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic.

Residents had access to transport to facilitate community access and on the day of the inspection two residents were seen to spend time outside of the centre. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, alternatives were put in place, such as access to local walking areas and takeaway meals and drinks.

There were some restrictions in place in the centre. There was a restrictive practice log in place in the centre and these restrictions were seen to be in place appropriately to protect residents and had been appropriately risk assessed. This will be discussed further in the section of this report that deals with quality and safety.

Overall, this inspection found that there was a high level of compliance with the

regulations and that this meant that residents were being afforded safe and person centred services that met their assessed needs. 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.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. There was a clear management structure present and this centre was found to be providing a responsive and high quality service to the residents living there.

The person in charge reported to an area manager participating in the running of the centre, who in turn reported to a regional director. Reporting structures were clear and there were robust organisational supports such a comprehensive audit schedule in place that supported the person in charge and the staff working in the centre, and ensured that oversight was maintained at a provider level. Staff were receiving regular formal supervision and there was evidence of regular contact between the staff team, the person in charge and management at a provider level.

The person in charge was present on the day of the inspection. This individual had remit over two other designated centres at the time of this inspection. The person in charge was very knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the residents living in the centre.

The centre was adequately resourced to provide for a good quality service for the individuals living there. Staffing levels were appropriate, the centre was appropriately maintained and there was suitable transport available for the use of the residents. A dedicated staff team provided supports to the residents in this centre. During the day there were at least two staff on duty, and at night a waking staff member was available to the resident if required. The waking night staff had been introduced in response to an unanticipated resident need and the provider was seen to have ensured that the required resources were in place when this need was identified. The staff team present on the day of the inspection were familiar with the residents and had worked with them for a number of years. This provided the residents with continuity of care and consistency in their daily lives.

The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed and contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. Audit schedules were

in place and taking place regularly. An annual review and six monthly audit had been completed and actions identified were addressed. The timely identification and management of any issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

There was an up to date complaints procedure in place and the inspector saw that there was an easy read guide available in respect of this. Advocacy information was available in an accessible format also. The complaints log showed that there had been no recent complaints in respect of this centre. However, numerous compliments from family members had been recorded.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

### Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary for the role and demonstrated good oversight of the centre.

Judgment: Compliant

### Regulation 15: Staffing

This centre was staffed by a suitably skilled, consistent staff team. Continuity of care was provided. Staffing levels were appropriate to meet the needs of the residents and the provider had increased the staffing levels in the centre in line with an increase in the assessed needs of a resident.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff in this centre regularly took part in formal supervision. Training records viewed showed that staff training had been completed in a number of areas including fire safety, safeguarding of vulnerable adults and complaints. Staff had access to refresher training as required and the person in charge was identifying training needs as they arose and ensuring staff had access to this training as required.



Judgment: Compliant

### Regulation 23: Governance and management

Effective governance and management systems were in place. The centre was appropriately resourced, there was a clearly defined management structure that identified lines of authority and accountability, and management systems in place in the designated centre were appropriate. An annual review and six monthly report had been completed in respect of the centre and arrangements were in place for the supervision of staff.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective and accessible complaints procedure in place. There was support provided to residents to ensure they could access the procedures to make a complaint, if they wished.

Judgment: Compliant

## Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Safe and good quality supports were provided to the three residents that lived in this centre.

Infection control procedures in place in this centre to protect residents and staff were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Cleaning records indicated that there was a regular cleaning schedule taking place. The person in charge and staff had a strong awareness of infection control measures to take to protect the resident, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). The staff spoken to took their responsibilities in this regard very seriously and demonstrated this throughout the time inspectors spent at the centre. Staff had undertaken training in recent months on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE.

The inspector saw that there was a proactive approach taken to risk management.

Where an activity was identified as having certain risks attached, appropriate controls were put in place to mitigate these and residents were provided with opportunities to take part. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. There was an organisational plan and risk assessment in place in relation to COVID-19. Where incidents occurred these were found to be appropriately recorded and considered. For example, a resident had went through a period of anxiety in the previous year that led to some behaviours that were seen to impact in a minor way on the other residents in the centre. Appropriate measures were taken by the management of the centre to ensure that all residents needs were being met at this time. The resident was supported to access medical care and support and there were very comprehensive efforts taken to identify a root cause for the behavioural changes in the resident. Changes had been made to the living arrangements of residents and this was seen to have a positive impact on all residents. For example, the frequency of peer-to-peer incidents had reduced. The person in charge and staff members spoken to talked about the importance of consistency within the staff team that how this was achieved to provide the best possible supports to all of the residents living in the centre. All staff working in the centre had received training in the 'Management of actual and potential aggression' (MAPA) and there was a comprehensive positive behaviour support plan developed in conjunction with numerous health and social care professionals in place to guide staff in supporting the individual in a person centred manner that best suited their needs.

As mentioned previously in this report, there were some restrictions present in this centre, such as a restriction on access to water for one resident with a specific medical condition, and the use of a lap belt for a resident on occasion when using a wheelchair. These were in place to ensure the health and safety of the residents living in the centre and had been identified as appropriate in the restrictive practice log in place. Restrictions were subject to regular review and there were clear efforts being made to ensure that where a restrictive practice was used, it was only used when required and was in place for the shortest duration possible.

The previous inspection had identified that a night time fire drill had not yet been completed in the centre, which was newly operational at that time. The inspector viewed documentation showing that regular fire drills were occurring and a night time fire drill had been successfully completed in the previous month. Evacuation plans were in place for residents and there were good detection and containment systems in place in the centre to ensure that residents would be protected in the event of an outbreak of fire in the centre.

Individualised plans were in place that contained detailed information to guide staff in supporting residents on an ongoing basis. There were seen to be comprehensive and detailed goals that were set by and with the residents. Goals were found to be relevant and the documentation around these was being updated regularly. There were numerous pictures of residents taking part in activities and achieving goals. This documentation clearly demonstrated how goals were being achieved and any issues that arose in the completion of goals. Plans were in place to support residents to be comfortable with the COVID-19 vaccination procedure so that residents would

be ready for this important medical intervention when the opportunity arose. The inspector viewed pictures of residents taking part in this programme, which exposed the resident to familiar staff wearing full PPE and using role-play to show to the resident what would happen. This was intended to provide reassurance to residents when they would attend for their COVID-19 vaccination. Personal plans were reviewed at least annually with the resident and their representatives through scheduled person centred planning meetings.

There was evidence that the residents living in this centre were facilitated and supported to access medical supports and care as required and there were comprehensive plans in place to support residents to achieve the best possible health outcomes. There was evidence that the person in charge was maintaining constant contact with appropriate medical professionals, including when medical appointments had been cancelled or curtailed due to the COVID-19 pandemic.

### Regulation 11: Visits

There was strong lines of communication between the centre and residents' family members and residents were supported to maintain links with family and friends and spend time with important people in their life. Visiting during the COVID-19 pandemic was restricted in line with government restrictions and where visits did take place, control measures had been put in place in line with public health guidance to minimise the risks associated with the COVID-19 virus for residents, their families and staff members in the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were observed to be relaxed and comfortable in their home and in the company of the staff that supported them. Residents were provided with opportunities for recreation and meaningful activities and staff were familiar with residents' preferences. There were efforts being made to enhance the quality of life of residents, such as offering a varied menu choice to a resident with very specific dietary needs. Continuity of care was provided to residents and the future needs of residents had been considered and appropriate plans put in place. Family contact was facilitated and encouraged.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was found to be clean and adequately maintained and decorated in a manner that suited the residents' preferences. Efforts had been made to personalise the decor in the centre for the residents that lived there and there was a homely environment present in the centre. Residents had access to a large, pleasant garden area that contained suitable furniture for the enjoyment of residents, if desired.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and this was available to the resident. This guide contained all the required information as per the regulations and was available to residents of the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Individual risks had been appropriately considered and the inspector found that there was appropriate consideration given to positive risk within the centre. There was clear evidence that there was learning from adverse incidents and the provider was proactive in their approach to risk management.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA. The centre was clean and well maintained and there was appropriate PPE and hand sanitisation facilities available. Appropriate cleaning schedules were in place and staff were observed to regularly clean high contact areas.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and were regularly reviewed to take into account changing circumstances and new developments. Plans were presented in a manner that would be of interest to residents, including photographs of activities undertaken and important people in residents lives.

Judgment: Compliant

## Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. There was clear guidance available to staff to guide them in ensuring that the day to day medical needs of the residents were being met.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. There were some restrictions present in this centre. The person in charge had ensured that, where restrictive procedures were used, they were applied in accordance with evidence based practice and the least restrictive procedure, for the shortest duration necessary was used.

Judgment: Compliant

## Regulation 8: Protection

The residents in this centre were protected from abuse. Suitable intimate care plans were in place to guide staff. Staff had received appropriate training in the safeguarding of vulnerable adults and the staff member spoke to and the person in charge demonstrated a very good understanding and commitment to their

responsibilities in this area. There were systems in place to safeguard residents' money, including regular finance audits.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents living in the centre was supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with the resident and were strong advocates residents. There was access to a variety of information in an accessible format and there were arrangements in place for access to external advocacy services if required. Residents were supported to understand and be comfortable with the COVID-19 vaccination process. Resident's were supported to receive visitors in line with public health guidance.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant