



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

Name of designated centre:	Community Living Area 8
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	17 April 2018
Centre ID:	OSV-0002721
Fieldwork ID:	MON-0020868

## About the designated centre

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

Community living area C is a residential home, located in Co.Laois, catering for one adult with an intellectual disability over the age of 18 years. The individualised service operates 24 hours, seven days a week. The property is a large bungalow which provides the resident with a homely environment decorated to their individual preferences. A computer room, relaxation room and large living area offer a choice of communal areas for the resident along with a private en suite bedroom. The person in charge works in a full time capacity and manages the centre with support from the person participating in management and the staff team. The whole time equivalent of staff is 3.05. The staff rota is planned around the needs of the resident.

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

Current registration end date:	26/07/2018
Number of residents on the date of inspection:	0

## 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
17 April 2018	10:00hrs to 17:30hrs	Laura O'Sullivan	Lead

## Views of people who use the service

The inspector was unable to meet with the resident as they were not present on the day of the inspection. Through review of documentation within the centre such as the individualised personal plan and annual review of quality and safety, consultation with the resident was paramount. The resident was actively involved in the running of the centre.

As part of the inspection process one questionnaire was returned to HIQA. These questionnaires give residents and family members an opportunity to communicate with HIQA. The resident responded with support from staff members to the questionnaire in a positive manner.

## Capacity and capability

This was a good service where the provider demonstrated high levels of compliance. The capacity and capability of the provider to deliver a safe, effective and quality service was emulated in systems and process in place. Through a clear governance structure and effective operational management systems individualised, person centred supports were afforded to the resident with an emphasis on personal development and participation in meaningful activities. The centre was well resourced to meet the needs of the resident, with some improvements required in the area of staff training.

As this was a registration renewal inspection the registered provider had completed and submitted the required documentation to HIQA. Satisfactory process had been implemented to ensure actions required from previous inspections were addressed effectively.

To assure themselves that the resident was in receipt of a high standard of care the registered provider had monitoring systems in place along side robust governance arrangements. A comprehensive annual review was completed in partnership with unannounced six monthly reviews. In conjunction with the provider led review of the service, the person in charge implemented extensive monthly auditing of process and supports currently active within the centre, including documentation and fire safety. Any actions required were clearly set out and acted upon within a set time-frame. This oversight ensured a high level of compliance with regulations, which consecutively ensured a positive impact on the quality of life of the resident.

The inspector met and spoke with the person in charge at length. The inspector

was satisfied that they possessed the necessary skills, knowledge and experience to complete her leadership role. The person participating in management completed staff supervision meetings three monthly and performance reviews bi-annually for the staff team. Of the sample reviewed these were found to be comprehensive in nature. Goals arising from supervisory meetings were developed and aligned to ensure the effective and safe care of the resident.

The provider had ensured there were enough staff in place with the right training and experience. The person in charge developed and maintained an actual and planned rota for the centre. This rota was flexible and developed to ensure access around social activities and the support needs of the resident are met. As this is a lone worker environment a "buddy system" was in place in conjunction with an on-call system to ensure the safety and well-being of all was a priority at all times.

Some improvements were required to ensure the all staff had received full mandatory training. The person in charge was in the process of sourcing additional training courses specific to the current needs of the resident. The facilitation of this training would further enhance the care of the resident.

The complaints policy within the centre was currently under review. There was no complaints currently active within the centre. Consultation with the resident and family members was evident throughout the inspection with several compliments submitted by the residents family regarding the care and support being afforded to them. Family visits were facilitated and supported by staff to enhance and maintain this very important aspect of the residents life.

A comprehensive contract had been developed and was signed by the resident and family representative prior to admission to the centre. This document contained relevant information regarding the services to be provided including any fee that would be incurred. Along side this contract to ensure the residents rights were upheld the person in charge had developed a guide for the resident in a format they could understand. Information regarding access to important people such as complaints officer, designated safeguarding officer and advocacy services was visible throughout the centre.

The person in charge had effective systems in place for the recording of care and support provided to the resident. The inspector reviewed records such as the directory of residents and statement of purpose. These were found to be developed and maintained in line with requirements under regulation 21

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation and fees for the renewal of the registration of the designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre. The person in charge possessed the required attributes and regulatory skills and knowledge to carry out her role.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured the necessary staffing numbers and skill mix was allocated to the centre to support the needs of the resident. An actual and planned rota was developed and maintained by the person in charge.

All information required under schedule 2 was in place from the sample reviewed.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff supervision was carried out by PPIM every three months in conjunction with the completion of performance management reviews bi-annually.

Some improvements were required in the area of staff training.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents for the centre including information as required under schedule 3

Judgment: Compliant

### Regulation 21: Records

The registered provider had ensured that all relevant records were available, accurate and up to date.

Judgment: Compliant

### Regulation 22: Insurance

The centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined governance and management structure within the centre.

The registered provider had ensured robust systems were in place to oversee the quality of care; including the implementation of an annual review and six monthly provider led audit of care.

Judgment: Compliant

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

A contract of care was in place. This document was signed by the resident and their representative prior to admission to the centre. The contract clearly set out the services and supports the centre would provide for the resident including any charges which may be incurred.

Judgment: Compliant



### Regulation 3: Statement of purpose

The statement of purpose was made available within the centre. This document included all information as required under schedule 1.

Judgment: Compliant

### Regulation 34: Complaints procedure

A complaints policy was in place with the centre. This was currently under review. There was evidence that historical complaints were dealt with a timely manner.

Accessible information was available and displayed within the centre.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of the supports offered to the resident currently residing within the centre and over-all a high level of compliance was found. The rights of the resident were being promoted and this was evident throughout as part of conversations with staff and through review of documentation. The resident was consulted on all aspects of their care and on the running of the centre. Some minor areas for improvement were found to be required under the area of risk identification and management.

The centre was homely with residents preferences paramount in the decoration of the environment. As the resident received a 24hour wrap around service, the environment was compatible with this. A computer room was present for the resident to visit sites which they were particularly interested in. A relaxation room was also present along side a private en suite bedroom. The kitchen and dining room was the hub of the centre. The resident was encouraged to participate in the purchasing, preparation and cooking of meals with support from staff. Photographs of family and friends were evident throughout the home along with the use of photographs to enhance the participation of resident in tasks and goals in the home. Family visits were encouraged and facilitated by staff in accordance with the resident's wishes.

Care and supports were delivered based on the resident's personal plan. This plan was developed and reviewed in consultation with the resident and was found to be comprehensive and individualised. The plan gave details of supports for staff

to provide which would enhance the engagement of the resident in meaningful recreational and skill based activities. As the resident was currently undergoing treatment for a health concern, goals had been reviewed and adjusted accordingly. Goals had been developed to support the residents hobbies and needs at this current time. Staff facilitated these goals by adjusting the rota as required. Protocols were in place to support residents with known triggers to behaviours of concern. Due to the implementation of these protocols incidents had reduced.

The residents health and well-being was supported by good access to health care services and a multi-disciplinary approach to care. Health concerns had been assessed with detailed plans in place to guide staff on best practice and how to support the resident to best possible health. Health promotion was evident with the the resident encouraged to participate in cooking of meals in line with dietetic recommendations. Social stories were developed by staff if a procedure was to be carried out to ensure the understanding of the procedure for the resident and to decrease any upset the procedure may cause. The inspector noted that the person in charge was responsive to changes in the resident's health and ensured that the necessary supports were implemented.

The registered provider had ensured effective systems were in place to safeguard resident from abuse. Clear intimate care guidelines were in place detailing level of support required by the resident. Robust arrangements were in place in relation to finances including regular auditing of receipts and transactions by the person in charge. This facilitated transparency between resident, their representative and staff into purchases and withdrawals of funds. Protocols had been developed to protect the resident when utilising social media platforms such as Face-book

Overall, risk was managed well in the centre to ensure resident safety. A risk register was present which identified a range of environmental and individualised risk. Current control measures in place were addressed and the risks were reviewed and rated. Some improvements were required to ensure all risk within the centre was identified and addressed. For example the risk of injury due to use of sharps. The inspector found effective systems and procedures were in place for the prevention and detection of fire. Weekly fire checks ensured all exits were clear from obstruction and all equipment was regularly serviced including emergency lighting, and fire extinguishers. A personal emergency evacuation plan was in place which the inspector found was implemented as part of day and night fire evacuation drills. This ensured the safe evacuation of the resident in the event of an emergency.

## Regulation 11: Visits

Visits were facilitated within the centre in accordance with residents wishes.

Judgment: Compliant

## Regulation 17: Premises

The centre was warm, clean and decorated in line with resident's preferences. The design and layout met the individual needs of the resident.

A large fully equipped kitchen and dining room was available. A computer room and relaxation room was available within the centre along with a large living room. The resident had a large en suite bedroom decorated and maintained to their liking.

A large garden area was available to the rear and front of the property.

Judgment: Compliant

## Regulation 18: Food and nutrition

A balanced and nutritious diet was provided within the centre in line with residents dietary needs. The resident was encouraged to participate in the purchasing, preparation and cooking of food. Residents dietary requirements were clearly outlined within personal plan with a visual guides in place to promote participation in mealtime preparation.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had ensured a resident's guide had been prepared and was available to residents.

Judgment: Compliant

## Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that whilst the resident was temporarily absent from the centre the relevant information was provided to the relevant hospital in conjunction with relevant supports for the resident.

Judgment: Compliant

## Regulation 26: Risk management procedures

A risk management policy was in place within the centre in line with regulations. A risk register was in place and was maintained and reviewed as required by the person in charge. Some improvement was required in the identification and assessment of unidentified risk within the centre.

The vehicle provided for the centre was insured and on the day of inspection was being serviced to ensure road worthiness.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The registered provider had ensured that systems were in place within the centre to promote protection against infection.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had ensured that effective systems were in place for the prevention and detection of fire within the centre. A certified fire panel and fire fighting was in place and serviced quarterly. Adequate means of escape was provided including emergency lighting and signage. A review of all systems was implemented bi-annually by the regional fire officer for the organisation.

Fire evacuation drills had been carried both by day and night in line with guidelines set out in personal emergency evacuation plan to ensure the safe and effective evacuation of the resident. Weekly checks were implemented by staff in relation to emergency exits, lighting a

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that the resident had a detailed, comprehensive and individualised personal plan in place. Goals were meaningful and decided upon

through consultation with the resident. Due to current health status of the resident goals had been reviewed and adjusted accordingly to meet the specific needs of the resident at this current time. Photographs were utilised to manifest participation in goals and to assist residents attainment of set goals.

The resident's personal plan was reviewed regularly and an audit was implemented by the person in charge monthly to ensure the plan met the current needs and wishes of the resident. This ensured that all information was current and adapted to meet the wishes of the resident.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had effective systems in place to help the resident achieve the best possible health. Health concerns were assessed through a multidisciplinary health care professional approach. Effective supports were put in place and documented clearly within personal plan to guide best practice. An on-line system was utilised to ensure ease of access and review of all support plans. This process also facilitated documentation of any issues or concerns relating to health.

Resident was supported by staff to attend GP or health care related appointments.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The centre promoted a restrictive free environment.

the provider had ensured good practice to support he resident in the area of behaviours of concern. Evidence of ongoing review by positive behavioural support team was within personal plan. Protocols were in place to address identified triggers to behaviours of concern. Guidelines were in place within personal plan to ensure staff had up to date knowledge and skills to support the resident in a safe effective manner.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured that effective systems were in place within the

centre to safeguard the resident from abuse. These systems included staff training, staff supervision, robust recruitment and clear arrangements for managing of finances.

An organisational policy was in place which gave clear guidance for staff on the procedures to follow where concerns are raised including the name and contact details of the designated officer.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was operated in a manner which was respectful to the needs and rights of the resident. Consultation was evident throughout all documentation and in the running of the centre. The resident was spoken about by staff at all times in a respectful manner.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 8 OSV-0002721

Inspection ID: MON-0020868

Date of inspection: 17/04/2018

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge keeps a training record for all staff in CLA 8 . Staff has access to all relevant training required for CLA 8 Pic ensures that staff are rostered to attend refresher training as part of professional development as required.</p> <p>All staff have an annual appraisal complete, Supervisions are completed on a 3 monthly basis, Next staff supervisions will be completed 18/09/18</p> <p>All staff has been given a copy of the regulations and have completed documentation to say they have read and understood same in available in CLA 8</p> <p>Relevant up to date guidance documents are in CLA 8, Pic discusses same with staff at team meetings. Next team meeting is 20/06/18</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A risk management policy is in place and complies with regulation 26(1) for the health act</p> <p>All staff in CLA 8 have risk training completed, refresher will be carried out at team meeting 20/06/18</p> <p>A risk register is present in this designated center which identified all risk relevant. Controls measures are in place to manage risk and are reviewed and update in line with the time frame identified on the risk register.</p> <p>New risks identified are also discussed at team meetings, Next team meeting 20/06/18.</p> <p>The vehicle used by this designated center had valid insurance, Tax and NCT and has an emergency kit. This is audited on the vehicle monthly check. Last completed 22/0518</p>	

Staff in this designated center all have a full license, a copy of this is kept in Human resources

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	12/05/18
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	29/04/18