



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

Name of designated centre:	Community Living Area R
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	15 August 2018
Centre ID:	OSV-0002742
Fieldwork ID:	MON-0021729

About the designated centre

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

The centre is a dwelling for five people, male or female, over the age of 18 years, who receive a service from The Muiriosa Foundation. This building consists of a detached bungalow in its own grounds. This service is located on the outskirts of the nearest town. The centre aims to provide a range of services that support adults with an intellectual disability who also require a multi disciplinary approach to care.

The following information outlines some additional data on this centre.

Current registration end date:	11/02/2019
Number of residents on the date of inspection:	5

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
15 August 2018	10:30hrs to 17:30hrs	Julie Pryce	Lead

Views of people who use the service

During the course of the inspection the inspector spent time with four residents. Residents told the inspector they were happy with their home. Some of them showed the inspector their bedrooms which were decorated according to their own taste, reflected their interests and had their personal belongings around them.

The inspector read questionnaires which had been completed on behalf of residents, and residents mentioned that they were happy with various aspects of their lives in the designated centre, for example, the food, the variety of activities and visits from friends and families.

Capacity and capability

The provider was ensuring that residents were receiving a good service and this was reflected in a high level of compliance. There were systems in place to ensure that the centre was regularly monitored. There was a clearly defined management structure in place with clear lines of accountability. The person in charge was a regular presence in the centre. Monitoring systems were in place to ensure that residents had a good quality of life in the centre and corrective action was taken when needed.

There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. The person in charge showed evidence of leading improvements in practice. This person was a regular presence in the centre and was knowledgeable about the care and support needs of residents.

Various audits were conducted on a regular basis, some in relation to health and safety and some in relation to the support offered to residents. A monthly review of actions taken towards individual goals for residents was completed, and actions set for the following month. Actions reviewed by the inspector had been completed, and had resulted in residents achieving goals. There was also evidence of a recent fire audit having highlighted a practice which required improvement. This improvement was initiated by the person in charge immediately following the audit.

Six monthly unannounced visits on behalf of the provider had taken place, and a detailed and thorough annual review was available to the inspector. Any required actions from these processes were monitored until complete.

The number and skills mix of staff was appropriate to meet the needs of residents. Staffing hours had increased since the previous inspection to allow for a full time member of staff to offer an individualised day service to some residents. This had resulted in an increase in individual outings and activities which has supported the achievement of goals for some of the residents.

There was a core team of staff, and a panel of familiar relief staff in the event of team members being unavailable. Quarterly supervision and annual performance appraisals were conducted with all staff. This helped to ensure that staff had the right skills, training and knowledge to meet residents' needs in an informed way. There was a nurse on duty for at least one shift each day to meet the nursing needs of some of the residents.

There were systems in place to receive feedback from residents and to act on it. There was a clear complaints procedure in place, and a record kept of any complaints made. A recent complaint from a resident had been clearly documented, and had been resolved by way of the introduction of an improvement in the transport offered to the resident.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, engaged in practice development and kept herself up to date.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all required training to ensure they could meet the needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 21: Records

All records required by the regulations were maintained and reviewed.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and robust systems to monitor the quality of care delivered to residents. Corrective action was taken when the management systems identified areas of poor performance.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations, and accurately described the service provided.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint.

Judgment: Compliant

Quality and safety

The provider and the person in charge had put arrangements in place to ensure that residents had support in leading a meaningful life, in making choices and in having

access to healthcare.

There was an ethos of upholding the rights of residents and no rights restrictions were currently identified. Staff had recently advocated on behalf of a resident in relation to maintaining their day service, and this intervention had been effective. In addition residents had expressed a preference not to have any more people move into their home, and this had been respected by the provider. This showed that residents' were being listened to and their views were considered when decisions were being made about the service.

Residents were supported to engage in activities which were meaningful to them and to achieve their personal goals. There was a personal plan in place for each resident based on detailed assessments of both healthcare and social care. These plans included goals for each resident, including learning new skills for some, such as a musical instrument or the use of technology. It was clear that each resident's day was planned around their goals and preferences, and that improvements had been made in ensuring the person centred nature of daily activities.

Healthcare needs were all being met, there were detailed plans of care and the implementation of these was recorded in detail. Any new or changing conditions were responded to promptly, and changes in plans of care or protocols were made immediately. Where residents were unable to understand verbal communication about their healthcare, staff had introduced alternatives methods of providing information, such as by the use of pictures and diagrams.

A restraint free environment was promoted. Where restrictive practices such as bedrails were in use, assessments had been completed by the appropriate members of the multi-disciplinary team, and residents or their families had consented to their use in the interests of safety. Detailed documentation was maintained, including a register of all restrictions.

The provider had systems in place to keep residents safe from harm. There was a risk management policy in place which included all the information required by the regulations. A risk register was available which included all identified risks and their risk ratings. There were both environmental risk assessments in place, and individual risk assessments. These included assessments relating to positive risk taking which resulted in positive outcomes for residents, for example in the amount of time one resident spent with family members.

There was appropriate fire safety equipment throughout the centre, including extinguishers, fire blankets, emergency lighting and fire doors throughout. There was a personal evacuation plan in place for each resident which was regularly updated, and reviewed where there might be changing support need, for example following the diagnosis of a healthcare issue. Monthly fire drills were conducted, and a record kept of the drills including the names of staff in order to ensure that all staff members had been involved.

There were appropriate practices in place in regard to infection control. There was a flat mop system in place, and adequate hand hygiene facilities. The centre was visibly clean, a cleaning checklist was maintained by the person in charge and

infection control was discussed at team meetings. In addition a deep clean took place on a quarterly basis.

Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were sufficient communal and personal spaces.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements or the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated quickly in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were safely managed and administered.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed.

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were upheld, and no rights restrictions were identified.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant