



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

Name of designated centre:	Community Living Area 4
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	21 August 2018
Centre ID:	OSV-0003749
Fieldwork ID:	MON-0021831

## About the designated centre

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

Community Living Area 4 is a residential centre located in Co. Laois. The centre affords a service to three adults over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. Supports afforded to residents are reflected within the individualised personal plans, with an emphasis on supporting the residents to lead a meaningful and fulfilling life. The premises is large detached bungalow which provides residents with a homely safe environment decorated to their individual preferences.

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

Current registration end date:	28/01/2019
Number of residents on the date of inspection:	3

## 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
21 August 2018	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

## Views of people who use the service

The inspector had the opportunity to meet with all residents at intervals throughout the day of the inspection. Residents appeared happy and content in their environment and interacted in a positive manner with staff members affording supports. All residents appeared very comfortable in the company of staff and enjoyed participating in a range of activities throughout the day. One resident verbalised that they were very happy in their home and liked to go to their day service. They also showed inspector photographs that were on display in the house.

Residents were assisted by staff to complete questionnaires prior to the inspection. All responses with regard to the centre and supports afforded were positive in nature and reiterated that residents are happy within the centre.

## Capacity and capability

Community Living Area 4 presented as a service where the registered provider demonstrated a high level of compliance. The capacity and capability of the provider to deliver supports in a safe effective manner was evident throughout the inspection. Through a clear defined governance structure and robust operational management systems the provider maintained oversight of the service and any improvements required were addressed in a timely manner. These systems in conjunction with a person centred approach to care ensured residents achieved a high quality of life.

The registered provider had ensured a clear governance structure was in place with clear lines of accountability at both staff team and managerial levels. The appointed person in charge reported directly to the local manager, who in turn reported to the regional director. There was evidence of on-going consultation and communication within the governance structure with an emphasis on quality improvement and maintaining a high level of compliance.

At an organisational level the registered provider had ensured the implementation of effective monitoring systems to achieve an oversight of service provision and an awareness of improvements required. An annual review of service provision was implemented in October 2017. This review was comprehensive in nature and incorporated consultation with residents and families. Actions required were identified and addressed in accordance with set timeframes. This review was implemented in conjunction with six monthly unannounced visits to the centre by a delegated person. Both systems ensured that the service provided was safe

and appropriate to the residents' needs.

At centre level the person in charge had systems in place to ensure that the centre was monitored. These included for example the completion of a community house checklist. However, improvements were required to ensure that these systems were consistently implemented to guarantee that actions were identified and acted upon in a timely manner.

The centre was well led by a person with the appropriate skill set and experience. The inspector met with the appointed person in charge as part of the inspection and found them competent in their role. They possessed the regulatory skills and experience to fulfil their governance role. They also held a clear understanding of their regulatory responsibilities. As the person in charge was appointed the role of person in charge for a number of centres within the organisation they had ensured effective systems were place to fulfil their role in an effective manner.

The registered provider had ensured that staffing levels allocated to the centre were adequate to meet the assessed needs of the residents. An actual and planned rota was in place and maintained by the person in charge. This rota was adaptable and ensured that staffing levels were available for all supports required including planned social activities.

Staff supervisions were taking place to support staff. It was noted that they were not always implemented in line with the frequency set out in local policy and some of the supervision records did not support tracking of issues and staff development. However, the person in charge was relatively new to the role and was making progress to address this area. Staff also did articulate that any concern or issue could be raised directly with person in charge or as part of the monthly team meeting.

The person in charge had ensured that all staff had received training to meet the specific individual needs of residents. A training matrix was in place and regularly reviewed. This ensured that any required training or refreshers could be booked in sufficient time to maintain a high level of support in line with best practice for all residents.

The provider had systems in place to listen to residents' views. The registered provider had ensured the implementation of an effective system for the efficient management of complaints within the centre. Through review of the complaints log maintained, it was evident that when a complaint was received this was addressed in a timely manner ensuring the satisfaction of the complainant. Staff verbalised awareness of the procedures to adhere to should a complaint arise in line with local policy. The policy incorporated guidance for staff on procedures and processes to adhere to and was under review at the time of this inspection to reflect a recent change at local level.

Information was provided to residents about the service they could expect to receive. The registered provider had ensured the development of a contract between the resident and the organisation. This was completed and signed by the residents or their representative as part of the admissions process. This was an

active document and reflected the service to be provided and any fees which are to be incurred. The admissions process was clearly dictated within the statement of purpose, no admissions were currently in process within the centre.

#### 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 knowledge and experience to fulfill their governance role.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured the necessary staffing numbers and skill mix was allocated to the centre to meet the assessed needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate training.

Judgment: Compliant

#### Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured a clear defined governance structure was in place.

Effective operational management systems were in place to ensure oversight and oversight of service provision including the annual review and un-announced six monthly visits by a delegated person. At centre level, although the person in charge had monitoring systems in place these were not implemented in a consistent manner.

Judgment: Substantially compliant

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

The registered provider had ensured the development of a contract between the organisation and the resident. This was a signed document which included services to be provided and any fees which were to be incurred.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing information as set out in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured the submission of all notifiable events in line with regulatory requirements.



Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured effective systems were in place for the receipt and management of complaints. An organisational policy was in place with clear guidance on procedures for staff to adhere to. The policy was in review reflect the current complaints officer.

The person in charge maintained a complaints log which evidenced complaints being addressed in a effective timely manner.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of the supports afforded to residents and overall a high level of compliance was found. Residents were supported with safe care, to have choices and to have opportunities to engage in meaningful activities and interests.

Communication was encouraged and facilitated through the use of pictures and visual aids to promote communication and consultation with residents. This consultation was evident in both the day to day operations of the house and through consultation as part of the annual review of service provision. Supports were afforded to residents in a respectful and dignified manner with an emphasis on participation in meaningful activities of each individuals choice. Some improvements were required to ensure a high level of compliance was maintained.

Residents were facilitated and supported in participate in a range of recreational activities reflective of their hobbies and interests. One resident proudly showed the inspector their photo with their favourite singer who they recently saw in concert as part of an overnight trip. Resident's were observed participating in a range of

activities of their choice throughout the inspection. Activation was tailored to each individual taking account their supports needs and age. Goals developed were done so in consultation with the resident and reflected their unique interests and age. Improvements were required to ensure the on-going progression and review of goals was evident. Staff could clearly articulate the progression of a number of goals and the assessment of supports required however this was not mirrored within the individuals plan.

The person in charge had ensured the development of a comprehensive individualised personal plan for each resident. The supports needs of residents were assessed annually and the personal plan reviewed accordingly. The personal plan incorporated the universal needs and aspirations of the individual taking in to account for example their social and healthcare supports needs. In conjunction to the annual review the individualised personal plan was regularly reviewed to ensure the support afforded to resident's were reflective of their changing needs. This document helped staff to support residents in the most optimal way.

The registered provider had effective systems in place to support the residents to achieve the best possible physical and mental health. Identified health concerns were addressed through a multi-disciplinary approach to care with evidence of on-going review by required professionals such as physiotherapy and occupational therapy. Guidance for staff on supports required to monitor health care concerns were clear and ensured health care concerns were supported in a consistent manner. Healthcare supports were regularly reviewed and any changes to recommendations were reflected within each resident's personal plan. Staff spoken with had awareness of the healthcare needs of the residents and supported the residents to attend all healthcare related appointments.

The registered provider had effective systems in place to protect residents from abuse. An organisational policy was in place which gave clear guidance for staff should a concern arise and procedures to adhere to. The policy was further developed in an accessible version to support and facilitate residents to safeguard themselves from abuse or to raise a concern if they so wished. The presence of the policy in conjunction with training ensured staff had the appropriate knowledge to support residents should a concern arise and the implementation of safeguarding measures as required. The person in charge had ensured the development of clear guidance for staff with regard to supporting residents in the area of personal and intimate care in a dignified manner.

Overall, risk was managed well within the centre. An organisational policy was in place to guide staff on protocols and procedures to adhere to with regard to the identification, assessment and review of risk within the centre. The person in charge had ensured the development and maintenance of a risk register. This register incorporated identified environmental and individual risks and the current control measures in place to address the identified risks. However, improvements were required to ensure the identification of all risks and the implementation of effective current control measures, for example, the presence and storage of oxygen cylinders and the use and disposal of sharps. The person in charge commenced implementing systems to address the required control measures following the

identification of the risk as part of the inspection to ensure the safety of residents and staff.

The registered provider had effective systems in place for detection and prevention of fire. Daily and weekly fire system checks ensured all fire fighting equipment was present and in working order. Fire fighting equipment was regularly serviced by the required personnel including emergency lighting and fire extinguishers. Fire evacuation drills were implemented both day and night however, guidance with regard to safe evacuation of residents at night required review to ensure staff was aware of the safest route and procedure to adhere to. Furthermore improvements were required with regard to the correct use of fire containment measures, for example a number of fire doors were left open and not connected to a self-closing mechanism.

### Regulation 10: Communication

The registered provider had ensured each resident was assisted and supported at all times to communicate in accordance with their assessed needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider had provided residents with appropriate care and supports in accordance with their assessed needs and wishes their wishes.

Residents were facilitated and supported in participate in a range of recreational activities reflective of their hobbies and interests.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured the premises were designed, laid out and maintained to meet the assessed needs of the current residents.

The premises was clean and decorated in line with the residents personal interests and hobbies.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the centre and provided a copy to each resident.

Judgment: Compliant

## Regulation 26: Risk management procedures

Overall, risk was managed well within the centre. An organisational policy was in place to guide staff on protocols and procedures to adhere to with regard to the identification, assessment and review of risk within the centre.

The person in charge had ensured the development and maintenance of a risk register. This incorporated identified environmental and individual risks and the current control measures in place to address the identified risks. However, some improvements were required to ensure that identification of all risks and the implementation of effective current control measures address the risk

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The registered provider had ensured effective procedures were in place for the protection against infection.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had effective systems in place for detection and prevention of fire. Some improvements were required with regard to guidance for staff on the safe evacuation of residents at night time and with regard to the correct use of containment measures in place within the centre. For example, fire doors were left open and not connected to a self closing mechanism.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured effective systems were in place for the ordering, receipt, prescribing, storage, disposal and administration of medicinal products.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of an individualised personal plan for each resident which was reviewed annually following the implementation of a multi-disciplinary review and comprehensive assessment of need.

Goals developed were done so in consultation with the resident and reflected their unique interests and age. Improvements were required to ensure the on-going progression and review of goals was evident.

Judgment: Substantially compliant

## Regulation 6: Health care

The registered provider had effective systems in place to support the residents to achieve the best possible physical and mental health. Identified health concerns were addressed through a multidisciplinary approach to care.

Guidance for staff on supports required to monitor health care concerns were clear and ensured health care concerns were supported in a consistent manner.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had effective systems in place to protect residents from abuse. An organisational policy was in place which gave clear guidance for staff should a concern arise. The presence of the policy in conjunction with staff training ensured staff had the appropriate knowledge to support residents should a concern arise.

The person in charge had ensured the development of clear guidance for staff with regard to supporting residents in the area of personal and intimate care in a dignified manner.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was operated in a manner which was respectful to the needs and rights of all residents. Consultation was evident throughout all documentation and weekly residents meetings.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 4 OSV-0003749

Inspection ID: MON-0021831

Date of inspection: 21/08/2018

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Monitoring systems are currently in place and supervisions are occurring with all staff that are based on their current work practices and performances.</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>As one individual is on oxygen therapy on a full time basis, there is a surplus supply of oxygen in the house. A risk assessment has been put in place and the surplus oxygen has been moved out of the house into a safe and secure location outside, immediately following the inspection.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire evacuation plans have been updated and extra information has been added, to instruct staff on the exact procedure to follow in the event of a fire. This extra information includes the order in which the individuals must be supported out of the house during an evacuation and the need to keep all fire doors closed that do not have a self closing mechanism.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC has appointed two staff per individual to support them in developing their person centered support plans and ensuring that their goals are reviewed and achieved in a timely manner. The PIC has also arranged for all staff to receive training in the area of developing person centered plans.</p>	

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	22.08.18
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	22.08.18
Regulation 28(3)(a)	The registered provider shall make adequate	Substantially Compliant	Yellow	22.08.18

	arrangements for detecting, containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	22.08.18
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	22.08.18
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	22.08.18
Regulation 05(6)(c)	The person in charge shall	Substantially Compliant	Yellow	22.08.18

	ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
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