



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

Name of designated centre:	Community Living Area 14
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	27 June 2018
Centre ID:	OSV-0003754
Fieldwork ID:	MON-0021833

About the designated centre

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

This designated centre consists of one large private dwelling in a rural setting on the outskirts of Kildangan, Co. Kildare. The service provides both nursing and social care support to five residents. The designated centre consists of 6 bedrooms, 3 of which are located upstairs, 2 of these bathrooms have an en-suite and there is one bathroom. The remaining bedrooms and bathrooms are located on the ground floor. There is a very large kitchen and dining area leading to a seating area outside. There is a large sitting room and hallway area with an elevator allowing all service users access upstairs. There is a garden and lawn at the front of the house. The centre has its own transport. The centre employs a full-time person in charge, four social care workers, two care assistants, two nurses and two support workers. During the day there are primarily three staff on duty and at night two sleeping staff.

The following information outlines some additional data on this centre.

Current registration end date:	16/08/2018
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
27 June 2018	10:00hrs to 18:30hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspectors met with five residents on the day of the inspection and observed elements of their daily lives. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from HIQA questionnaires, house meeting minutes, the annual review and various other records that endeavoured to voice the resident's opinion.

A number of residents advised through feedback forms that they liked the layout of their home as there was plenty of space and all areas were accessible to them.

One resident commented on their HIQA questionnaire that they were happy with the choice and control in their life.

There were very positive comments in general from residents regarding their bedrooms with one resident stating that their room was bright and spacious and decorated to their own taste.

Residents commented on their feedback forms that they enjoyed the food and where they did not like something, alternatives were offered.

Residents noted that they were happy with the staff and that it was good that there was always regular staff who knew them well.

The inspectors observed that there was an atmosphere of friendliness in the centre and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

Capacity and capability

The inspectors found that the registered provider and the person in charge were effective in assuring that a good quality service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken into account.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who

they were accountable to.

Governance and management systems in place ensured the residents received positive outcomes in their life and overall, the delivery of a safe and quality service. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

There was an auditing information technology system in place which provided the person in charge with actions and time-lines arising from the six monthly and annual review. The system assisted the person in charge in ensuring that the operational management and administration of the centre resulted in safe and effective service delivery.

The inspectors found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with the regional director, the local manager and other persons in charge from the same organisations on a monthly basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was a continuity of staffing so that attachments were not disrupted. The inspectors were informed that a high cohort of staff had been in place for over two years or more.

Staff who spoke with the inspectors demonstrated a good understanding of residents' needs and were knowledgeable of the procedures which related to the general welfare and protection of residents. The inspectors observed kind, caring and respectful interactions between staff and residents throughout the day.

The inspectors saw that overall, staff mandatory training was up to date and a training needs analysis had been completed to enable staff provide care that reflected best practice. A new staff Supervision policy was in place since January 2018 and a number of one to one supervision meetings had taken place to support staff perform their duties to the best of their ability. An updated schedule for all staff supervision meetings was provided to the inspectors post inspection.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Registration Regulation 8 (1)

Residents were found to be well protected in the centre with clear guidelines and protocols in terms of the safeguarding of all residents, staff and visitors in place.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflects up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 19: Directory of residents

The registered Provider had a directory of residents in place and was maintained in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified a clear line of authority and accountability. An annual review had been completed in the centre which reflected the two six-monthly visits to the centre in the previous 12 months. There was evidence of consultation with residents and representatives in the annual review.

Judgment: Compliant

Regulation 3: Statement of purpose

The service being delivered was in line with the designated centre's current statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, notification of incidents were reported to the Authority in an appropriate and timely manner however, the inspector found that two restrictive practices had not been included on the quarterly notification.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints procedures, protocols were evident and appropriately displayed and available to residents and families.

Judgment: Compliant

Regulation 4: Written policies and procedures

Overall all Schedule 5 policies and procedures were adopted, implemented and made available to staff. However, of the 21 policies reviewed, 11 were not reviewed within a 3 year period as required.

Judgment: Substantially compliant

Quality and safety

The inspectors found that the resident's well-being and welfare was maintained to a good standard. The centre was well run and provided a pleasant environment for the residents. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet these needs. Care and support provided to residents was of good quality.

The residents had individualised holistic assessment and care plans which were part of everyday life with all staff involved and resulted in person centred service for the residents. The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The inspectors looked at a sample of personal plans and found that residents had up to date personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied health care professionals and family members.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. The personal plans were made available to residents and were in an accessible format supporting the resident to better understand the plan.

Residents were supported to engage in goals that promoted community inclusion such as organising tea-parties for family and neighbours, attending dance classes in the local town and attending local concerts and music events. A number of residents also attended and sang at the local mass service on Sundays.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. Some residents were involved in implementing a vegetable patch while others took part in an accessibility research project of which a booklet was produced. One resident attended a six week art and craft course and had a number of their pictures displayed on the walls through-out

the house.

One resident attended a local day service and the other four residents were engaged in an individualised service within the centre which had been assessed and personalised to better meet their needs. Some of the goals identified for residents included social activities such as a trip away to a hotel, a brewery experience tour, a barge trip and a night festival at a Zoo. Residents enjoyed therapeutic activities such as body, head and hand massages and aqua therapy in a hydro-pool.

Where appropriate, residents were involved in their running of the house through meaningful household roles and tasks which in turn promoted their independence. One resident was involved in the household recycling while a number of other residents were supported to maintain and water the vegetable beds in the garden. The produce from these vegetable beds were often part of residents meal choice.

The inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected.

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. The physical environment of the house was clean and in good decorative and structural repair.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. Some of the rooms contained mural paintings on the wall which the residents had been supported to be part of.

The environment in the house provided appropriate stimulation and opportunity for the residents to rest, relax and engage in recreational activities. There was a piano in the house for a resident to enjoy and play their music. There was a shaded outdoor and barbeque area for residents to sit out in and enjoy when the weather was good.

The inspector found that the fire fighting equipment and fire alarm system were appropriately serviced and checked and that there were good systems in place for the prevention and detection of fire. However, the inspector found that the simulated evacuation procedure for the centre and the recording of such required improvements.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. Medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. The inspector found that the pharmacist in place was acceptable to the residents and a positive relationship had been built between

the pharmacist and the residents.

Regulation 13: General welfare and development

There was opportunities for all residents to participate in activities in accordance with their interests, capacities and development needs. The residents were facilitated to develop and maintain relationships with family, friends and neighbours in the community.

Judgment: Compliant

Regulation 17: Premises

The inspector observed the service as homely and accessible and promoted the privacy, dignity and welfare of each resident.

Judgment: Compliant

Regulation 28: Fire precautions

An evacuation procedure for a simulated fire drill (with least amount of staff and all of the residents) had occurred however, the evacuation record did not demonstrate that this drill was in line with the five residents' personal evacuation and escape plans.

On the day of inspection, the person in charge diarised an evacuation procedure for a simulated fire drill in line with the five residents' personal evacuation plans.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were used for their therapeutic benefits and to support and improve

resident's health and wellbeing.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A staff member was identified for each resident to support them achieve their goals, and within the expected time-frame.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be well protected in the centre. There were clear guidelines and protocols in terms of the safeguarding of all resident's, staff and visitors in place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 14 OSV-0003754

Inspection ID: MON-0021833

Date of inspection: 27/06/2018

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Written policies and procedures will be reviewed by relevant stakeholders , this will be completed by 27/07/18</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions</p> <p>01/07/18- Simulated fire drill was completed two staff/5 residents using the 3 ResQmat (two extra staff stayed on for demo and were used in the ResQmat) 1 service user upstairs walked with verbal prompts outside, one was supported into his wheelchair that is placed in his room at night to evacuate. Time taken to complete: 4mins 10 seconds.</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 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	27/07/18
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/07/18