



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

Name of designated centre:	Community Living Area C
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	14 and 15 March 2018
Centre ID:	OSV-0003804
Fieldwork ID:	MON-0020867

About the designated centre

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

The statement of purpose, which is a document produced by the provider, describes Community Living Area C as a residential home for adults over the age of 18 years of age with an intellectual disability. It is located in Co. Offaly and provides a service for a maximum of two residents of mixed gender. The service operates on a 24 hours, seven day per week basis.

The property provides communal areas for residents with a spacious living room and a kitchen/dining room which is the hub of the home. Both residents have large single bedrooms which are decorated in line with their taste and personality. The property is fully wheelchair accessible. The main bathroom is equipped with required aids to facilitate supports for individual needs. The centre provides a staff office which incorporates sleep over staff facilities.

The person in charge works in a full time capacity. The staff team is made up of social care workers with support from a clinical nurse manager 2 as required. The whole time equivalent of staff is 5.08. The staff rota is planned around the needs of the residents and to facilitate family visits and community inclusion. The centre is resourced with a vehicle but also utilises local public transport.

The following information outlines some additional data on this centre.

Current registration end date:	11/07/2018
Number of residents on the date of inspection:	2

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
14 March 2018	11:00hrs to 18:30hrs	Laura O'Sullivan	Lead
15 March 2018	10:00hrs to 11:00hrs	Laura O'Sullivan	Lead
14 March 2018	11:00hrs to 18:30hrs	Julie Pryce	Support

Views of people who use the service

The inspectors met with both residents at intervals during the inspection when they were not engaging in social activities. As both residents had their individual means of communication inspectors communicated with them on their terms utilising a total communication approach such as facial expressions, gestures, along with verbal communication. Both residents appeared content and comfortable in their environment.

As per standard practice as part of the inspection process 3 questionnaires returned to HIQA. These questionnaires give service users and family members an opportunity to communicate with HIQA. All responses were positive in nature and complimentary of the service being provided.

Capacity and capability

The capacity and capability of the provider to deliver a safe, quality service was reflected in effective operational management systems in this centre. Through a clear governance structure a holistic approach to care was promoted with an emphasis placed on residents' personal development, communication and consultation. The centre was well resourced to meet residents' needs with an effective staff team who were provided with the right skills and training.

As this was a registration renewal inspection the provider had ensured the necessary documentation had been completed and submitted to HIQA. Adequate actions had been implemented to ensure that actions required from previous monitoring inspections had been addressed effectively.

The provider had mechanisms in place to assure themselves that residents received good care. There was on-going review and auditing of the service to ensure it was effective and safe for all. The provider had implemented a comprehensive annual review of services with a robust time-bound action plan in place. This was consistent with six monthly unannounced audits implemented within the centre. In conjunction with this, the person in charge implemented on site audits including transport audits and medication storage audit. These system ensured the on-going monitoring of a safe and effective service with action plans ensuring any concerns or issues raised were addressed in a timely manner.

The person in charge presented as a competent person with the necessary skills, experience and knowledge to complete her role. She had recently completed a course in management for professional social care practice. This ensured the person in charge had the necessary skills to complete her governance role within the centre and showed her commitment to on-going professional development. The person in charge carried out supervision of all staff on a bi-monthly basis. Staff spoken with articulated to inspectors that although formal supervision meetings were beneficial for professional development and ensuring the safe care of residents, the person in charge was accessible to them at all times. Additionally a performance management review for each staff member was completed six monthly by the local manger. A sample reviewed showed these reviews to be comprehensive in nature with goals set out for the coming six month in a SMART format. This format ensured that all goals were specific, measurable, accurate, realistic and time specific.

All staff had received the required mandatory training. An intensive induction process occurred when staff commenced within the centre including fire safety, safe evacuation and the provision of personal and intimate care. Staff expressed the importance of this induction to ensure the continuity of care and safety of residents. Complementary to mandatory training the staff team had received site specific individualised training such as LAMH (a manual signing system for people with an intellectual disability) , food safety training and dysphagia (difficulty in swallowing). Training in the area of autism and behaviours of concern had been facilitated by the behavioural therapist. The benefits of this training was observed when speaking with staff and the knowledge gained was evident in practice such as in communication needs of residents. The person in charge was aware of up coming training requirements for staff and actively monitored this.

An actual and planned rota was developed and maintained by the person in charge. This rota ensured staffing was sufficient to meet the needs of the residents both day and night. The planning of the rota also ensured social activities and family visits were facilitated.

Residents were provided with information about the service and their rights in a way that they could understand. Each resident had a contract signed by their representative prior to admission to the centre. This contract comprehensively detailed the service which was to be provided and outlined for residents the fees to be charged.

An up to date complaints policy was in place within the centre. There were no complaints currently active within the centre. Through consultation with family members and staff it was evident that an open and transparent culture was promoted within the centre. Details of advocacy services if required was also available

The provider had good systems in place to record the care given to residents. The inspectors reviewed records such as directory of residents, statement of purpose for example. Inspectors found that records were developed and maintained in line with requirements under regulation 21.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted the required documentation and fees for the renewal of the registration for 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 required 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 residents. An actual and planned rota was developed and monitored by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had mandatory training to ensure safe practice within the centre. An emphasis was placed on individualised site specific training.

Staff supervision was carried out bi-monthly by the person in charge and six monthly performance management by the local manager.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 22: Insurance

The centre had acquired insurance in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

A defined management structure was present within the centre to ensure the effective delivery of care.

The provider had ensured systems were in place for the implementation of a comprehensive annual review and six monthly provider led audits of care and services. These systems ensured ongoing development and progression of the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admission occurred within the centre in line with local policy and the Statement of Purpose.

A contract of care had been signed by resident representative prior to admission to the centre. These contracts clearly set out the services and supports the centre would provide for the residents, including any fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose was available within the centre. This document included

information as required under Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications required had been submitted to the chief inspector as required. The Person in Charge was aware of her regularity requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place within the centre detailing procedures and guidelines for staff. Accessible information was available for residents.

Judgment: Compliant

Quality and safety

Inspectors reviewed the quality and safety of the service provided to the residents and found this to be compliant. Residents were supported to engage in meaningful activity throughout the day with staff continuously promoting progression of goals. Each residents rights were upheld and respected. with positive interactions observed throughout the inspection.

Promotion of communication unique to the residents' needs and wishes was evident throughout the inspection. All members of the team were aware of how to communicate with residents in a respectful manner. This was clearly observed through interactions during the inspection in line with guidelines within personal plans. Residents were supported to utilise a range of communication techniques such as LAMH , PECS (Picture Exchange Communication System) and the use of computers in addition to gestures and facial expressions. Each resident had a detailed communication assessment completed in conjunction with a communication profile. Information was available throughout the centre in an accessible format.

Each resident had a detailed personal plan in place which was developed and reviewed in consultation with the resident, family members and staff. Personal plans were individualised and clearly met the holistic needs of the residents. An "element of care" document gave a brief description of each activity of daily living and

referenced the personal plan as required. An "On going life events" document listed all long-term and short term goals for each resident. Goals were further developed within the Social Care Plan. Goals were meaningful in nature and gave rise to new interests and opportunities for residents to grow and become more independent. Goals ranged from social activities such as a day outing on the train, to sensory activities based on the assessed need of the resident. Monthly review meetings were held between the person in charge and key worker to ensure progression of goals and monitoring of personal plans. This practice ensured all information was up to date and adapted as required. Yearly person centred planning meetings occurred with relevant multidisciplinary allied professionals and family members in attendance.

Where a resident required support in relation to the management of behaviours that challenge there was evidence of comprehensive individualised positive behavioural support plans. These plans were completed by the behaviour therapist and included functional behaviour assessment and communication needs for example. Both reactive and proactive strategies were in place. Plans were regularly reviewed by the behaviour therapist, ensuring the plans was effective and necessary alterations were implemented. Staff members utilised plans to offer supports to residents where required.

Residents' rights and freedoms were respected, however some restrictive practices had been assessed as being necessary to keep residents safe. Where restrictive practice was utilised this was in line with national and local policy. A log was maintained with clear rationale and protocols in place. All restrictive practice was reviewed quarterly and consent had been obtained from residents' representative. Overall, inspectors noted a minimum use of restrictive practice within the centre.

Close relationships between family, friends and residents was promoted. Family visits were facilitated by staff members within the centre. A "Participation and Engagement" plan was completed prior to each home visit. This plan included information on activities and personal care during visit. Staff utilised this document as a means of exchanging information between staff and family. There were some good examples of how residents' family roles were promoted. For example, prior to each home visit residents contacted family to determine if anything was needed to be brought home. This promoted each residents individual social role and independence.

The provider had ensured that effective systems were in place to help residents achieve the best possible health. A comprehensive health assessment had been implemented for each resident. A multidisciplinary allied professional approach to care was in place with on going intervention from physiotherapy and occupational therapy for example. Comprehensive health action plans were developed as required such as epilepsy and constipation. Associated risk assessment and health assessments had been completed such as Waterlow scale (for skin integrity) and the MUST (nutritional risk) assessment. Residents had access to a GP and out of hours doctors service as

required.

Residents were supported with a nutritionally balanced diet prepared within the centre. Staff could articulate each residents likes and dislikes. Staff had received training in the area of food safety and facilities and systems were available within kitchen area to ensure food safety was promoted. A weekly food shop was carried out taking into account residents favourite dishes. Residents had been reviewed by speech and language therapist and specific consistency diets were in place to reduce the risk of aspiration.

Inspectors reviewed systems in place surrounding the receipt, administration and storage of medications and found these were safe and effective. Systems were in place also to ensure safe storage and administration of medication when on a social outing. Administration guidelines of medication including as required (PRN) medications were in place for each resident. Drug administration sheets gave clear guidelines for staff in relation to the indication for the use of a medication, the contraindications, the side effects and a picture description of the medication. Weekly audits were completed in relation to the storage of medication.

The person in charge had ensured that each resident had access to their personal possessions, which was detailed as part of an inventory, with the support from staff and family. Residents were encouraged to decorate their room with possessions and decoration personal to their unique personality and tastes. A financial assessment had been implemented for each resident with supporting systems in place for access to and monitoring of funds. This was monitored by Person in Charge. All financial transactions were facilitated by two staff members to ensure transparency and effective management of finances.

Residents safety was promoted. Risk was managed well within the centre to ensure the safety of residents. Environmental and individualised hazards had been identified and relevant and accurate risk assessments implemented.

The inspectors found good systems in place for the prevention and detection of fire, including robust fire evacuation procedures for both day and night and regular servicing of alarm system and fire fighting equipment. All residents had a Personal Emergency Evacuation Plan in place to ensure that staff were aware of supports required for safe and effective evacuation. Staff spoken with clearly verbalised each residents personal evacuation plan and also the importance of including this information as part of staff induction to ensure the safety and well-being of residents at all times.

The premises was warm, clean and tastefully decorated throughout. Following recent renovations the house was now fully wheelchair accessible. Each resident had their own private room which was decorated to suit their unique needs and wishes. A large garden was located to the rear of the house.

Staff members advocated on behalf of the residents by encouraging choice, communication and with an emphasis on meaningful activities.

Regulation 10: Communication
Each resident was facilitated and supported to by staff at all at all times to communicate in accordance with their need and wishes. A total communication approach was promoted within the centre with an emphasis of on going development of communication methods. Residents had access to assistive technologies as required.
Judgment: Compliant
Regulation 11: Visits
Visits were facilitated within the centre in accordance with residents' wishes.
Judgment: Compliant
Regulation 12: Personal possessions
Residents had access to personal possessions with the support of staff and family.A full list of personal possessions was maintained for each resident. Residents were facilitated in the purchasing of possessions and the decoration of their private bedroom space.
Judgment: Compliant
Regulation 13: General welfare and development
The registered provider provided each resident with care and support relevant to their individual needs. Residents have on-going access to meaningful age appropriate recreational activities both within the home and local community.
Judgment: Compliant

Regulation 17: Premises

The centre was warm, clean and tastefully decorated. Following recent renovation the centre was now fully accessible and met the needs of the residents. Required aids were available as required. A large garden area to the rear of the premises was available.

Judgment: Compliant

Regulation 18: Food and nutrition

A balanced nutritional diet was provided for residents within the centre. Food was prepared on site with systems in place to promote hygienic storage and preparation of food. Details of residents likes and dislikes were clearly documented within personal plans. Staff showed awareness of residents' preferences and facilitated this through a weekly shopping list.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available within the centre in an accessible format. The guide provided all the required information and was easy to understand.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured the risk management policy was in place in line with regulatory requirements. Risk was adequately identified, managed and reviewed within the centre. Environmental and individual hazards had been identified with appropriate risk assessments in place.

The vehicle resourced to the centre was insured and regularly serviced. Monthly audits were carried out of the vehicle

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that systems were in place to ensure best practice in the area of protection against infection. A detailed cleaning schedule was in place which was reviewed weekly by the person in charge.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective systems in place for the prevention and detection of fire. Clear evacuation guidelines were in place for both day and night. Regular checks were carried out with regard to fire fighting equipment and fire exits. Staff articulated clearly the necessity of fire drills and evacuations in providing a safe effective service for residents. Review of practice ensured best practice was implemented following recent renovations a ramp was now available within resident's bedroom for safe evacuation at night. All residents had Personal Emergency Evacuation Procedures within personal plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that safe and effective systems were in place in relation to the ordering, receipt, prescribing, storage, disposal and administration of medications. Each resident had been assessed in relation to supports required in the area of medication and required supports had been implemented and documented within personal plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Goals were meaningful in nature and gave rise to new interests for residents. Monthly review meetings were held between the Person in Charge and key worker to ensure progression of goals and monitoring of personal plans. This practice ensured all information was up to date and adapted as required.

Judgment: Compliant

Regulation 6: Health care

The provider had effective systems in place to help residents achieve the best possible health.

A comprehensive health assessment had been implemented for each resident. A multidisciplinary allied health care professional approach to care was adhered to with on going intervention and review as required. Comprehensive health action plans were developed with clear guidelines for staff on health promotion and supports in place to ensure the safe effective care of residents' health care needs.

Residents were supported by staff to attend GP or health care related appointments.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured good practice to support residents in the area of positive behaviour support. Plans were in place as required. these were completed and regularly reviewed by the behaviour therapist to ensure the effectiveness and promote safety of residents. Clear guidelines were set out for staff through proactive and reactive strategies.

Judgment: Compliant

Regulation 8: Protection

Effective systems and measures were in place within the centre to safeguard residents from abuse. Staff could clearly articulate procedures in relation to a concern being raised. All staff had received relevant training and were observed to communicate with residents in a respectful manner

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that was respectful to the needs of the residents taking into account their age and gender. Residents are facilitated and supported to exercise choice through a total communication approach. Resident's privacy and dignity is promoted throughout the centre and documentation.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant