



Office of the Chief Inspector

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

Name of designated centre:	Community Living Area 11
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	20 February 2019
Centre ID:	OSV-0004082
Fieldwork ID:	MON-0023376

About the designated centre

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

Community Living Area 11 consists of two houses located near a town in Co. Kildare. The houses are located in two separate locations within three kilometres of each other. Both homes are bungalows with five bedrooms. Facilities include single bedrooms, accessible bathroom facilities, sitting room, kitchen and utility room. There is a car available at each location. Each home can facilitate four individuals over the age of 18 years. Each individual has varying support requirements in relation to their abilities and individual needs that are identified in the care plan. The aim of Community Living Area 11 is to provide a safe and secure home for each individual. Individuals are encouraged and facilitated to become as independent as possible in their daily life and strive to reach their potential. Utilising community facilities, membership of community groups and community involvement is encouraged and promoted to support each individual to have a valued role in their community. Strong family links have developed and family involvement is encouraged at all times. Each individual is supported to live a full, happy, confident, connected and contributing life and to experience a lifestyle that promotes personal dignity, choice and respect of their peers and associates. Each individual has control and ownership of their home. Individuals are supported by both social care staff and care assistants. Staffing requirements, both day and night, are determined by the needs of the individuals.

The following information outlines some additional data on this centre.

Current registration end date:	31/01/2021
Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
20 February 2019	09:30hrs to 18:00hrs	Sarah Mockler	Lead

Views of people who use the service

The inspector met and spent time with six residents on the day of inspection. There was one vacancy in the designated centre and one resident was being cared for in long term convalescence care following an accident. In the first home the inspector met with three of the ladies currently residing there. Two of the residents introduced themselves and one resident invited the inspector into the kitchen for a cup of tea. All residents stated they were happy in their home. They appeared relaxed and comfortable. One resident spoke about her recent birthday celebrations and also her plan for the day which involved voluntary work with animals. One resident showed the inspector around the sitting room and proudly pointed out some photos that were on display. In the second home, the inspector met with the three residents at different points during the afternoon. Again all residents appeared happy, relaxed and comfortable in their home. One resident spoke to the inspector about spending time in her day centre and how she enjoyed spending time with her friends. She also stated she was happy in her home. During observations the inspectors noted respectful and caring interactions between staff and residents. Staff providing support for residents were warm, friendly and respectful and appeared very knowledgeable about the resident's individual preferences. It was evident that residents were very comfortable and appeared happy across the day of inspection.

Capacity and capability

The governance and management systems in place ensured that high-quality, person-centred care was being provided in the centre. The management structure was clearly defined and there was clear lines of accountability at the individual, team and organisational level. Due to the effective governance in the centre there were positive outcomes for residents, person centred care ensured that an inclusive environment was promoted where each residents' needs were considered.

There were appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. There was an annual review of the quality and safety of care and support in the designated centre as well as unannounced visits and audits from the provider. The person in charge had systems in place to monitor the quality of care and support for residents including a suite of audits which were completed regularly. The suite of audits included, and were not limited to; care plans, medication, personal evacuation plans and finances. These reviews and audits were identifying areas for improvement, and actions from these reviews were impacting positively on residents care and support and their home.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. There were enough staff with the right qualifications and experience to meet the assessed needs of residents. Where relief or agency staff were being used, the person in

charge had the capacity to choose these staff to ensure continuity of care for the residents. On the day of the inspection there was a staff vacancy in one of the houses, however due to continuity of using regular relief and agency staff this was having no impact on the residents. Staff were kind and respectful in their interactions with the residents. Staff facilitated a supportive environment and were knowledgeable of the residents specific needs. The staff had the necessary competencies to meet the needs of the residents that lived in the service, specifically in relation to meeting their health and social care needs.

All staff had received training and refresher training to ensure the delivery of high quality, safe and effective care for the residents. Staff were receiving supervision as per the organisations policy. It was evident that the person and charge and staff were looking at innovative ways to meet the evolving needs of residents. One staff member had recently taken the responsibility to ensure that a residents' day centre needs were being met in the residents' immediate community. Staff who spoke with the inspector were highly motivated and said they were supported and encouraged to carry out their role and responsibilities to the best of their ability.

All Schedule 5 written policies and procedures were in place. There was also a suite of written policies and procedures that were pertinent to the care and support to the individuals in each of the homes. However one Schedule 5 written policy had not been updated since 2015, however this did not have any impact on the care and support provided to residents.

Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents. There was an actual and planned rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority

and accountability, specifies roles and details responsibilities for all areas of service provision. Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 written policies and procedures were in place and implemented as required. However one policy was not reviewed as often as required.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. On the day of inspection the residents were getting ready to spend time in their day centre, while other residents were spending time volunteering with animals. There was a weekly planner displayed in the residents' kitchen which had a mix of different activities for each resident across the week as well as picture schedules to assist a resident to choose what she wanted to do across the day. Staff were very knowledgeable about the residents' preferences and needs and there were systems in place to keep the residents safe. However improvements were required in relation to medication management and fire precautions.

Both homes were warm, homely and decorated in line with residents' wishes. Both premises met residents' needs and the design and layout promoted the residents' safety, dignity, independence and wellbeing. Each resident had their own bedroom which was decorated to their own taste and their preferred items and pictures were readily displayed. There was a large well kept garden, and the residents were involved in the maintenance of this area. The residents who spoke with the inspector stated that they liked their home and were happy to be living there.

The inspectors found that residents were protected by appropriate risk management procedures and practices. There was a risk register in place and evidence that general and individual risk assessments were developed and reviewed as necessary. There was evidence of learning following incidents and there were systems in place to respond to emergencies.

All staff had received suitable training in fire prevention and emergency procedures

and were able to discuss the same, on the day of inspection. The registered provider had ensured that all fire equipment was maintained and serviced at regular intervals. There was adequate means of escape, including emergency lighting. All escape routes were clear from obstruction. The mobility and cognitive understanding of residents had been considered and appropriate emergency plans had been developed. However, fire drills were not reflective of possible fire scenarios, as drills were not taking into account times were residents required maximum support with minimum numbers of staff present. This had also been identified in this centres previous inspection in 2017 and had been brought to the providers attention at this time also. Staff were not following the providers own policy in relation to fire evacuation procedures as during fire drills staff were re-entering the building. In one house fire doors were being wedged open, again this was identified in the previous inspection in 2017. On the day of inspection immediate assurances were sought regarding this, and the person in charge arranged for the wedges to be removed on the day.

The inspector reviewed a number of residents' personal plans and found that they were detailed comprehensive and reflective of the residents current needs. Residents had access to a keyworker to support them to develop and reach their goals. Progress with the goals was demonstrated though written updates on the personal plans and many photographs of the residents completing the different types of activities. It was evident that the resident was continually involved in the personal planning process. There was an assessment of need in place and care interventions were developed in line with residents' assessed needs. These documents were reviewed regularly in line with residents' changing needs. On the day of inspection the person in charge was in the process of updating one of the assessments on recommendation from the relevant allied professional and the person in charge demonstrated the process in relation to this.

Residents' health care needs were appropriately assessed. They had the appropriate health care assessments and support plans in place. Each resident had access to appropriate allied health professionals in line with their assessed needs. Residents' who are eligible, by means of gender, age or condition, are made aware of and supported, if they so wish, to avail of the National Screening programme.

The practice relating to the ordering, receipt, prescribing, storing including medical refrigeration, disposal and administration of medicines required improvement. The responsible staff in the centre failed to ensure there was sufficient guidance for staff to safely administer a PRN medicine (a medicine only taken as required). This lack of guidance could result in a risk of the daily maximum dosage of the medication being exceeded.

The residents' had appropriate supports in place in relation to positive behaviour support plans and access to relevant allied professionals. Where appropriate residents and or their representative were consulted in the process of any therapeutic interventions in relation to positive behaviour support. Where restrictive procedures were being used, they were used only after alternative reactive strategies had been exhausted. When restrictive practices were applied this was clearly documented and was subject to review by the appropriate

professionals involved in the assessment and interventions with the individual.

Regulation 17: Premises

The premises met the needs of all residents and the design and layout promoted residents' safety, dignity, independence and wellbeing. The physical environment was clean and kept in good structural and decorative repair.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified. There was arrangements in place for identifying, recording, investigating, and learning from serious incidents and accidents involving residents.

Judgment: Compliant

Regulation 28: Fire precautions

Staff showed sufficient knowledge and understanding of what to do in the event of a fire, however fire drills were not reflective of possible fire scenarios. There were fire doors wedged open in one of the houses. Staff were not following the providers policy and procedure in relation to fire evacuation procedures and were required to re-enter the building during evacuation procedures to safely evacuate all residents.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Generally the practice relating to the ordering, receipt, prescribing, storing including medical refrigeration, disposal and administration of medicines was appropriate. However, in one instance there was insufficient guidance for staff to safely administer a PRN medicine.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment that met the needs of the resident and was updated at least annually and when required. The comprehensive assessment used was clearly recognisable and identified the individual health, personal and social care needs of each resident. The outcome of the assessments was used to inform an associated plan of care for the resident. The personal plan was in an accessible format and the resident was supported to understand the plan.

Judgment: Compliant

Regulation 6: Health care

Appropriate health care was made available to each residents. There was evidence to demonstrate that residents were supported to make decisions regarding the National Screening Services and were facilitated to attend if they wised.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour. Where required, therapeutic interventions were implemented with the informed consent of each resident or his or her representative and were reviewed as part of a personal planning process.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

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>All written polices and procedures up to date and in place and implemented as required.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>A fire drill was conducted at night time to reflect the scenario of a fire occurring during the night when residents were in bed.</p> <p>Free swing door closures have been ordered for all doors in Glenbrook that were propped open. These will be fitted by Friday, 22nd March 2019. In the meantime doors are not propped open.</p> <p>The fire policy has been amended to reflect evacuation as per individuals' emergency evacuation plans.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>PRN protocol was amended on site on day of inspection and amended formally the day following the inspection.</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(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	22/03/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	20/02/2019
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.	Not Compliant	Orange	22/03/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	21/02/2019

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	23/02/2019
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