



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

Name of designated centre:	Community Living Area F
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	27 February and 7 June 2018
Centre ID:	OSV-0004088
Fieldwork ID:	MON-0020804

About the designated centre

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

Community Living Area F is located in an urban setting in Co.Laois and can provide residential care to three male residents over the age of 18 years. The centre can cater for residents with an intellectual disability and who may also exhibit behaviours of concern. The centre presents as a bungalow comprising of single bedrooms, two living areas, a large kitchen com-ding room, equipped bathrooms and a staff office. The centre is a walking distance from the local amenities within the community of the local town. Staff support the residents on a 24 hour per day basis.

The following information outlines some additional data on this centre.

Current registration end date:	19/07/2018
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
07 June 2018	08:30hrs to 16:30hrs	Laura O'Sullivan	Lead
27 February 2018	09:00hrs to 17:00hrs	Julie Pryce	Lead

Views of people who use the service

The inspectors met with both residents present as part of the inspection. One resident spoke to the inspector and verbalised that he enjoyed living in the centre and that the staff were very good to him. This resident showed the inspector around his home and was very proud of his environment and his consultation and involvement in the running of the centre. This resident said that if he had an issue or concern he could meet with a member of the staff team and they would attend to it for him.

The inspector observed one to one interactions, observing the residents to be comfortable and relaxed in the company of staff. Staff interacted with residents in a manner congruent to their communication needs in a respectful and dignified manner.

Capacity and capability

The inspector found that this was a good service which demonstrated a high level of compliance. The capacity and capability of the provider to deliver a safe, effective and quality service was emulated through a clear governance structure and through the systems and processes in place to respond to residents' needs. This in turn had positive impact on the quality of life of residents.

The registered provider had ensured the development of a clearly defined management structure. This structure ensured clear lines of accountability and authority within the centre. A suitably qualified and knowledgeable person in charge had been appointed who oversaw the operational management systems within the centre. The person in charge was supported by two persons participating in management. An audit schedule was in operation ensuring the ongoing review and monitoring of services being afforded to residents. A six monthly and annual review of service provision were implemented by the area manager in her role as person participating in management. Any improvements required following completion of all audits were documented and addressed in a timely manner to ensure a high standard of service provision to residents. This approach also support continual improvement of the service.

Staff were accountable for the quality of the care they provided. The person in charge oversaw the supervision of the staff team. Formal supervisions occurred on a quarterly basis or as required. The person in charge also had a governance role in another designated centre but through the deployment of adequate resources could facilitate on site supervision and communications with staff

and residents in both centres. Team meetings were held monthly to ensure staff members were aware of their role within the centre. The registered provider had ensured that an adequate number and skill mix of staff were present at all times to support residents. The staff rota was developed and maintained by the person in charge to ensure all residents could engage in meaningful activities and to ensure they received their individually-tailored supports. To ensure a high level of service provision was maintained and further enhanced, the person in charge has ensured that all staff had received mandatory training.

The provider had made arrangements to listen to feedback and act on any complaints. Although no complaints were currently active, the person in charge had ensured the implementation of effective systems to ensure complaints, should they arise were dealt with in a timely manner in line with organisational policy. The organisational complaints policy gave guidance to staff on the procedures to adhere upon receipt of a complaint. Residents were supported and facilitated to submit a complaint should they wish. The complaints process was clearly visible in an accessible version through the house.

The registered provider had ensured the development of a written service agreement however improvements were required to ensure that contracts were signed by the appropriate person and updated to reflect the residents' currently living arrangements. The person in charge was currently liaising with the organisational social work department to determine an effective system to ensure regulatory compliance was achieved with regard to these documents. The service provided, including all admissions to the centre, were implemented in line with Statement of Purpose.

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 registered provider's arrangements for the role of person in charge were satisfactory. The person appointed to the role possessed the necessary skills, knowledge and experience to complete their role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that adequate staffing levels with the required skill mix was present within the centre to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff members had received mandatory training

The person in charge had ensured that effective systems were in place for the supervision and development of staff.

Judgment: Compliant

Regulation 22: Insurance

The centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a clearly defined governance structure was in place within the centre. This structure ensured clear lines of accountability and authority.

Effective audit and oversight systems were in place. A six monthly and annual review of service provision were implemented. Any improvements required following completion of all audits were documented and addressed in a timely manner to ensure a high standard of service provision to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured the development of a written service agreement however improvements were required to ensure that contracts were signed by an appointed person and updated to reflect the residents currently living arrangements

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was present within the centre in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications had been submitted to the chief inspector as required.

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 afforded to the residents and found a high level of compliance. The service provided was person centred with an emphasis on meaningful activation within the local and wider community. The

centre was operated in a manner that was respectful to the needs of the residents taking into account their age and gender. Residents were facilitated to participate in the running of their home and in choice making through all aspects of their life.

The person in charge had ensured that each resident had a comprehensive individualised personal plan which was developed and maintained in consultation with the resident. Six monthly person centred planning meetings ensured goals and plans were regularly reviewed ensuring progression of all goal. Residents were involved and consulted as part of this process.

One resident articulated his enjoyment in setting these goals and was observed discussing goals and activities throughout the day with staff. This was facilitated for all through the development of an accessible personal plan dependent on the needs of the resident. Goals were meaningful to each individual taking into account their personal interests, wishes and age. These systems ensured the individualised personal plan was an active document utilised by the residents and their support team.

The registered provider had ensured that residents were supported to achieve the best possible health. Access to all required health-care interventions were facilitated by the staff team. Any healthcare supports required were assessed through a multidisciplinary allied format with clear guidelines for staff affording supports.

To ensure the necessary supports were provided for each individual with regard to mental health concerns and behaviours of concern the person in charge had ensured that staff had received up to date training and guidance to facilitate the implementation of supports. Through regular consultation with the psychologist and behavioural therapist, a comprehensive positive behavioural support plan had been developed. These plans included both reactive and proactive strategies. Staff reported that the implementation of these plans were effective with a decrease in behaviours of concern once plans were adhered to. By participation in regular meetings with the behavioural support therapist one resident was actively involved in the review of their behavioural support plan.

Effective systems and measures were in place to safeguard residents from abuse. All staff had received relevant training and were observed to communicate with residents in a respectful manner. A comprehensive, individualised intimate care plan had been developed for each resident. This document had been further enhanced through an accessible version for each resident.

Risk was actively managed within the centre. The organisational policy gave clear comprehensive guidance to staff in the assessment, management and ongoing review of risk. Identified risk specific to the individual was assessed and managed accordingly with required control measures in place. Risk assessments took into account the cost to the individual should the risk not be facilitated.

The registered provider had ensured safe and effective systems were in place and monitored regarding the detection and prevention of fire. A personal emergency evacuation plan was in place for each resident. Fire safety measures were regularly reviewed by delegated staff. In conjunction with this fire safety audits which ensured

any necessary issues were addressed in a prompt manner. Fire evacuation procedures were available to guide staff in safe procedures both day and night. Adherence to procedures was evident within evacuation drills implemented.

Overall the person in charge had implemented effective systems for the receipt, storage, administration and disposal of medicinal products. Some improvements were required to ensure that all staff adhered to systems including the measures in place for documentation of receipt of medication. There was clear evidence of the ongoing review of prescribed medication by the pharmacist.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported at all times to communicate in accordance with their needs and wishes. Clear guidelines for staff were available with the personal plans to facilitate this communication.

Judgment: Compliant

Regulation 17: Premises

The centre was warm, clean and decorated in accordance with the preferences and needs of the residents. Any necessary aids were available within the centre.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide had been developed within the centre in an accessible format.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that risk within the centre was effectively identified, managed and reviewed. Individualised hazards had been identified

with appropriate risk assessments in place.

Risk assessments took into account the cost to the individual should participation in a risk not be supported and facilitated

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured systems were in place to ensure best practice in the area of protection against infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured safe and effective systems were in place and monitored regarding the detection and prevention of fire.

A personal emergency evacuation plan was in place for each resident. Fire safety measures were regularly reviewed by delegated staff. In conjunction with this fire safety audits ensured any necessary issues were addressed in a prompt manner.

Fire evacuation procedures were available to guide staff in safe procedures both day and night. Adherence to procedures was evident within evacuation drills implemented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, good practice was noted with regard to the arrangements in place for medication management. Some improvements were required to ensure effective systems were in place for the safe storage, receipt and administration of medicinal products.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' personal goals were developed following consultation with them. Goals were meaningful in nature with clear evidence of progression of goals. Goals were regularly reviewed with six monthly person centred planning meetings. Goals were developed with an emphasis on a valued social role and participation in a the local and wider community.

Each personal plan was detailed and comprehensive in nature. Plans were developed in line with each resident's unique interests and abilities in an accessible format.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured effective systems were in place to assist residents in achieving the best possible health. Health care needs were recognised, assessed and supported through the development of health support plans. Supports were developed and reviewed through a multidisciplinary approach

Access to health care was facilitated by staff with clear guidance available for staff on supports required.

Judgment: Compliant

Regulation 7: Positive behavioural support

A restrictive free environment was promoted within the centre.

The registered provider had ensured that effective systems were in place to support residents with behaviours of concern. Positive behaviour support plans were in place which gave clear guidance for staff in reactive and proactive strategies.

Judgment: Compliant

Regulation 8: Protection

Effective systems and measures were in place to safeguard residents from abuse.

All staff had received relevant training and were observed to communicate with residents in a respectful manner.

A comprehensive, individualised intimate care plan had been developed for each resident.

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 preferences. Positive interactions were observed throughout the day .

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially 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 17: Premises	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	Substantially 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

Compliance Plan for Community Living Area F OSV-0004088

Inspection ID: MON-0020804

Date of inspection: 27/02 and 07/06/2018

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Person in Charge, supported by the Provider Nominee will ensure that requirements within regulation 24 are maintained and particularly that each residents contract of care is appropriately signed.</p> <p>The Provider Nominee will audit compliance with Regulation 24 at this residence within eight weeks of the inspection.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Person in Charge supported by the Provider Nominee will ensure that requirements within Regulation 29 are appropriately maintained. Specifically, the Person in Charge will ensure that;</p> <ul style="list-style-type: none"> • Stock control is monitored regularly • The Kardex/MARS sheet contains accurate information. <p>The above will be audited within eight weeks of the inspection to ensure compliance is achieved and maintained.</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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	07/08/2018
Regulation 29(4)(c)	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 out of date or returned medicines are stored in a secure manner that is	Substantially Compliant	Yellow	07/08/2018

	segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
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