



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

Name of designated centre:	Community Living Area 22
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	18 April 2018
Centre ID:	OSV-0005244
Fieldwork ID:	MON-0021088

About the designated centre

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

This designated centre supports three residents with varying needs in relation to their intellectual disabilities and require a multi-disciplinary approach to care. They are supported to access community based services, rather than organisational support services and practitioners of their choosing where possible. Each of the three residents is actively supported to develop valued social roles and to expand their life experiences. The support team continues to work with each of the residents to develop a vision for a better life in which community connectedness; relationships, a sense of purpose, and a feeling of belonging are at the core.

The following information outlines some additional data on this centre.

Current registration end date:	14/10/2018
Number of residents on the date of inspection:	3

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
19 April 2018	11:00hrs to 15:00hrs	Conor Brady	Lead

Views of people who use the service

The inspector met two of the three residents who resided in this designated centre. One resident communicated verbally and was highly complimentary about the service they received. The resident proudly showed the inspector around the large country dwelling which was spacious, bright, warm and very well decorated. The resident made tea and sat with the inspector and spoke about the things they liked in the house and the staff that worked with them. Staff were observed to be very caring towards the residents and the residents presented as being very comfortable and happy with their support staff. No issues of concern were expressed by the residents over the course of this inspection.

Capacity and capability

Overall this service was found to be very well operated, managed and was providing a very person centred level of care and support to residents.

The governance structures in place demonstrated clear lines of authority and accountability. A very good standard of monitoring, oversight and management was found. Auditing of personal planning, resident finances, medicines management, healthcare provision and levels of social activation were clearly evident.

The service delivered was found to be of a high standard and was well staffed and monitored by the provider. The statement of purpose accurately reflected the service that was being delivered.

The inspector found one new admission (since the previous inspection) to the centre whereby a contract for the provision of services was not in place. When identified by the inspector, the provider highlighted this had been sent out to the resident's family and would be followed up appropriately.

Regulation 14: Persons in charge

There was a skilled, knowledgeable, experienced and qualified person in charge who

worked full-time managing this centre.
Judgment: Compliant
Regulation 15: Staffing
Staffing levels provided were sufficient and found to be in line with the needs of residents.
Judgment: Compliant
Regulation 19: Directory of residents
A directory of residents that was reviewed was accurate and up to date.
Judgment: Compliant
Regulation 23: Governance and management
Good governance was in place to manage and deliver safe and quality care and support to residents.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
One resident did not have a signed contract in place that clearly outlined the terms and conditions of the service they received.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
An accurate statement of purpose was in place that met the requirements of the

regulations.

Judgment: Compliant

Quality and safety

The quality and safety of care delivery in this centre was found to be of a very good standard.

The provider had a very safe and suitable premises in place that was well decorated and equipped to meet the assessed needs of the residents. The staff team and person in charge were appropriately equipped, trained and knowledgeable to deliver care to the residents as outlined in the statement of purpose.

The areas of risk and safeguarding were reviewed and were found to be directed by clear policies and procedures and monitored through auditing, supervision and review. Risks identified were assessed and appropriate control measures were implemented. Accidents and incidents were followed up and corrective actions were implemented by the provider. Residents spoken with informed the inspector that they felt safe in the centre.

The inspector found good levels of person centred practice, consultation with residents and families and rights promotion in this centre.

Well developed personal plans and individual assessments were reviewed and were maintained to a high standard. Residents healthcare needs were found to be met and best possible health was promoted in this centre with good access to community allied health professionals evident.

Regulation 17: Premises

The premise was spacious, well maintained and personally decorated to resident's preferences.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were well supported with nutritional and hydration needs.
Judgment: Compliant
Regulation 26: Risk management procedures
Risks were identified, managed and reviewed. Accidents and Incidents were reported, recorded and followed up. Control measures were in place for identified risks.
Judgment: Compliant
Regulation 28: Fire precautions
There were safe policies, procedures and practices in place regarding fire safety.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Medicines management procedures were found to be appropriate and safe.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Personal plans and assessments were found of a good standard.
Judgment: Compliant
Regulation 6: Health care
Health care provision was appropriate to resident's assessed needs.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to ensure the protection and safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were promoted and good levels of consultation were taking place

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	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
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 22 OSV-0005244

Inspection ID: MON-0021088

Date of inspection: 19/04/2018

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>Contract of Care now in place for the resident who did not have a signed contract in place at the time of 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 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	23/05/2018