



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 1
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	15 October 2020
Centre ID:	OSV-0004076
Fieldwork ID:	MON-0030692

About the designated centre

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

This designated centre comprises of two bungalows next door to each other at the end of a small cu-de sac on the outskirts of a small town in Co. Kildare. The centre provides full-time residential service for seven adults (male and female) with intellectual disabilities. One of the houses consists of five bedrooms, bathroom, toilet area , kitchen, sitting room, small hallway and small garden to the front. The other house consists of five bedrooms, two bathrooms, kitchen/dining room and two sitting rooms. This house has a garden to the back of the house. There is a car available to both houses. The person in charge divides her working hours between the two houses in this designated centre. The designated centre employs 4.5 social care workers, 3 support workers, one care assistant, 1 nurse, and one facilitator/supervisor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 15 October 2020	11:00hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector met with four of the seven residents living in the designated centre. Later in the afternoon, two of the residents chose to speak with the inspector and relayed their views. Where appropriate, staff supported communication between residents and the inspector so that residents' views could be known. Overall, communication between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time limited in adherence with national guidance. Residents' views were also taken from observations, minutes of residents' meetings and various other records that endeavoured to voice the residents' opinions. On the day of the inspection, two residents were not available to meet with the inspector; One resident was in hospital and another resident was staying with their family.

The two houses in the designated centre were located in a small cul de sac opposite each other. During the afternoon, the inspector heard loud vocalisations coming from the opposite house; A resident sounded upset and in distress. The inspector observed the person in charge and a staff member going over to the house to provide support. Another resident was in the house at the time. The inspector was advised that the other resident often became upset, or wanted to help out, when they saw their fellow resident being upset. On speaking with staff, the inspector was informed that the incident was managed effectively and appropriate positive behavioural supports were used.

In the early evening, the inspector met with one of the residents in the sitting room of their house. The resident was supported by staff to mobilise into their wheelchair and the inspector observed that this was done in a caring and safe manner. The resident told the inspector that they were happy living in the centre, that they were happy with the layout and design of their bedroom, the meals provided and the support they received from staff.

The resident advised the inspector that they knew who to go to should they need to make a complaint and knew that it would be listened to. The resident talked to the inspector about the current health pandemic and relayed how they missed a number of community based activities that they had previously enjoyed prior to the current COVID-19 restrictions. The resident told the inspector that they were supported to meet with their family recently and during times of restrictions, could speak with them on the telephone or by video call.

The inspector called to the backdoor of the other house to meet with the residents. One resident showed the inspector their glasshouse which was located at the back of the house. The resident appeared proud to show the selection of fruit and vegetables they were growing in the glasshouse. The resident also showed the inspector their personal plan. The plan included a variety of photographs of community and centre based activities which the resident had enjoyed with their

fellow residents and staff members.

While speaking with the residents, the inspector observed that the person in charge and staff were familiar with the residents' communication needs and supported them engage in conversations with the inspector in a mindful and supportive way.

Capacity and capability

Overall, the inspector found that the registered provider and the person in charge were endeavouring to ensure that a good quality and safe service was provided to residents living in the centre. The person in charge and staff were found to be knowledgeable of residents' needs and motivated to ensure that the residents were happy, safe and supported to make choices in their day-to-day lives. An updated compliance plan had been submitted since the last inspection in 2019 and the inspector found that the actions had all been completed within the stated timeframes.

The inspector reviewed a sample of rosters and saw that overall, there was a reliance on relief staff on a weekly basis. The inspector found that the person in charge was making efforts to ensure continuity of care by endeavouring to employ the same relief staff on a continuous basis however, this had not always been achieved. On review of a sample of rosters for one house, not all relief staff were employed on a regular basis. For example, on the day of inspection, a relief staff member who had been employed to provide support for a few hours, had no previous work experience in the house. A multidisciplinary risk assessment and plan carried out in July 2020 identified a number of possible risks associated with employing unfamiliar staff in the house. For example, impacting on sense of security and impacting on the implementation of support plans.

Notwithstanding the above, the inspector was informed that a number of regular relief staff had recently being offered contracts to work in the centre on a permanent basis.

There were a number of staff re-deployed to the centre to provide extra support throughout the current health pandemic. The inspector was advised that this support had many positive outcomes for residents and in particular while residents' day services were closed. However, since the previous week, three members of support staff had returned to their original roles in the organisation. Staff who spoke with the inspector relayed their concerns around the impact the reduction of support would have on residents. In particular it was felt that this would impact on bringing residents out for one to one community activities and on supporting some of the changing personal care and mobility needs of residents living in the centre.

Staff were provided with mandatory training such as safeguarding, manual handling and fire safety training. Staff had been provided with training specific to COVID-19,

including how to prevent infection and minimise the risk of getting the disease as advised by the Health Service Executive (HSE) and Health Protection Surveillance Centre (HPSC). Staff were provided access to and availed of online learning in relation to infection prevention and control and the care of residents during COVID 19. Staff inductions included a specific section on the infection prevention control systems in place in the designated centre.

The inspector found that not all staff had been provided with training that related to the specific needs of all residents. However, on review of staff team meeting minutes and agendas, it was evident that the person in charge was making efforts to address this issue. For example, the person in charge had advised staff about relevant courses and webinars specific to autism and dementia.

One-to-one supervision meetings alongside performance management meetings were taking place to support staff perform their duties to the best of their ability in line with the organisation's policy and procedures for staff supervision.

The inspector found that overall, governance and management systems in place were found to operate to a good standard in this centre. An annual report had been completed and residents and their families had been consulted in the review. Unannounced visits were taking place every six months to ensure that service delivery was safe and a good quality service was provided to residents.

The inspector saw that overall, there were appropriate contingency arrangements in place in the centre for the current health pandemic. The person in charge had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self assessment for designated centres for adults and children with a disability for a COVID-19 outbreak.

Overall, the person in charge was submitting notifications to HIQA regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly notifications were being submitted as per the regulatory requirement.

Regulation 15: Staffing

Overall, the inspector found that due to the recent reduction in support staff and the reliance on relief staff, a review of staffing was warranted to ensure residents' wellbeing and welfare and was promoted at all times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had been provided with training such as safeguarding, manual handling and fire safety training. Staff had complete a variety of training courses specific to COVID-19. One to one staff supervision meetings were taking place and new staff were provided with inductions which included a specific section on the infection prevention control systems in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that overall, the governance and management systems in place were found to operate to a good standard in this centre. An annual report had been completed and residents and their families had been consulted in the review. Unannounced visits were taking place every six months in line with regulatory requirements.

The inspector found that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. Staff who spoke with the inspector advised that the person in charge was very approachable and supportive at all times.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, the inspector found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Quality and safety

The inspector found that overall, care and support provided to residents living in the designated centre was of good quality. It was evident that the person in charge and

staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, in relation to protection, actions were required to ensure residents safety at all times.

There was an up-to-date safeguarding policy in place and this was made available to staff. Overall, where incidents had occurred they were investigated in accordance with the centre's policy. The provider and person in charge had put in place measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. The inspector found that, for the most part, incidents were recorded and followed up appropriately and had been notified to HIQA as required.

Following an increase of safeguarding incidents in one of the houses during July 2020, the provider organised a risk assessment and risk plan to be carried out. The plan identified that there was a compatibility issue in the house, that there was a valid risk to residents' safety, and that there was a probability of recurrence of similar incidents. Overall, the plan determined, that while the current living arrangements were in place, there was a risk of negative impacts on the residents' wellbeing and safety.

Multidisciplinary team (MDT) meetings took place in August and September 2020 to address the risk and monitor the progress of the recommended proactive and preventative strategies. A clinical assessment has been arranged for October 2020 and a further follow up MDT review meeting for early November.

Overall, the inspector found that positive behavioural supports, multidisciplinary reviews and safeguarding plans were endeavouring to reduce the number of safeguarding and behavioural incidents occurring in the house however, incidents were still occurring which were impacting negatively on the lived experience of the residents and their safety.

The inspector found that overall, appropriate healthcare was made available to residents. The health of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take responsibility for their health. Residents who spoke with the inspector, advised of the exercise programmes they enjoyed including chair exercise and walks around the local sportfield track.

Multidisciplinary meetings, which took place in August and October 2020, found a number of changes in the assessed healthcare needs of residents living in the centre. Where appropriate, additional supports to address changes in cognitive and mobility needs were regarded in residents' personal care plans. One of the supports included an increase of staff assistance in the provision of personal care.

From a sample of residents' personal plans the inspector found that each resident had access to allied health professionals including access to their general practitioner (GP). Where appropriate, residents were supported to attend appointments with their occupational therapist, chiropodist, psychologist and

speech and language therapist. Residents were provided with a hospital passport to support them if they needed to receive care or undergo treatment in the hospital.

On review of a sample of residents' personal care plans the inspector found that improvements were warranted to ensure consistency within the plans. For example, there was a section in each resident's plan titled "Important information about me" which related to matters regarding the residents' health, wellbeing and preferences. However, the information was not always consistent with the information provided in other sections of the care plan. Furthermore, there was no date, or review date, included in this section.

The registered provider had adopted infection prevention and control measures specific to COVID-19 which were effective and efficiently managed. Appropriate control measures and contingency arrangements were found to be in place in case of infection. There was documentary evidence to demonstrate the regular cleaning of the physical environment in the centre, and the limited areas of the centre seen by the inspector, were visibly clean. Adequate supplies of hand sanitizer and hand soap were observed in appropriate areas of the centre, along with signage reminding staff, residents and visitors of hand hygiene practices.

There was a COVID-19 folder available in the centre and was continuously updated and informed staff of COVID-19 matters. There was a variety of standing operation procedures (SOP) in place to help and guide staff in their practice during the current pandemic. Appropriate easy-to-read information was made available to residents in relation to COVID-19. Updates and information, relating to the current health pandemic, were discussed regularly during the residents' house meetings. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

A risk management policy was in place and contained all required information. Overall, residents were provided with individualised risk assessments which included appropriate control measures and were presented in a clear and prioritised format to guide staff practice. The provider had updated their risk register to account for risks related to COVID-19.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. Staff had received training in fire prevention and emergency procedures, building layout and escape routes, and for the most part arrangements were in place for ensuring residents were aware of the procedure to follow. Overall, residents' personal evacuation and emergency plans were up-to-date and included all the required information however, the inspector found that one of the plans required updating to ensure it incorporated recent changes in a resident's assessed needs.

Regulation 26: Risk management procedures

The provider had updated their risk register to account for risks related to COVID-19. Individual and location risk assessments had been put in place relating to the care and support provided to the residents during the current health pandemic.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had adopted infection prevention and control measures specific to COVID-19 which were effective and efficiently managed. Staff demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic. Information and updates relating to the current health pandemic were discussed regularly at residents' house meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, residents were supported to engage in health and fitness programmes.

However, improvements were warranted to residents' care plans to ensure information relating to residents' health, wellbeing and preferences were consistent throughout the plan.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. There was guidance provided to staff to support them manage behaviours that challenge however, not all staff had been provided with training relating to the management of behaviour that is challenging including de-escalation and intervention techniques.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the inspector found that positive behavioural supports, multidisciplinary reviews and safeguarding plans were endeavouring to reduce the number of safeguarding and behavioural incidents occurring in the house however, incidents were still occurring which were impacting negatively on the lived experience of the residents and their safety.

Judgment: Substantially 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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Community Living Area 1 OSV-0004076

Inspection ID: MON-0030692

Date of inspection: 15/10/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge shall ensure that the number, qualifications and skill mix of staff is appropriate to the needs of the individuals living in this designated centre. A full review of the staffing compliment in this centre will take place to identify any additional needs.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge will ensure that care plans are reviewed, updated and cross referenced to ensure all relevant information is detailed in the care plan and all staff working in the designated centre have access to the most up-to-date information in relation to the individuals they support.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will ensure that staff are kept up to date with knowledge and behavior plan reviews to enable them to respond and support residents to manage their	

behavior. The Positive Behaviour Support Team will schedule monthly review meetings with the staff team to discuss effectiveness of reactive and proactive strategies in place. The Behaviour Therapist will continue to work with staff to try and alleviate the cause of the individual's challenging behavior.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The person in charge will ensure residents in this centre are protected from all forms of abuse by monitoring incidents that occur in line with the services policy and that relevant statutory requirements are complied with.

In order to change the living arrangements funding will need to be sought from the HSE to enable us to acquire a new premises and staff same.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/01/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/11/2020
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-	Substantially Compliant	Yellow	31/12/2020

	escalation and intervention techniques.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/11/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2020