



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area R
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	29 October 2020
Centre ID:	OSV-0002742
Fieldwork ID:	MON-0029597

## About the designated centre

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

In this centre a full-time residential service is provided to a maximum of six adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory needs. This includes nursing care. This nursing care is provided in a holistic manner and respects the physical, emotional, social and spiritual needs of each resident. Care is supervised by an experienced nurse manager who is the person in charge. Prior to COVID-19, four of the current five residents attended off-site day services. Day activities now operate from the house and within the limitations of the current public health advice. Overall, residents adapted well to these changes and enjoy the activities now operated from their home. The premises itself is a bungalow type residence with all facilities for residents provided at ground floor level. Each resident has their own bedroom and share communal, dining and bathroom facilities. The house is located in a mature, populated suburb of a midland town and a short commute from all services and amenities. Due to the residents requirements for a high level of support, the staffing compliment comprises of a team of nurses, social care workers and support workers. Ordinarily there are four staff on duty during the day and two staff at night, one of whom sleeps overnight.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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 29 October 2020	10:45hrs to 16:45hrs	Margaret O'Regan	Lead

## What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from at least a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to meet with all five residents on the day of inspection. Two of the five residents communicated verbally and three residents communicated primarily in a non verbal way.

The inspector observed warm and meaningful interactions between staff and residents. Residents appeared at ease in their home and took pride in communicating about their interests, their room decor and activities they engaged in. Residents spoke with staff about recent improvements and further improvements they wished for, such as redecoration of their bedroom. There was a discussion around other tasks that were due to be done such as the upgrading of the rear garden and the front driveway. The manner in which all these things were spoken about was indicative of the homely and relaxed atmosphere that generally prevailed in this comfortable home.

The inspector observed staff supporting residents to take part in their chosen daily activities. This included going for a walk, enjoying a cup of tea in the sitting room and making jigsaw puzzles. One resident was keenly interested in football and in particular one specific club. Their bedroom was decorated in a manner that celebrated their passion for this particular football club. This resident was happy to talk about their special interest and show the inspector their decorated room.

## Capacity and capability

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. There were management systems in place in the centre that ensured the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included an annual review of the quality and safety of care and support in the centre and that such care and support was in accordance with standards. The most recent six monthly unannounced provider inspection was carried out on 25 April 2020. There were few actions required from this audit and the actions that were identified, in the main had been addressed. For example, the action around updating a medication chart was complete as was the action around having the restrictive practise folder kept in the house. One action was awaiting completion; this was in relation to upgrading the front driveway and parking area.

The inspector discussed with the person in charge, the contingency plan and systems in place to support staff to respond to an outbreak of COVID-19. The inspector was satisfied that these plans placed the ongoing care and welfare of the residents in a position of priority. For example, staff wore masks and changed their clothes at the beginning and end of each shift. The temperatures of staff and residents were checked daily, visitors to the centre were restricted and residents were assisted to understand the measures to be taken to help prevent an outbreak of COVID-19. These measures minimised the risk of introduction of infection. Cohorting arrangements were planned for if the need arose in the event of an outbreak. However, as discussed further below under quality and safety, there was scope for improvement in relation to the specific plan for each resident, should they contract COVID-19.

There were clear lines of accountability with the person in charge reporting to the Regional Director. The Regional Director in turn reported to the Chief Executive Officer, who reported to a management board.

The person in charge was also person in charge for another centre that catered for adults with a disability. Both centres were within the environs of the local town.

There was evidence that regular staff meetings took place. A staff supervision system was in operation and carried out by the person in charge. Up to date staff training records were available and a system was in place for staff to get refresher training on a regular basis. Staff had undertaken training on infection control within the past three months. This was mandatory for all staff and completion certificates for these online courses were available. Staff spoken with, demonstrated knowledge about the care and supports for residents as a result of their training. For example, staff were skilled at understanding what brought joy to residents.

The person in charge had ensured that a regular cohort of staff worked in the house and that there was no cross over of staff from one centre to another. Every effort was made to ensure the well being of regular staff. There was a screening and reporting process to ensure that symptomatic staff did not come on duty. On review of the staff rosters, from speaking with staff and from observation of the needs of residents, the inspector was satisfied that a sufficient number of staff were available to support residents. This included support for residents to partake in community activities and take part in individual activities, albeit that these activities were curtailed due to COVID-19.

A broad range of audits were conducted and included audits of medication management and practices, record management audit, audit of food and nutrition. The results of these audits, along with residents views, informed the annual report.

## Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, engaged in practice development and kept herself up to date.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained. Staffing arrangements were such that staff covered duties for each other if the need arose and extra staffing hours were provided if the need arose.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were in receipt of all required training to ensure they could meet the needs of the residents. Records of training were easily retrievable and up to date.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place and robust systems to monitor the quality of care delivered to residents. Corrective action was taken when the management systems identified areas of poor performance.

Judgment: Compliant

### Quality and safety

Over the course of inspection, it was evident that the provider was proactive in ensuring the centre was in compliance with the regulations and standards. There was good consultation with residents, both through documented house meetings and through less formal interactions.

Staff were aware of each resident's communication needs. Residents had access to television, radio, magazines, telephone, computer and the Internet. Overall, the inspector observed a relaxed and informal atmosphere in the centre; a place where each person had space and opportunity to unwind and engage with each other as much or as little as they wished.

There was a good emphasis on supporting a low arousal approach to minimising anxiety for residents. Staff had received training in this area and spoke positively of its benefits.

Personal plans were in place. These plans had multidisciplinary input and included an assessment of the health, personal and social care needs of each resident. The plans were updated at least annually. Insofar as was reasonably practicable, arrangements were in place to meet the needs and preferences of each resident. The plans indicated that a number of goals set for the year had been deferred due to restrictions imposed by the COVID-19 pandemic. In particular goals to go on outings, visit family or shopping, had been postponed. Overall, the plans showed that they were up to date and informed practice.

The internal physical facilities of the centre were assessed for the purposes of meeting the needs of residents. For example, doorways and floor levels had been altered to ensure ease of movement for wheelchair users. The premises were spacious, homely, well maintained and attractively decorated. Each resident had their own room and adequate bathroom facilities were available, including spacious facilities for those who required significant support with personal care. Plans were in place to upgrade the rear garden and the front drive and parking area. However, attending to the front of the house was ongoing for some time and needed to be addressed with more urgency. At the time of this inspection the front of house parking and drive in area, was uneven with several areas of water filled potholes. Such a surface was unsuitable for all residents and staff and in particular those who were assessed as being at high risk of falling and those using wheelchairs.

Staff were aware of residents' underlying health care issues. Medical attention was sought promptly as required. Staff regularly advocated on behalf of residents in relation to receiving appropriate health care. Each resident chose their own general practitioner (GP). The person in charge described how residents were supported to access other healthcare services external to the centre and in particular services provided by primary community care services. Reports from therapists such as occupational therapists were seen in residents' files and seen to have been reviewed annually. This was a nurse-led service and while nurses were not on duty in the house 24 hours per day, nursing advice was available at all times. The provider's contingency staffing plan provided for the continuation of a high level of nursing care.

The ethos of the centre was clearly one of respect for residents and their rights. In addition to staff advocating for residents, an external advocacy service was also available. The environment was such that residents, including those who were non-verbal, were facilitated to express themselves and let it be known what their



preferences and wishes were. Staff took pride in being the instrument that facilitated this level of resident empowerment. This was evident in the way staff spoke about residents' delight in having their personalised bedroom, the creative ways staff engaged with residents to enjoy a healthy diet and the way in which the excitement of sporting events for some residents was fully valued.

Despite the constraints of restricted movements and travel, residents partook in exercise, outings and in house activities. Residents had adapted well to not attending off site day services. Instead residents appeared to enjoy spending more time in their home, baking with staff and having greater freedom in the morning to get up later.

Overall, risks were assessed and well managed. The inspector was satisfied that the provider, person in charge and staff were adhering to public health advice around protecting residents from infection. The infection controls in place were discussed throughout the duration of this inspection. Where risk had been identified, measures had been taken to manage it. The premises was visibly clean. A cleaning schedule was in place. Staff were diligent around completing this schedule. Appropriate arrangements were in place for the management of waste. Appropriate hand washing facilities were available, including the use of warm water, paper towels and covered pedal waste bins. Hand sanitiser, the wearing of masks when a two meter distance could not be maintained, and the practice of changing clothes at the beginning of each shift, were seen to be part of the staff practices. Residents were comfortable with these routines and this indicated they were well informed and reassured around the practices in place to prevent a spread of COVID-19. Staff were also mindful of their movements outside of the work environment, emphasising their level of commitment to ensuring residents were protected from COVID-19.

The person in charge had assessed the risk of residents contracting COVID-19 and this was generally of a low or medium risk. However, the cohort of residents in this house was such that, should any of them contract COVID-19, the risk to each of them would be high. This was not adequately reflected in the documentation viewed. Neither was it clear in the documentation what the plan was for each resident should they contract the virus. The person in charge articulated to the inspector the management plan in such an eventuality, however, capturing the details of this valuable information in a written format would further augment both personal care plans and COVID-19 contingency planning.

The provider had taken adequate precautions against the risk of fire in the centre and had provided suitable fire fighting equipment. A system was in place for the testing and servicing of fire safety equipment. Records were maintained of such checks and services. There was good liaison between the centre and the local fire officer. Fire drills were frequent and evacuations took place swiftly. This indicated staff and residents were familiar with the practice and had capacity to act promptly in the event of a fire emergency.

A restraint free environment was promoted. Where restrictive practices such as bedrails were in use, assessments had been completed by the appropriate members of the multi-disciplinary team, and residents or their families had consented to their

use in the interests of safety. Detailed documentation was maintained, including a register of all restrictions.

### Regulation 17: Premises

Internally this was a well maintained home, however, at the time of this inspection the front of house parking and drive in area, was uneven with several areas of water filled potholes. Such a surface was unsuitable for all residents and staff and in particular those who were assessed as being at high risk of falling and those using wheelchairs.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a risk assessment for each risk identified. There was a risk management policy in place which included all the requirements or the regulations.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had measures in place that were in line with public health guidance on infection control and in line with guidance published by HIQA. The inspector was informed of the individual procedures that would be adopted if there was a resident who was a suspect COVID-19 case or a confirmed case. However, these individual procedures were not clearly captured in the documentation reviewed.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place at frequent intervals.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Overall, the registered provider was ensuring that the designated centre was suitable for the purposes of meeting the needs of each resident as assessed. The person in charge had ensured personal plans were in place for all residents. These plans reflected residents' health, personal and social care needs.

Judgment: Compliant

### Regulation 6: Health care

The person in charge described how residents continued to receive medical advice and review, as and when needed. The person in charge also described how residents were supported to access other healthcare services external to the centre and the measures taken by staff to protect them from the risk of infection whilst doing so. Nursing advice and care was available on a 24 hour basis. End of life care was part of the healthcare support and care available to residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff were provided with up to date knowledge and skills, appropriate to their role, to respond to behaviour that was challenging and to support the resident to express their emotions.

Judgment: Compliant

### Regulation 8: Protection

Staff worked closely with residents and their family around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider facilitated residents to participate in and consent, with supports where necessary, to decisions about their care and support. Residents had the freedom to exercise choice and control in their daily life. Activities were incorporated in to the daily routine and residents reported to be content with their routines.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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 R OSV-0002742

Inspection ID: MON-0029597

Date of inspection: 29/10/2020

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Groundworks have been completed in the areas where there were uneven surfaces and there are no longer any pot holes in the carpark. Action completed on: 11/11/2020.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Each individual now has an Individualised contingency plan that details the procedures to follow if an individual should become symptomatic and/or diagnosed as being Covid-19 positive. Action completed on: 12/11/2020.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	11/11/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	12/11/2020