



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 9
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	01 October 2020
Centre ID:	OSV-0004081
Fieldwork ID:	MON-0026452

## About the designated centre

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

This designated centre provides a full-time residential service to four adult females between the age of 18 and 85 who have varying needs in relation to their moderate intellectual disability and physical disability. This designated centre is situated on the outskirts of a small village in Co. Kildare. The centre is a bungalow which has been decorated to resident's personal tastes and interest. Residents have their own bedrooms. The designated centre consists of a kitchen, two sitting rooms, five bedrooms two of which are en-suite. There is a bathroom downstairs and shower room upstairs. There is a store room and an utility room. This centre has its own transport. The person in charge works full-time and divides her time between this designated centre and one other centre. There are two social care workers and three health care assistant employed in this centre to support residents during the day and at night.

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

Number of residents on the date of inspection:

4

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 1 October 2020	11:00hrs to 17:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This designated centre is home to four residents. The inspector had the opportunity to meet and speak with three of the four residents on the day of inspection. 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. The residents' views were also taken from the designated centre's annual report feedback forms, staff advocating on behalf of the residents and various other records that endeavoured to voice the residents' opinions.

On the day of the inspection one of the residents was not available to meet the inspector as they were out for the day meeting a family member in a hotel. On arrival at the centre, one of the residents welcomed the inspector into their home and another resident, who had responsibility for asking guests to sign the visitor's book, greeted the inspector and requested the book to be signed. Both residents appeared in good spirits.

Later in the day, the inspector meet with three residents. One resident was in the kitchen with a staff member and two other residents were relaxing in the sitting room watching a music video. Residents talked to the inspector about the different activities they liked to participate in. From speaking with the residents and from reviewing residents' house meeting minutes, the inspector found that the residents enjoyed baking, and in particular the upcoming task of baking Christmas cakes, going for nature walks in the local woods, attending the hairdressers, visiting the local church to light candles and going out for lunch in local Cafés.

One of the residents informed the inspector about an inclusion project they were involved in for the last two years and how it had resulted in positive outcomes for local people with mobility issues. The resident appeared proud and happy whilst telling the inspector about their achievement.

On speaking with the residents, the inspector found that overall, residents were knowledgeable of the current health pandemic and the restrictions in place. The inspector was advised that a number of community activities that residents enjoyed had to be curtailed due to the current health pandemic and that this had increased anxieties for some residents. Residents advised the inspector that they missed going to their family homes for overnight stays however, as a temporary alternative, some residents were meeting their families for day visits in hotels or having them come visit them in the designated centre.

Overall, on the day of the inspection the inspector observed staff engaging with the residents in a kind, caring and respectful manner. Staff who spoke with the inspector were familiar with residents' needs and the inspector observed staff engaging in safe practices related to reducing the risks related to COVID-19 when

delivering this support.

## Capacity and capability

This risk-based inspection was completed as there had been no inspection carried out in this centre since September 2018. Overall, the inspector found that the registered provider and the person in charge endeavoured to ensure that a good service was provided to the residents living in the centre. Overall, the centre provided a pleasant environment for the residents. The service was lead by a capable person in charge, who was knowledgeable about the support needs of the residents. The actions from the previous inspection had all been completed. On the day of inspection, a number of small improvements were required in the areas of positive behaviour support and fire precautions and this is addressed in the quality and safety section of the report. However, in relation to capacity and capability, the inspector found that improvements were required to the centre's workforce to ensure that there were appropriate staffing levels in place, at all times, to met the current needs' of residents.

On review of the roster and through conversations with the person in charge, the inspector was informed that additional staffing hours had been approved for the designated centre and were implemented at the beginning of July 2020. However, due to the recent increase in some residents' needs, the inspector found that at times, the number and skill mix of staff was not appropriate to the number and current needs of residents.

For example, on reviewing a sample of residents' personal plans, the inspector found that since July 2020 there had been an increase in non-serious injuries relating to body focused behaviours. The reactive strategy in place required a staff member to provide support as soon as the behaviour occurred. Furthermore, personal plans showed a significant change in mobility and personal care needs which required an additional level of individual support from staff.

On speaking with staff, the inspector was advised of some of the challenges while lone working and attending to the individual needs of residents; For example, during times when staff supported the personal care needs of residents in their room, they could not always ensure the needs of other residents, such as behaviour support needs, were being met.

Overall, the governance and management systems in the centre were found to be good. An annual report for 2019 had been completed and there was evidence that the residents and their families had been consulted. For example, questionnaires were completed by the residents and their family members regarding the care and support provided in the centre. The six-monthly unannounced visits were taking place to ensure that service delivery was safe and that a good quality service was provided to residents. The person in charge demonstrated good awareness of key areas and carried out a schedule of audits to ensure the provision of service was

good.

There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

The inspector found that overall, appropriate contingency arrangements were in place in the centre for the current health pandemic; 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 had been completed for the centre by the person in charge. This was to ensure that appropriate systems, processes and referral pathways were in place to support staff and residents manage the service in the event of an outbreak of COVID-19.

There was a statement of purpose in place for the designated centre and for the most part, included all the required information and laid out the purpose of the centre. However, the inspector found that a number of areas in the document required reviewing so that it accurately reflected the person in charge's post, the accommodation facilities available and the accessibility status of the designated centre.

The inspector found evidence to demonstrate that staff had received mandatory training and that it was up-to-date. Staff had completed specific training in relation to the prevention and control of COVID-19 such as hand hygiene, breaking the chain of infection, infection prevention control and the use of personal protective equipment. However, the inspector found that improvement was required to ensure that all staff members were provided with training specific to the assessed needs of all residents. For example, not all staff had been provided with training relating to autism or dementia.

Supervision and performance management meetings were taking place to support staff perform their duties to the best of their ability. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

The person in charge was submitting notifications to HIQA as set out in the regulations. The person in charge ensured that quarterly and six-monthly notifications were being submitted when required.

## Regulation 15: Staffing

Due to the recent increase in some residents' needs the inspector found that, at times, the number and skill mix of staff was not appropriate to the number and current needs of residents. Since July 2020 a number of residents required an increased level of individual support from staff due to their changing needs relating to mobility, personal care and body focused behaviours.

The person in charge ensured there was a planned and actual staff rota and overall, it was properly maintained however, the person in charge had not been included on the rota in the last number of months.

Judgment: Not compliant

### Regulation 16: Training and staff development

The inspector found that an improvement was required to ensure that all staff members were provided with training specific to the assessed needs of some of the residents. For example, not all staff had been provided with training relating to autism or dementia. However, on speaking with the person in charge, and on review of documentation, the inspector found that efforts were being made to source training in these areas.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall, the inspector found that the governance and management systems in place in the centre were satisfactory. An annual report for 2019 had been completed and six-monthly unannounced visits were taking place to ensure that service delivery was safe and that a good quality service was provided to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose required reviewing so that it accurately reflected the accommodation facilities available and the accessibility status of the designated centre. Furthermore, the statement warranted reviewing to ensure it clearly reflected the person in charge was in a full-time post and was a person in charge for another designated centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents



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

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Judgment: Compliant

### Quality and safety

For the most part residents' wellbeing and welfare was maintained by a good standard of care and support. It was evident that the person in charge was aware of residents' needs and knowledgeable in the care practices required to meet those needs. The inspector found that there had been a number of improvements in the quality and safety of the service since the last inspection. However, on the day of inspection a number of small improvements were required to fire precautions and behaviour support systems in place.

Appropriate healthcare was made available to residents having regard to their personal plan. 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. On speaking with residents, the inspector was advised of the different physical exercises they enjoyed such as nature walks and yoga.

From a sample of residents' healthcare plans, the inspector found that each resident had access to allied health professionals including access to their general practitioner (GP). Residents were provided with a hospital passport to support them if they needed to receive care or undergo treatment in the hospital. Furthermore, residents were facilitated to access national screening programmes in line with their wishes and where residents refused such services, it was appropriately followed up with their GP.

The inspector reviewed a sample of residents' personal plans and found that there had been recent changes in the assessed health needs of some residents. The person in charge had organised an occupational therapist to complete a review in September 2020 and in particular to review needs such as mobility, personal care and suitability of the environment. The review resulted in additional mobility aids being installed however, the review also demonstrated the requirement for increased individual supports from staff.

Overall, the provider and person in charge promoted a positive approach in

responding to behaviours that challenge. The quarterly statutory notification submitted to HIQA demonstrated that there had been an increase in non-serious injuries reported in the centre. On the day of inspection, the inspector saw that this increase had continued into quarter three. The person in charge had organised for a behaviour support therapist to carry out a data summary of the behaviours. The summary included a number of proactive and reactive strategies. However, the inspector found that overall, staff had not been provided with adequate guidance to support them manage behaviours that challenge.

Furthermore, the inspector found that not all staff had been provided with the appropriate training in the management of behaviours that is challenging including de-escalation and intervention techniques.

On a review of the centres' A-B-C analysis forms the inspector found that a behavioural incident, which took place in the centre in August 2020, had not been appropriately reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. This was not in line with the designated centre's policy.

The inspector found that the person in charge and staff endeavoured to facilitate a supportive environment which enabled the residents to feel safe and protected from abuse. Residents' intimate care plans ensured that the resident's dignity, safety and welfare was guaranteed. The inspector reviewed a sample of residents' financial records and found that they were maintained appropriately and reviewed regularly by the person in charge. Staff had received appropriate safeguarding training and staff who spoke with the inspector had a good understanding of the safeguarding processes in place in the centre.

There was a COVID-19 folder available in the centre to all staff. The folder was continuously updated and informed staff of COVID-19 matters and in particular public health guidelines and updates. 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. On review of the residents' house meetings minutes, the inspector saw that matters pertaining to the current health pandemic were discussed regularly.

Overall, there were satisfactory contingency arrangements in place for the centre during the current health pandemic. In addition the person in charge had completed a HIQA preparedness and contingency planning self-assessment tool for the centre. Infection control procedures in place in the centre had been updated since the health pandemic. The inspector reviewed documental evidence of daily cleaning schedules and saw that touch surface cleaning by staff was taking place twice in the morning and twice in the afternoon. There were also daily cleaning lists for touch surfaces in the centre's vehicle. In addition, staff and resident temperatures were taken and recorded twice daily. There were protocols in place for staff on entering and leaving the centre such as temperature checks and change of clothing.

The provider had updated its 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. The risk register included the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

The inspector found that overall, there were appropriate fire safety precautions, including fire precaution equipment, in the centre which were reviewed and serviced when required. Staff had received suitable training in fire prevention and emergency procedures, and fire drills were occurring at appropriate times throughout the year to ensure staff and residents were aware of the procedures to follow. However, the inspector found that the residents' personal evacuation plans required reviewing so that they accurately reflected the mobility needs of all residents.

### Regulation 26: Risk management procedures

The provider had updated its 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. Individual and location risk assessments were being reviewed regularly and, where warranted, new risk assessments and control measures were put in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections. The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector found that the residents' personal evacuation plans required reviewing so that they accurately reflected the mobility needs of all residents.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had their healthcare needs assessed and care plans developed as required. They were being supported to access allied health professionals in line with their assessed needs and to access national screening programmes in line with their wishes.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector found that overall, staff had not been provided with adequate guidance to support them manage behaviours that challenge.

Not all staff had been provided with the appropriate training in the management of behaviours that is challenging including de-escalation and intervention techniques.

The inspector found that a behavioural incident, which took place in the centre in August 2020, had not been appropriately reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

Judgment: Substantially compliant

## Regulation 8: Protection

Overall, the residents were protected by practices that promoted their safety. The inspector found that the residents' modesty and privacy was observed to be respected; Residents' intimate care plans ensured that the resident's dignity, safety and welfare was guaranteed.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Community Living Area 9 OSV-0004081

Inspection ID: MON-0026452

Date of inspection: 01/10/2020

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The staffing resources and skill mix of staff has been increased to meet the residents changing needs in relation to mobility, personal care and body focused behaviors. There are now two staff on shift throughout the day and two staff on sleep over shift. The PIC is listed on the roster and actively supports the designated centre with visits twice weekly and daily phone support.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Autism Training            All members of staff team (including staff members who have joined the team recently) Have completed Autism awareness on HSE land</p> <p>Five senior experienced staff members are in the process of commencing a (12) hour over 4/52 Autism On line course.</p> <p>There is a positive behavior support plan in place for one resident and the PIC has inducted all staff to this.            The Behavior Support Team liaise regularly with the staff team.            04/11/2020 The Behavior Therapist will join the next staff meeting to review current strategies.</p>	

Dementia training  
 All members of staff team (including staff members who have joined the team recently) have completed Identification of memory problems in the elderly population on HSE land

11/11/2020 The Occupational therapist on the Dementia team will lead out on in-service training via MS teams.  
 This training is based on the outcomes of Functional Assessments of two residents Activities of Daily living and in reaction to the reported cognitive decline.  
 The in-service training will focus on strategies to support individuals with cognitive decline / dementia presentation and outline stages of Dementia, Environmental concerns, Maintaining low arousal environment, Communication and Stress reduction.

The in-service training will be based on reactive strategies to equip staff to manage fluctuation in individual performance, ability and independence.

An additional Dementia training day will be planned in accordance with availability of trainer / Dept. of nurse education and in compliance with current Covid 19

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  
 The statement of purpose has been updated to reflect one area (conservatory) it is used to store resident's equipment, it is not accessible but not presently required.

The PIC is listed working 50 % of her contracted hours in this designated Centre.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 Following consultation with the Fire officer the residents Fire evacuation plans have been updated to reflect use of mobility equipment for three residents (wheelchairs) to safely evacuate the centre in the event of a fire.

Routine Fire drills day and night are carried out regularly, and following induction all new staff participate in coordinating a Fire drill.



Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>There is an ongoing process of Positive behavior support in place in relation to body focused repetitive behaviors.</p> <p>There has been a decrease in the behaviors since August, proactive and reactive strategies are in place.</p> <p>In this instance de – escalation and intervention techniques (reactive strategies) are kept to a minimum as it would be contraindicative to engage in discussion around the behavior.</p> <p>The Behavior Therapist will continue to liaise with the staff team.</p> <p>The Behavior Therapist will join the next staff team meeting scheduled for 03/11/2020 at 11am to review current strategies.</p> <p>The ABC mentioned in the report was discussed locally by the Person in Charge and the staff team know the individual personally, the strategies employed by the staff on shift were deemed sufficient in managing the behavior this was an isolated incident with no further action required.</p> <p>The ABC was brought to the attention of Behavior Therapist and the Dementia team, this was discussed during the Mental Health Intellectual Disability Clinic on 09/09/2020. It was deemed that the local management was sufficient and no further action was required.</p> <p>The one isolated incident of physical aggression towards staff is not seem as a high risk situation. The incident was recorded appropriately.</p> <p>MAPA training is not deemed as necessary by the management of the Behavior Support Team.</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 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.	Not Compliant	Orange	23/10/2020
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	23/10/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	11/11/2020

	as part of a continuous professional development programme.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	25/10/2020
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	07/01/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	03/11/2020
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging	Not Compliant	Orange	03/11/2020

	including de-escalation and intervention techniques.			
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