



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 11
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	21 October 2020
Centre ID:	OSV-0004082
Fieldwork ID:	MON-0030735

## About the designated centre

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

Community Living Area 11 consists of two houses located near a town in Co. Kildare. The houses are located in two separate locations within three kilometres of each other. Both homes are bungalows with five bedrooms. Facilities include single bedrooms, accessible bathroom facilities, sitting room, kitchen and utility room. There is a car available at each location. Each home can facilitate four individuals over the age of 18 years. Each individual has varying support requirements in relation to their abilities and individual needs that are identified in the care plan. The aim of Community Living Area 11 is to provide a safe and secure home for each individual. Individuals are supported by both social care staff and care assistants. Staffing requirements, both day and night, are determined by the needs of the individuals.

**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
Wednesday 21 October 2020	10:00hrs to 14:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents in the house visited had a good quality of life in which their independence was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider in line with the requirements of the regulations.

The centre comprised of two separate houses, each located within a relatively short drive of each other. The centre was registered to accommodate up to eight residents, four in each of the houses. There were one vacancy at the time of inspection and consequently three residents in one of the houses.

For the purpose of this inspection, the inspector visited one of the centre's two houses. The residents in the house visited were all over 59 years of age. The inspector met briefly with three of the four residents living in the house. Warm interactions between the residents and staff caring for them was observed. The residents met with appeared in good form and comfortable in the company of staff. Residents were observed to enjoy listening to country music, dancing, reading fashion magazines and completing board games with staff. Residents spoken with indicated that they were happy living in the centre and enjoyed the meals which were prepared for them. One of the residents proudly showed the inspector their finger nails which had been painted by staff whilst another ladies hair had been styled by a staff member.

There was an atmosphere of friendliness in the house visited. Fresh flowers were arranged in the hall way and numerous photos of each of the residents were on display. Outside, a number of potted plants and window planters were on display which one of the residents in particular enjoyed caring for. The residents had a pet fish named Mary and a pet cat named Seamus whom they all seemed to enjoy caring for. Staff were observed to interact with residents in a caring and respectful manner. For example, staff were overheard discussing with residents changes in the national restrictions for COVID-19 and the impact these would have for the individual residents.

The house visited was found to be comfortable and homely. It was located on the outskirts of a small town in county Kildare. It had a good sized and well maintained garden for residents to use. This included an outdoor seating area for residents. The centre had adequate space for residents with good sized communal areas with a sitting room and separate relaxation room. Each of the residents had their own bedroom which had been personalised to their own taste. This promoted residents' independence and dignity, and recognised their individuality and personal preferences.

There was some evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running

of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including video and voice calls. All visiting to the centre was restricted in line with national guidance for COVID-19. A support plan had been put in place for individual residents in respect of COVID-19 and its impact on their life.

Residents were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting residents' access to activities in the community. Each of the residents were engaged in an individualised programme coordinated from the centre which it was assessed best met the individual residents needs. A weekly activity schedule was led by each of the residents. Examples of activities that residents engaged in included, walks to local scenic areas, drives, arts and crafts, board games, listening to music and jigsaws. Each of the houses had a vehicle for use by the residents.

The full complement of staff were in place at the time of inspection. A new member of staff had commenced working in the centre in the preceding period and it was noted that a thorough induction programme had been completed with the staff member. Other staff had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff met with and the person in charge.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a degree in applied social studies, a certificate in management and a certificate in counselling amongst other qualifications. She was in a full time position but was a named person participating in management in one other centre. She was found to have a good knowledge of the requirements of the regulations. The person in charge reported that she felt supported in her role

and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a total of five shift leaders. The person in charge reported to a clinical nurse manager who in turn reported to the regional director. The person in charge and clinical nurse manager held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. The person in charge had undertaken a number of other audits and checks in the centre on a regular basis. Examples of these included, quality and safety checks on a weekly basis, audits of residents files, health and safety audit, fire safety, finance, staff files and fire safety. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. At the time of inspection the full complement of staff were in place in each of the centre's two houses. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection.

Suitable staff supervision arrangements were in place. The inspectors reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and to be of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

## Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents in the house visited. At the time of inspection the full complement of staff were in place.

Judgment: Compliant

### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. All staff in the house visited had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were suitable governance and management arrangements in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose in place, recently reviewed that accurately described the service that was provided in the centre. It contained all of the information required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line



with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents living in the house visited, appeared to receive care and support which was of a good quality, person centred and promoted their rights.

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support in the house visited. Care plans and personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. There was evidence that person centred goals had been set for each of the residents and there was good evidence that progress in achieving the goals set were being monitored. An annual personal plan review for each of the residents had been completed in the last 12 months in line with the requirements of the regulations. There was evidence that plan were reviewed on a regular basis by staff with any change of need or circumstance for the residents.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for the residents had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place for each of the houses and for individual residents. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Trending of all incidents was completed on a regular basis. This promoted opportunities for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the house visited. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. Further to the last inspection, a new fire evacuation route had been established with a new emergency exit route and door put in place.

There were procedures in place for the prevention and control of infection. The

provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. The inspector observed that all areas in the house visited were clean. A cleaning schedule was in place which was overseen by the person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals and on all entries and exits from the centre. Disposable surgical face masks were being used by staff whilst in close contact with residents in the centre, in line with national guidance. At the time of inspection none of the residents or staff in the house visited had contracted COVID-19. There had been a case in the other house which formed part of this centre affecting one of the staff members. This staff member had since recovered and returned to work but there were no further cases. The provider had identified a separate house which had been registered for use as an isolation unit should it be required.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Intimate care plans were on file for each of the residents in the house visited and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

### Regulation 17: Premises

The house visited was found to be homely, suitably decorated and in a good state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support.

Judgment: Compliant

### Regulation 6: Health care

Residents healthcare needs appeared to be met by the care provided in the centre.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were promoted by the care and support provided in the centre.

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
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant