



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

## Issued by the Chief Inspector

Name of designated centre:	Morenane House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	10 September 2020
Centre ID:	OSV-0001819
Fieldwork ID:	MON-0030415

## About the designated centre

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

St Joseph's Foundation provides a range of day, residential and respite services in North Cork and Limerick. The centre was based in a rural setting near to a large town in county Limerick and consisted of one large house and two separate apartments. Five residents lived in the house and one resident lived in each of the apartments. The centre provides a residential service for seven people, who are over the age of 18 years, both male and female, with a diagnosis of intellectual disability. Staff support is provided by social care workers/leaders and support workers. The centre is open on a full-time basis and a staff presence is maintained at all times. Residents are encouraged to maintain family and community links.

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

Number of residents on the date of inspection:	6
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## How we inspect

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 10 September 2020	09:00hrs to 17:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

The inspector met with five of the six residents residing in the centre during the course of the inspection. Some of the resident group did not have the ability to fully converse with the inspector however the residents' relaxed appearance, relationship with staff and their facial expressions suggested that the residents were content in their home. One resident who had the ability to converse told the inspector that they were happy in their apartment and were well cared for. The resident had a recent injury to their foot and told the inspector of the good care they received following the injury. Following the injury a protocol was created and the resident had received a mobile phone with the staff phone numbers pre-programmed into it. This was to support the resident going forward if a similar situation occurred. The resident explained that this reduced their anxiety around these situations. The resident stated that they felt safe in the centre and would not like to live anywhere else.

The centre was clean and personalised throughout with photographs of residents and their families on the walls. The inspector noted the respectful manner in which one staff member used Irish Sign Language to translate between a resident and the inspector, they described what activities the resident was going to do that morning. Some residents were going out for a drive and other residents were going out for a walk. All residents were treated with respect and dignity and it was obvious to the inspector that this was the regular practice.

The inspector observed all of the residents being supported by staff members who knew them well and were aware of their individual needs and preferences. For example the staff team had been facilitated to learn Irish Sign Language and most used it proficiently. Interactions between staff and residents throughout the inspection were relaxed and respectful.

## Capacity and capability

Overall, the inspector found effective governance systems were in place and the centre was adequately resourced to meet the needs of the residents. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre was in line with the assessed needs of the residents. The inspector reviewed the actual and

planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their individual methods of communication particularly in the use of Irish Sign Language for one resident. They were able to support the inspector in engaging with residents and translating signs, vocalisations and words used.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training while refresher training was also available as part of a continuous professional development programme. Some face-to-face mandatory training such as fire safety and managing behaviours that challenge, had to be postponed due to COVID-19. However there was evidence that it had been scheduled and the person in charge had a training schedule for the inspector to view.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and a self assessment of the quality and safety of service was carried out in April 2020. These audits resulted in action plans being developed for quality improvement and actions identified had either been completed or were in the process of being completed.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. One amendment was required to be made to the staffing whole time equivalent (WTE) however, the person in charge committed to addressing this immediately.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the chief Inspector of incidents that occurred in the designated centre.

The provider had ensured that there was a complaints procedure in place, which was appropriate to the needs of residents. The inspector viewed the complaints log and there were no open complaints at the time of inspection, closed complaints viewed were resolved to the satisfaction of the complainant.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured an application to renew the registration of the designated centre was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge
The person in charge demonstrated the relevant experience in management and was effective in their role
Judgment: Compliant
Regulation 15: Staffing
The person in charge had an actual and planned rota which was in line with the statement of purpose.
Judgment: Compliant
Regulation 16: Training and staff development
The person in charge had a training matrix for review, due to COVID 19 restrictions some training had been postponed, however, staff were scheduled for training in the coming weeks.
Judgment: Compliant
Regulation 23: Governance and management
Clear management structures and lines of accountability were in place and a range of audits were carried out. The provider had also undertaken unannounced inspections of the service on a six monthly basis and a self-assessment of the quality and safety of service was carried out in April 2020
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had ensured that there was a complaint's procedure in place, which was appropriate to the residents' needs.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of care and support in the designated centre and found that the quality of services provided to residents was of a good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These were in line with national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. One resident in an adjoining apartment had been assessed by the occupational therapist as they were experiencing mobility issues and a stair lift was being considered as an option for the resident. The premises were clean, warm and homely.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 alarm system in place. Regular fire drills had been carried out and the most recent drill reviewed by the inspector stated that the residents were safely evacuated from the building in 35 seconds. Personal



evacuation plans were in place for all residents and no issues were highlighted.

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out. While goals were set with residents they were required to be more specific, time-bound and their progress needed to be tracked in more detail. An example of a goal for one resident was 'to broaden their social engagement and involvement' the goal didn't explain what this meant for the resident or how they could achieve it.

Appropriate user friendly information with visuals was provided to residents in order to support their understanding of COVID-19 and the restrictions in place. Visual supports as recommended by the speech and language therapist such as social stories required review and amendment in line with residents assessed needs as some visuals were not easily understood by residents. Staff spoken with acknowledged that some residents would not understand the generic pictures used. The person in charge and the staff team were committed to liaising with the speech and language therapist in addressing this issue. All residents had access to television, newspapers and the radio.

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability, assessed needs and their wishes.

The provider had a risk management policy in place and all identified risks had a risk management plan in place, including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

The provider had ensured that residents who may be at risk of an infection, such as COVID-19, were protected by adopting procedures consistent with the standards for infection prevention and control. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection.

Overall the health and well-being of residents was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them. For example staff members with whom the inspector spoke were clearly able to outline one resident's epilepsy management plan. Each resident had access to a general practitioner (GP) and other health-care professionals.

Staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified, this was supported by a plan to ensure that consistency of care was provided to residents. The inspector viewed a positive behavior support plan for one resident and found that it was a comprehensive document with emphasis on proactive strategies. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

## Regulation 10: Communication

Appropriate user friendly information with visuals was provided to residents in order to support their understanding of COVID-19 and the restrictions in place. Visual supports as recommended by the speech and language therapist, required review and amendment in line with residents' assessed needs. All residents had access to television, newspapers and the radio.

Judgment: Substantially compliant

## Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability, assessed needs and their wishes.

Judgment: Compliant

## Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the residents' needs.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a risk management policy and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19, were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider ensured that effective fire management systems were in place in the designated centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out. While goals were set with the residents they were required to be more specific, time-bound and their progress needed to be tracked in more detail.

Judgment: Substantially compliant

### Regulation 6: Health care

Overall the health and well-being of residents was promoted in the centre. Staff demonstrated a good knowledge of the resident's health-care needs and how to support them. Each resident had access to a (GP) and other health care professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents'

behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Morenane House OSV-0001819

Inspection ID: MON-0030415

Date of inspection: 10/09/2020

## 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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Individual social stories, and visuals supports have been reviewed and are currently being changed to include pictures/ photographs to reflect real life making them more realistic and understandable for the individual residents and to reflect their assessed needs.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: To regain compliance with Regulation 5 the Person in Charge has arranged that each Person Centred Plan is reviewed in relation to the resident’s goals. Particular emphasis is on setting a clear basis for each residents long-term goals to ensure goals are specific, time-bound and that progress is tracked in more detail. Residents and their families are involved in the Person Centred Planning process and the development of the residents goals. Keyworkers will be supported by the social care workers and the Person in Charge to track the residents goals.	





## 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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/01/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/01/2021