



Office of the Chief Inspector

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

Name of designated centre:	Community Living Area 6
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	16 January 2019
Centre ID:	OSV-0002701
Fieldwork ID:	MON-0021465

About the designated centre

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

Community Living Area 6 offers support breaks to eight residents with no more than two residents accommodated at a time. The residents in the designated centre are supported by their family members who are their primary carers. The respite home is a three bedroom bungalow in a rural setting. The residents have use of a large bedroom and there is a main bathroom. There is access to a large sitting room and kitchen/dining room. A car is available for the designated centre to promote community participation.

The following information outlines some additional data on this centre.

Current registration end date:	30/04/2021
Number of residents on the date of inspection:	2

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
16 January 2019	10:30hrs to 19:00hrs	Jacqueline Joynt	Lead
16 January 2019	10:30hrs to 19:00hrs	Sarah Mockler	Support

Views of people who use the service

The inspectors met with two of the residents on the day of the inspection and observed elements of their daily lives. The two residents used non-verbal communication. They appeared happy and relaxed in their home. Respectful and caring interactions were observed between staff and residents.

In addition to meeting with residents, documentation was reviewed as a further means of capturing the residents' views. One resident's feedback questionnaire was made available to inspectors on the day. Annual reviews, family feedback and staff advocating on the resident's behalf were also considered as part of this process.

The resident's feedback questionnaire indicated that the resident was overall very happy with many aspects of their respite care. The questionnaire indicated that the resident had good choice across their respite stay including food preferences and how their room was presented while they were staying in the designated centre. Satisfaction with the standard of care was also stated by family members in the annual review and family feedback forms. Staff providing support for residents were warm, friendly and respectful and appeared knowledgeable about the residents' individual preferences.

However, capturing residents' views during their stay was highlighted as an area of improvement with the provider.

Capacity and capability

The inspectors found that overall, the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents who availed of respite services in this centre. This was upheld through care and support that was person-centred and promoted an inclusive environment where each residents' needs, wishes and intrinsic value were taken in to account. The person in charge was not available on the day of inspection however, the local manager came out to the centre and met with the inspectors and provided all the necessary information required for the inspection.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents. There was a continuity of staffing so that attachments were not disrupted. Throughout the day the inspectors observed warm and respectful interactions between the staff and residents.

The inspectors saw that staff mandatory and refresher training was up to date and

that complementary to this staff had also completed additional training which enabled them provide care that met the residents' assessed needs. Staff were in receipt of support and supervision to ensure that they perform their job to the best of their ability.

There was an organisational working alone policy in place which provided procedures and guidelines for staff working alone in the centre and off base. There was also a supportive telephone link-in system in place for staff.

It was evident that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with the area director and other persons in charge from the same organisations on a regular basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

For the most part, governance systems in place provided assurances that service delivery was safe and effective through on-going auditing and monitoring of the centre's performance. The six monthly unannounced and annual reviews of the quality and safety of the centre had being carried out by senior management.

The person in charge was committed to continuous professional development and the inspectors were informed that the person in charge was due to commence a Quality and Qualifications Ireland (QQI) level 6 course in management and leadership.

Regulation 16: Training and staff development

The education and training that was available to staff enabled them to provide care that reflected up-to-date evidence based practice. Staff were supervised as per the organisation's training and development policy. Staff had received relevant and refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available and was up to date with all the required information.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance. However, to ensure the service was effectively monitored improvements were required to the local auditing system carried out by the person in charge.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had up-to-date, accessible and signed contracts of care which included services to be provided including fees.

Judgment: Compliant

Regulation 3: Statement of purpose

Overall, the service being delivered was in line with the current statement of purpose. However, some updates were required in relation to the person in charge's whole time equivalent hours and to the management structure information. Post inspection a copy of the updated statement of purpose was submitted to the Health Information and Quality Authority.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the centre was well run and provided a homely and pleasant environment for residents attending the respite service. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that management, the person in charge and staff, were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, some improvements were required in the centre and most significantly to the area of fire safety.

Improvements were required to some of the detection and prevention systems to ensure that fire could be detected within the second floor of the premises. The second floor was not part of the designated centre but a lack of fire detection and prevention system was not ensuring the safety of the residents living on the floor

below.

The fire equipment provided was maintained and serviced when required. There were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. The mobility and cognitive understanding of residents was adequately accounted for in the evacuation procedure.

The inspectors looked at a sample of personal plans and found that for the most part the plans reflected the residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. However, the inspectors found that improvements and further development of the residents' personal plans were required to ensure that they included residents' individual goals, progress and achievements.

Overall, residents were facilitated to exercise choice across a range social activities that promoted community inclusion and to have their choices and decisions respected. The inspectors saw evidence that during their respite stay residents enjoyed part-taking in activities such as local walks, swimming, shopping, bowling and going to the cinema. Residents also enjoyed participating in the local community through dining out in nearby restaurants and cafés.

Residents were provided with opportunities to be involved in the running of the house through meaningful household roles and tasks. Residents were supported to look after their own laundry and be part of meal preparation if they so wished. However, in relation to ensuring that residents' views and voice was being captured, the inspectors found that improvements were required and in particular to systems such as residents' meetings and feedback forms.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspectors found that staff treated residents with respect and that personal care practices regarded each resident's privacy and dignity. Overall, the inspectors found that the residents were protected by practices that promoted their safety.

The design and layout of the premises ensured that residents could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents during their respite stay. There was adequate private and communal accommodation for the residents. Rooms were a suitable size and the layout met the needs of the residents. Overall, the physical environment of the house was clean and in good decorative and structural repair however, a number of improvements were required and in particular, to the paintwork through-out the house.

Procedures were in place for the prevention and control of infection. These procedures were ensured by cleaning checks in order to maximise the safety and

quality of care delivered to each resident. However, the inspectors found that a number of improvements were required in the centre to fully ensure the prevention and control of infection.

The inspectors found that safe medical practices were in place. Where appropriate the provider and the person in charge ensured that during respite visits residents received effective and safe support to manage their medicines when such assistance was required. The practice relating to receipt, storing and administration of medicines was appropriate. The inspectors found that medicine was administered as prescribed and staff were knowledgeable and had been provided with the appropriate training.

Regulation 12: Personal possessions

There were systems in place to ensure that residents' personal possessions were respected and protected. A clothing checklist was in place on the arrival of each resident at the start of their respite break.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was in good structural repair however, repair and maintenance work was identified. The interior of the building required paint work throughout. On the day of inspection the provider confirmed that this would be taking place but no schedule of work was in place. Maintenance work was required to a leak in the bathroom however, the provider immediately addressed this and the leak was sealed off. The external area of the house required tidying and maintenance work including a broken drain pipe and the removal of old and rusting garden furniture.

There was an Internet connection in the centre however, the service was poor and required upgrading. The provider was aware of this and there was ongoing work in place to rectify the situation.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a resident's guide in place which included all the necessary requirements. Further to this there was a large selection of easy-to-read information in the centre. However, improvements were required to ensure that the information was relayed

to residents so that they were knowledgeable and fully aware of their content.

Improvements were also required to information that captures the views of residents with particular regard to residents' meetings and residents' feedback forms.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, protection against infection was effectively and efficiently managed in the centre however, the inspector found that the cleaning process could not ensure complete disinfection and decontamination due to chipped and peeling paint in the kitchen, a broken seal surrounding the cooker hob, missing lino in the laundry room, a broken seal at the back of a storage heater and open flooring behind the base of a bathroom sink.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre consisted of a two storey building and the upstairs was not part of the designated centre. The inspectors found that there was no suitable fire detection system in place in the designated centre to indicate if a fire broke out on the second floor of the building.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the designated centres' policies and procedures regarding medication management. Staff were provided with appropriate training in the safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, personal plans sampled reflected residents' assessed needs and outlined the support required to meet their individual needs and choices. However, not all recent assessed needs were updated in the plans.

The plans included sections on what residents liked to do however, improvements were required to support residents develop goals around their likes and interests and for the progression of these goals to be monitored and achievements noted.

Furthermore, where appropriate, residents were not provided with an accessible format of their personal plans.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had ensured that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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
Views of people who use the service	
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 6 OSV-0002701

Inspection ID: MON-0021465

Date of inspection: 16/01/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Unannounced six monthly inspection now complete. The provider will ensure that annual and bi-annual audits take place on time and in line with the regulations.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Areas identified as requiring painting have been painted. The external area of the house is now tidy and the old garden furniture has been removed. The maintenance department will organize for the broken drain pipe to be replaced.</p> <p>The provider has been in consultation with the Director of IT Services to ascertain if it is possible to install an Internet service so as to ensure that the Internet connection is of a higher quality. The Director of IT Services will investigate other options in order to improve service.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>PIC will review and re-issue each individual with the Resident's Guide for the centre ensuring that each individual is familiar with it.</p> <p>The format of the meetings with residents has been changed so as to ensure that the views of the residents are captured and recorded, that there are of forms in place to include feedback forms.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Chipped and peeling paint in the kitchen has now been repainted. The seals surrounding the cooker hob and at the back of the storage heater will be replaced. The floor covering in the laundry room will be replaced and the flooring rectified behind the base of the bathroom sink.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire detection system has been extended to ensure that if a fire broke out on the second floor of the building it would be indicated in the centre on the ground floor.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Individual personal plans will all be reviewed to include personal goals to reflect all recent assessed needs. Progress and evaluation of set goals will be monitored by the PIC on a quarterly basis.</p> <p>Individuals will be issued with an easy read version of their personal plan.</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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2019
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Substantially Compliant	Yellow	30/06/2019
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.	Substantially Compliant	Yellow	22/03/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2019
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	Substantially Compliant	Yellow	31/03/2019

	associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	08/02/2019
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	08/02/2019
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/04/2019
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	30/04/2019
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	30/04/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	30/04/2019
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	30/04/2019