



## Office of the Chief Inspector

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

Name of designated centre:	Community Living Area 17
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	17 July 2019
Centre ID:	OSV-0002717
Fieldwork ID:	MON-0021331

## About the designated centre

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

This designated centre comprises of a detached bungalow in a residential estate in a small village in Co. Kildare. The centre accommodates two male residents aged between 18-65 years with an intellectual disability. The bungalow consists of a kitchen with dining area, a sitting room, three bedrooms one of which is en-suite and two bathrooms. There is a garden to the back of the house and there are two vehicles available to residents in this house. The person in charge works full-time in this house. There is one social care worker, two care assistants and one facilitator employed in this centre.

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

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
17 July 2019	10:30hrs to 16:15hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met the two residents on the morning of the inspection. The residents in this centre used non-verbal communication and as such their views were relayed through staff advocating on their behalf. Residents' views were also taken from feedback forms, residents' weekly meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the residents' opinions.

The inspector observed the residents to be relaxed and content in their environment and in their engagement with staff. The inspector observed residents interacting and engaging with staff using non-verbal communication and how staff clearly understood what was being communicated.

Residents appeared happy to be heading off for the day with their staff for an activity. On their return the inspector observed that the residents seemed to have an enjoyable day.

Feedback from residents and their families was very positive and relayed positive comments regarding their bedrooms, garden area, food choice and support from staff.

The inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes were taken in to account.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted. The inspector reviewed the staff roster and saw that where relief staff were required, the

same relief staff members were included on the roster.

The inspector saw that staff mandatory training was up to date and complementary to this a number of staff had engaged in specialised training courses that supported them meet the needs of the residents. However, improvements were required to ensure all staff were provided with training that supported them meet the specific needs relating to one of the residents.

Notwithstanding, staff who spoke with the inspector demonstrated a good understanding of residents' needs and were knowledgeable of the procedures which related to the general welfare and protection of residents.

One to one supervision meetings between the person in charge and staff were taking place on a regular basis to support staff perform their duties to the best of their ability.

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. The annual report and six monthly review had been completed to ensure safe care and a quality service was provided to the residents.

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. At the time of the inspection no complaints had been made.

#### Regulation 14: Persons in charge

The inspector found that centre was managed by a suitably skilled person in charge who was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

#### Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. However, the inspector found that training relating to the specific needs of one resident had not been provided to all staff.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service.

Judgment: Compliant

## Regulation 3: Statement of purpose

The service being delivered was in line with the designated centre's current statement of purpose.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an easy to read information poster displayed in communal areas of the designated centre which included a photograph and details of the complaints officer.

Judgment: Compliant

## Quality and safety

The inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The centre was well run and provided a relaxed and pleasant environment for residents.

The inspector found that residents' personal plans had been reviewed annually and that this review was in consultation with the resident, their keyworker, staff members and a personal planning specialist. Where appropriate, families had been invited to attend these meetings. The inspector found that the person in charge and staff were creative and flexible in assisting residents to live life as they chose and this was reflected in the goals the residents put forward at their annual review. Goals included volunteering, building relations with neighbours, brewing craft beer, getting a house pet and trying out new sensory therapies.

However, the inspector found that improvements were required to the documentation relating to the residents goals to ensure that each goal had follow up actions, supports and appropriate time-lines and were included in the residents' personal plans.

Residents were supported to engage in activities and goals that promoted community inclusion. For example residents enjoyed going for nature walks, visiting museums, and part-taking in activities such as bowling, swimming, being a member of a local sports club and dining out in local public houses, cafes and restaurants.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions being made.

The inspector found that the residents were protected by practices that promoted their safety. Policies and supporting procedures were implemented to make sure residents were protected from all forms of abuse. Staff facilitated a supportive environment which enabled the residents to feel safe and protected. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected.

The design and layout of the premises ensured that each resident 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 in the house. Overall, the physical environment of the house was clean and in good decorative and structural repair. However, the inspector saw that some improvements relating to structural repairs were required. Furthermore, the inspector found that some of the furnishings and equipment located in a communal space took away from the homeliness of the room.

The inspector found that there were good systems in place for the prevention and detection of fire. 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.

Medicines used in the designated centre were found to be used for their therapeutic



benefits and to support and improve each resident's health and well-being. Medication was reviewed at regular specified intervals as documented in residents' personal plans. Overall, the practice relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines was appropriate.

### Regulation 17: Premises

There was a number of structural and repair maintenance jobs to be carried out in the house, one of which was of risk to a resident's safety. The person in charge had reported these tasks to the maintenance team in October 2018 however, on the day of inspection the work had not been completed. The inspector was advised that the work was to be completed at the end of July 2019.

The inspector found that the location of staff office equipment in the residents' sitting room took from the homeliness of the room.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Overall, there was an effective system in place for the management of risk in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured that overall, precautions implemented reflected current best practice. Fire drills were being carried out as appropriate.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Safe medical management practices were in place and were appropriately reviewed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that each resident had a personal plan that was reviewed annually and reflected in practice however, there were some gaps in the documentation that did not result in a medium to high risk to the residents. For example actions, supports and time-lines to assist the resident achieve their goals were not included in their personal plans.

Judgment: Substantially compliant

### Regulation 6: Health care

The health and wellbeing of the resident was promoted and supported in a variety of ways, including diet, nutrition, recreation and physical activities.

Judgment: Compliant

### Regulation 8: Protection

Staff understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to put into practice when necessary.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that where therapeutic interventions were required, the person in charge was proactive and creative in identifying alternative measures to reduce or discontinue its use.

However, on the day of inspection the inspector found that the documentation in

place, relating to therapeutic interventions, did not adequately demonstrate the nature of the consent and the extent at which it constituted informed consent.

Judgment: Substantially 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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

# Compliance Plan for Community Living Area 17 OSV-0002717

Inspection ID: MON-0021331

Date of inspection: 17/07/2019

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Core staff team who work in designated centre will attend Autism Awareness Training which will assist staff to meet the needs of residents in the centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>This work has been scheduled for the week of 23rd September 2019. These works will rectify outstanding maintenance issues.</p> <p>Office equipment to be moved to staff room/ office.</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>	

Review of relevant risk assessment to be completed.

Residents PCSP to be updated and Goals to be put into SMART format.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Consent form to be signed by residents' next of kin. This will involve explanation for the need of the therapeutic intervention, how and when it is used and how this impacts upon resident.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	10/10/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	07/10/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	07/10/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out	Substantially Compliant	Yellow	08/08/2019



	pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	20/08/2019