



## Office of the Chief Inspector

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

Name of designated centre:	Community Living Area 19
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	02 July 2019
Centre ID:	OSV-0002723
Fieldwork ID:	MON-0021529

## About the designated centre

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

This centre is a large bungalow set within its own grounds. There is a self-contained apartment that can be accessed from inside the bungalow. The centre is in a small rural town with easy access to all amenities that the town has to offer, a vehicle is available to all residents and access to larger nearby towns easily achievable. The centre is an all female residence and is home to five individuals one of whom lives in the apartment. In the bungalow, there is a large communal sitting room and an additional smaller living room, each resident has their own bedroom decorated to personal style and preference. A kitchen and dining room are also present. The apartment has a large living and dining room, separate kitchen, a bathroom and large bedroom. The entry to the apartment is from the hallway in the bungalow. This centre provides supports to five individuals with varying needs relating to their intellectual disability and who require a multi-disciplinary approach to care. The centre is staffed 24 hours a day throughout the entire year without closure.

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

Number of residents on the date of inspection:	5
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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
02 July 2019	09:00hrs to 17:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The inspector met with all five residents in this centre and spent time with them over the course of the day. The residents were seen to go out individually or in smaller groups, to access various social activities including aqua aerobics and to the hairdresser. Residents attended the local active retirement group and they had all either been on nights away, short holidays or on day trips over the previous months. Residents were heard to request outings such as to visit a friend or to go and have a cup of tea and plans put in place to facilitate these on discussion with individuals. Two residents spent time in the sitting room together, one colouring and drawing and the other knitting, they were happy for the inspector to join them. The inspector also joined all five residents for a morning cup of tea, four of them like to gather around the table and one likes to sit in a comfort chair in the kitchen, able to see the others but have personal space.

Two residents in the morning had gone to the local weight loss club and were seen to support each other on their return to put back on jewellery and watches. They explained to the inspector that they like to attend early as it is quiet but were also happy to pass on messages to staff from members of the community they had spoken with when out. Resident artwork was framed and on walls in numerous rooms throughout the centre and personalised items and photographs were also displayed throughout their home.

For one resident who had returned to the centre from a stay at home they were negative about returning and expressed preferences for living elsewhere. Staff were seen to gently support the resident in activities such as sorting out make up items and joining the other residents for a cup of tea and when the inspector next spoke to the resident they reported being very happy and really liked living in the centre. The resident reports they can find it hard to settle at home too and miss people when there also. Staff were knowledgeable and sensitive in supporting this individual in settling back into the centre in accordance with their transitioning plan.

One resident who was non-verbal was seen to access a photograph and picture book which contained pictures of locations and people familiar to them and was used to facilitate a discussion about going to the hairdressers. Residents were seen to spend time in their bedrooms where there was ample space for them to sit and relax separately to the communal living spaces. The inspector was shown one resident's safe by them, where their purse was kept and they demonstrated where the keys were kept. They also spent time choosing clothes for the next day and folding them out on a chair ready to wear.

## Capacity and capability

Overall there were clear lines of management and accountability and the registered provider held the residents central in all aspects of the running of this centre. The registered provider and person in charge were monitoring the quality of care and support for residents. There were regular audits including the annual review of quality of care and support in the centre. They were completing six monthly reviews by the provider or their representative and these reviews identified areas for improvement, these actions were progressed in a timely fashion.

There were clearly defined management structures which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the regional director. The person in charge was meeting with other persons in charge in the area on a regular basis to provide peer learning and to discuss personal plans, clinical supports, audits, budgets, health and safety, safeguarding, and other issues as they arise. Regular staff meetings were taking place and a number of audits were carried out on a weekly and monthly basis. A communication file for staff outlined daily activities which were signed on completion and there was a community planner which outlined plans and supports for residents on a daily basis.

A statement of purpose is a key governance document which describes the service to be provided. The statement of purpose was in place and a minor amendment was required with respect to numbers of staff employed. This was completed and submitted to the inspector immediately. The statement of purpose reflected the day to day operation of the centre and accurately described the model of care and support provided.

There was a facilitator employed as a full time member of the staff team whose specific role was to ensure that all individuals in this centre accessed their community as often as they wished. Residents were seen to have access to the local newspaper, which the staff would explore with them and point out, suggest and explain events or opportunities that individuals in the centre may wish to attend. The staff team were suitably qualified and experienced to support all residents who had diverse needs. Where staff were on annual leave or not available to work, cover was consistently provided by an identified member of the relief panel who was familiar to residents thereby, ensuring consistency of staffing. Each of the staff who spoke with the inspector was found to be knowledgeable in relation to residents' care and support needs.

Staff had completed all training and refreshers in line with residents' needs. A number of staff who spoke with the inspector were highly motivated and said they were supported and encouraged to carry out their role and responsibilities to the best of their ability. Staff were in receipt of support and supervision provided by the person in charge.

A complaints log was present within the centre with a record maintained of any complaints, comments or compliments maintained. No complaints were currently active in the centre however there was documented evidence that all complaints

were dealt with in a timely and effective manner. The person in charge was seen to use the complaints process as guidance recently, when engaging with the family of a resident who had expressed concerns but not made a formal complaint. This ensured that their concerns were acknowledged and dealt with appropriately with resolution of their concern before a complaint was potentially made. A complaints policy was in place which gave clear guidance for staff in how to deal accordingly with a complaint being submitted. The contact details for the complaints officer was visible throughout the centre.

### Regulation 15: Staffing

The registered provider had ensured that there an appropriate skill mix of staff was available to support residents. Planned and actual rotas were maintained in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were in receipt of both informal and formal supervision from the person in charge. The registered provider had ensured that staff were in receipt of training and refreshers were available to staff enabling them to meet residents' assessed needs.

Judgment: Compliant

### Regulation 23: Governance and management

A clear governance structure was in place along with auditing arrangements to monitor the services provided to residents. Unannounced visits were being carried out which included a supportive action plan to address any issues that arose. An annual review of the service had also been carried out to review the quality and safety of care and support provided to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place which accurately described the nature of the service provided.

Judgment: Compliant

### Regulation 34: Complaints procedure

A suitable complaints procedure was in place and was available to residents and their representatives as required. The complaints log recorded details of investigation and outcome as appropriate. A complaints officer was in place and their details were visible throughout the centre.

Judgment: Compliant

## Quality and safety

The registered provider and person in charge ensured that all residents in this centre lived busy, active lives and were provided with a good quality and safe level of support. While residents were actively supported in achieving goals both ongoing skill based and social goals the documentation of these required improvement to ensure clarity and consistency.

Residents lived in a caring environment and individuals who spoke with the inspector stated that they liked their home. The centre was found to be clean, spacious, well designed, homely and meeting residents' specific care and support needs. Each resident had their own bedroom which was decorated in line with their wishes and preferences. Residents had plenty of storage for their personal items and to display their pictures. There was a private space available for residents to meet their visitors if they so wished. The apartment was also spacious and well designed and personalised for the resident who lived there. There were some areas in need of maintenance and repair such as painting and repair following removal of a press.

All residents who engaged with the inspector, indicated that they were happy living at the centre. Residents said that they enjoyed attending activities in their community and staff at the centre supported them to enjoy a range of social activities such as aqua aerobics or visits to the local hairdresser. The inspector found that residents were further supported by staff to develop daily living skills such as doing their personal laundry, going to the credit union or shopping. Residents were actively involved in making decisions about the day-to-day running of the centre.



Residents participated in regular house meetings, where for some through the use of communication aids such as pictures and symbols, they made decisions on weekly menus and social activities and staff informed them on their personal rights. Some residents in this centre attended a tenants association meeting, organised by the registered provider, where their concerns were raised and discussed such as, access to a new polling card in order to vote or the use of a security camera on the gate of the centre.

Residents' personal plans were comprehensive and reflected both staff knowledge and practices and there was evidence of resident involvement in developing some goals and in decoration of their personal folders. However, the inspector found that while all residents' personal plans had been subject to an annual review into their effectiveness, as required by the provider's own policies and the regulations, records of these reviews were not all in place. The inspector reviewed a number of residents' personal plans and found that care plans were in place in line with residents' assessed needs. Goals in place were meaningful in nature and encouraged community participation for residents. The residents' interests and hobbies were paramount in the setting of goals. However, improvement was required in relation to recording residents' social goals and in relation to consistency across documentation in some residents' personal plans.

Residents were supported to access health and medical services as required, there was evidence that changes in medical personnel were made at resident or family request. They had access to health and social care professionals in line with their assessed needs and staff were knowledgeable in relation to their care and support needs such as the implementation of safe eating, drinking and swallowing practices.

The registered provider was committed to supporting residents who presented with behaviours that challenge and in providing supports to ensure that residents were supported in understanding positive behaviour strategies and how best to implement these for themselves. One resident who preferred to interact at a distance to their peers had been provided with a smaller kitchen table and comfortable seating system that supported positive interaction at mealtimes without becoming overwhelmed by it. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans, for example the support provided to a resident in transitioning between visits home and the centre. For some residents a sensory programme was in place following assessment by an Occupational Therapist and staff were seen to use strategies outlined in this over the course of the inspection. The person in charge had a restrictive practice register in place in the centre which had recently been reviewed and there was evidence of continuous monitoring and review. All restrictive practices were in place following assessment by a health care professional.

The inspector found that the provider and person in charge were proactively protecting residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. The inspector reviewed a number of residents' intimate care plans and found they were detailed in guiding

staff practice in supporting residents. A summary of these plans was also available to relief staff as a quick reference guide as part of daily routines.

Residents were protected by policies, procedures and practices relating to health and safety and risk management. There was a system for keeping residents safe while responding to emergencies. There was a risk register which was reviewed regularly by the person in charge and regional director. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary. This ensured that newly identified risks were addressed in a timely manner. For example the risk for one resident in relation to road safety was looked at as part of the overall picture for that resident and changes made not only to the risk register but also to manual handling practices to support staff in physically guiding the resident as well as supporting skill based learning for the resident. There were also systems to identify, record, investigate and learn from adverse events in the centre.

The inspector found that the registered provider had systems in place for the prevention and detection of fire. Fire fighting equipment was present as required and this was serviced quarterly including emergency lighting and a fire panel. A personal emergency evacuation plan had been developed for each individual which was utilised in conjunction to a centre emergency evacuation plan to promote the safe evacuations of residents. On the day of inspection the inspector had concern regarding the systems in place for the containment of fire as the fire door between the kitchen and the dining room was held open with a wedge. The person in charge however had arranged for installation of a self-closing mechanism which would remain open unless a fire alarm was activated and details of the installation dates were reviewed by the inspector. In the meantime the person in charge had ensured a protocol for closure of the door when no-one was present in the kitchen. Confirmation of the installation of the closure system was sent to the inspector immediately following the inspection.

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt, storage, and disposal of medicines. The inspector reviewed a number of medication prescriptions and administration records and found staff were following good practices as per their medication training in addition, protocols were not in place to guide staff practice in relation to some as required medications for a number of residents. Medication audits were completed regularly and medication incidents were recorded and fully investigated as required.

## Regulation 17: Premises

Overall, the inspector found that there was adequate private and communal space

for residents and that the physical environment was clean. However, there were a number of areas in need of maintenance and repair as outlined in the body of the report.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The safety of residents was promoted through appropriate risk assessment and the implementation of the centres' risk management and emergency planning policies and procedures. There was evidence of incident review in the centre and learning from adverse incidents.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. In relation to fire containment the provider was aware of a concern and had taken active steps to remedy this. The provider had put additional control measures in place while awaiting the completion of works to upgrade the door self closing mechanism.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider ensured that all residents prescribed medication was securely stored, administered and disposed of in-line with organisational policy by suitably qualified staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred and each resident had access to a keyworker to support them with their personal plan. There was an assessment of

need in place for residents which were reviewed in line with residents' changing needs. Support plans and risk assessments were developed in line with residents' assessed needs. However, improvement was required to documenting residents' social goals, to ensuring information was consistent across all documentation in residents' personal plans and in reviewing support plans to ensure they were effective.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to enjoy best possible health. They had access to the support of relevant allied health professionals in line with their needs. Staff were knowledgeable in relation to their care and support needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents had positive behaviour support plans which clearly guided staff to support them to manage their behaviour. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour.

Judgment: Compliant

### Regulation 8: Protection

A safeguarding policy was in place which gave clear guidelines for staff on procedures if a concern arose. Details of the designated officers were visible in an accessible format throughout the centre. A comprehensive detailed intimate care plan had been developed and maintained for each resident. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported in-line with their assessed needs and preferred method of communication to make decisions about the running of the centre and accessible information was made available to them about their rights.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 19 OSV-0002723

Inspection ID: MON-0021529

Date of inspection: 02/07/2019

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            Due to the current funding crisis, there is no budget available to carry out the painting in the staff room.            This area has been highlighted with the maintenance department and work will be carried out as soon as funds become available.</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:            Staff will receive supervision and support in the area of developing and reviewing support plans for individuals to ensure they are effective.</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)(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	13/09/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	16/09/2019
Regulation 05(7)(a)	The recommendations arising out of a review carried out	Substantially Compliant	Yellow	16/09/2019

	pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.			
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