



## Office of the Chief Inspector

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

Name of designated centre:	Community Living Area M
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	01 August 2019
Centre ID:	OSV-0002740
Fieldwork ID:	MON-0022662

## About the designated centre

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

This centre is a bungalow on a large site in a rural setting with easy access to a large town. It has four bedrooms, one used by staff and three available for residents to use, two of which are en-suite. There is an open plan kitchen-dining room and living space. The rear of the house has a large fenced enclosed garden to lawn and to the front of the house is a large lawn and orchard. It can provide full time residential support services for three individuals although currently only two individuals live here. There is a strong focus on promoting skill building and independence within the home and community. The service strives to ensure that the individuals lead fulfilling lives and develop real connections within their local community. This centre provides a full time residential support service for two individuals which is based on the social model of support. Staff working in the centre consist of a combination of social care and support workers.

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

Number of residents on the date of inspection:	2
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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
01 August 2019	09:30hrs to 16:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre is currently home to two individuals both of whom the inspector met, and had the opportunity to spend time with during the day of inspection.

On arrival, one of the residents was in the garden listening to music while sitting in a gazebo. As being outside is a preferred part of this individuals day, the provider had built the gazebo to support them in accessing outside regardless of the weather. The resident is supported to spend time on their own in the garden and staff were observed gently prompting them when it was time to come in and get ready to leave the centre for an activity. The resident uses an occasional single word to comment on their actions and staff used key words appropriately to support understanding of routines and what was happening next.

The other resident was in one of the living spaces which has been converted to provide sensory rich experiences. The resident was sitting on the floor enjoying the company of a member of staff and engaged in sensory based activities. The staff were again observed to use key words and physical prompts to support the resident in transitioning from the floor and getting ready to go out for an activity.

While both residents are mainly non verbal staff were skilled in interpreting communication cues and could explain to the inspector what they inferred from facial expressions or body position. As this was an announced inspection HIQA had, prior to inspection, issued to the provider, questionnaires for residents to complete. These questionnaires ask various questions relating to their views on the service they received in this designated centre. These had been completed on behalf of both residents by staff who knew them well and the responses were based on staff interpretation of resident communication attempts. The inspector reviewed these and noted that they contained positive views regarding all aspects queried, such as bedrooms, visitors, staff support, complaints, and rights. In one it was noted that both residents received more visitors in this centre than where they previously lived. The questionnaires also highlighted activities that the residents had engaged in and enjoyed, such as, attending the outdoor cinema, managing recycling in the house, volunteer in Tidy Town or going to the local leisure complex for a jacuzzi.

The residents were observed getting ready to go out together to trial a 'floatation tank' in a town close by, staff were engaged in discussing what to expect and clearly explained step by step what was happening.

## Capacity and capability

Overall, the inspector found that this was a well-managed centre, with good

structures and levels of accountability evident which actively promoted residents well-being and independence.

There is a suitably qualified and experienced person in charge for this centre. The person in charge has responsibility for a number of other designated centres and as such is supported by a team leader in this centre. There was evidence that the person in charge was present in the centre on a regular basis and maintained oversight of the governance systems and quality of care provided to residents.

There was a core team of staff with relevant experience employed in this centre as consistency is important to the residents and their assessed needs. Where relief staff are utilised they are from the providers bank of staff assigned to the roster of the centre and as such are familiar to residents.

The registered provider had ensured that all staff had received the mandatory and resident specific training to effectively carry out their duties. Formal supervision of staff was completed by the team leader with oversight by the person in charge. Who in turn supervised the team leader, the person in charge met formally with the regional director on a regular basis.

As required by the regulations the registered provider was carrying out six monthly unannounced visits to the centre and in addition there was an annual review of the quality and safety of care. The inspector found that learning and improvements were brought about as a result of the findings of these reviews. There were also audits completed by the person in charge and team leader and evidence of follow up on actions from these audits. Staff meetings were held regularly and the agenda items were found to be resident focused.

The provider was open to receiving complaints and receipt of these was guided by policy and clear processes were in place to guide staff in managing complaints. A complaints log was maintained and on the day of inspection there were no active complaints, however six compliments had been received to date this year. The team leader was seen to have advocated on behalf of a resident and logged a complaint on their behalf in another setting. The complaints officers details were displayed in the centre, however it was noted that the specific training for this role was not in date for the individual, and the inspector in discussion with the person in charge outlined that to be assured all complaints were actively addressed the nominated person could arrange specific training.

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

An application for the renewal of registration for this centre was received within the time frame. Although there were some corrections required to the floor plans these were resubmitted on the day of inspection. Minor changes to the application form and to the information regarding the person in charge were required and these are

to be resubmitted.
Judgment: Substantially compliant
<b>Regulation 14: Persons in charge</b>
The person in charge was suitably qualified and experienced as well as being actively involved in the governance and management of the centre.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The provider had ensured that an appropriate number of staff were employed to support residents' assessed needs and enable them to access activities of choice and work towards personal goals.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The provider had ensured that arrangements were in place to provide staff with access to regular training opportunities. Training arrangements ensured that staff knowledge enabled them to meet residents' assessed needs and reflected current development in health and social care practice.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The directory of residents was available and contained the information required by the regulations.
Judgment: Compliant

## Regulation 22: Insurance

The registered provider had adequate insurance in place for this centre and details were submitted as part of the application to renew registration.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had clear governance and management structures in place at the centre, which ensured that residents were protected from harm and supported in-line with their assessed needs. There was an annual review of care and support and six monthly visits by the provider with evidence of follow up on actions from these reviews. The person in charge and team leader were meeting regularly and recognising areas for improvement and putting plans in place to make these required improvements.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained the information set out in Schedule 1 of the regulations and was available to all within the centre. An easy read version was also available.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector was satisfied, having reviewed records, that the person in charge had forwarded all required notifications to the Office of the Chief Inspector.

Judgment: Compliant

## Regulation 34: Complaints procedure



The provider ensured that residents were made aware of their right to make a complaint through the availability of accessible information and discussions within the house. In addition, residents' representatives and staff were aware of their right to make a complaint about the service on behalf of residents. The nominated person with responsibility for dealing with complaints on behalf of the provider had not received refresher training on the process however this was not felt to have had a negative impact of the manner of dealing with complaints to date.

Judgment: Compliant

## Quality and safety

It was clear to the inspector that residents' quality of life and overall safety of care was prioritised and managed in a person-centred manner in this centre. There was a strong emphasis placed on the residents choices and their preferences were evident. Their social care needs were actively promoted and encouraged and they accessed numerous external activities such as the local walking club, cinema trips and their local communities. Residents had very busy lives and staff endeavored to source new experiences and appropriate activities as often as possible. On the day of inspection residents were supported to visit a floatation tank, on arrival it was found this was not accessible and staff were seen to be actively planning other similar experiences throughout the day. There was an emphasis on supporting residents with setting and achieving goals such as a drive in a convertible car or looking after their own home, which the inspector saw that they took pride and ownership in.

The premises 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. Changes had been made to the environment following a recent thematic inspection which had focused on restrictive practice, these changes further enhanced residents lives. Residents had plenty of storage for their personal items and to display their personal pictures and items. There two additional living rooms to the communal room providing private space for residents to meet their visitors if they so wished.

Residents' healthcare needs were appropriately assessed and support plans were in line with these assessed needs. Each resident had access to appropriate health and social care professionals in line with their assessed needs. Residents had accessed specific specialist medical appointments as were indicated and staff were seen to help the residents implement any recommendations by these specialists.

The inspector found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. Residents' positive behaviour support plans clearly guided staff practice in supporting residents to manage their behaviour and they were reviewed regularly. All incidents and accidents reviewed by the inspector had an accompanying learning outcome.

Analysis of these was carried out by the person in charge. Where indicated the person in charge discussed these incidents and outcomes with the providers positive behavioural support team and these discussions were then shared with staff. Staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans.

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. The inspector reviewed residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents.

The provider had risk management arrangements in place at the centre which identified risks and implemented control measures to protect residents from harm. This was reviewed in detail during the thematic inspection focusing on restrictive practice in this centre. It was noted that risks for individuals and the centre risks had been recently reviewed and some of these are cross referenced for residents with their positive behaviour support plans.

There were fire safety management systems in place, and staff had been appropriately trained in fire safety. There were adequate arrangements in place for the detection, containment and extinguishing of fires, and equipment was regularly serviced. Residents took part in fire drills at scheduled intervals and there were personal evacuation plans in place for each resident.

There were policies and procedures in relation to medicines management and suitable practices in relation ordering, receipt, storage, and disposal of medicines. Local protocols were in place guiding staff, for example, on resident specific methods of taking medication or for auditing of PRN medication (as required). Regular audits were carried out both by the person in charge and the local pharmacist.

### Regulation 13: General welfare and development

Residents were receiving appropriate care and support, in accordance with their needs and wishes. Residents were supported to avail of opportunities for recreation in the community, and were given support with personal development goals during their stay.

Judgment: Compliant

### Regulation 17: Premises

Overall, the inspector found that there was adequate private and communal space for residents and that the physical environment was clean, homely and well presented.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner with residents involved in such decision as it impacted on them.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place, and the provider had ensured there were appropriate arrangements for detecting, containing and extinguishing fires. Residents regularly took part in fire drills, and there were up to date personal emergency evacuation plans in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were suitable and safe with regular reviews of residents' medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need had been carried in collaboration with each resident and their representative, and appropriate support plans were developed. There were adequate arrangements in place to ensure that residents' needs were effectively reviewed by a multidisciplinary team.

Judgment: Compliant

### Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly with the resident and their representatives full involvement.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents had behaviours that challenge, the provider ensured that staff had received up-to-date training and positive behaviour support plans were in place to support the person, guide staff practices and reduce any risk to others. In addition, the provider ensured that where restrictive practices were used to support residents they were subject to regular multidisciplinary review and the least restrictive in nature.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place which safeguarded residents from abuse and included clear reporting arrangements and access to up-to-date training for staff.

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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	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 13: General welfare and development	Compliant
Regulation 17: Premises	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Community Living Area M OSV-0002740

Inspection ID: MON-0022662

Date of inspection: 01/08/2019

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Changes to the application form i.e. staff do not live in the resident and removing team leader as PPIM will be completed.	

## 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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Substantially Compliant	Yellow	20/09/2019