



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 4
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	06 August 2020
Centre ID:	OSV-0003749
Fieldwork ID:	MON-0029621

About the designated centre

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

Community Living Area 4 is a residential centre located in Co. Laois. The centre has the capacity to afford a service to three adults over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. Supports afforded to residents are reflected within the individualised personal plans, with an emphasis on supporting the residents to lead a meaningful and fulfilling life. The premises is large detached bungalow which provides residents with a homely safe environment decorated to their individual preferences.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 6 August 2020	10:30hrs to 16:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. Communication between inspectors and the resident, staff, and management took place in adherence with national guidance.

There was one resident living in this centre at the time of this inspection. This resident was present for part of the inspection and the inspector had an opportunity to meet with them. Although this resident chose in the main not to interact with the inspector, the inspector was able to observe them in their home and in the company of the staff member working with them.

On arrival to the centre, the inspector was introduced to the resident, who was relaxing in a comfortable chair in the sitting room partaking in a preferred sensory activity. Efforts had been made to promote a relaxing mood in this room through the use of lighting and sensory items. The resident communicated that they were looking forward to going out for a drive on the bus. The resident was observed to be supported by staff to have a cup of tea and attend to personal care prior to this event and it was clear that the resident was looking forward to going out for the morning.

On return from their outing, the resident was observed enjoying a home cooked meal. This had been suitably prepared and adapted for the resident in line with speech and language therapy recommendations contained in their healthcare plans. The inspector overheard the resident being given a choice about where to eat this meal. Staff were careful to ensure that the resident had sufficient time to communicate this choice and this choice was respected.

A schedule board containing details of staffing, planned events, and meal choices was on display in the house and this was presented in pictorial format also, should the resident wish to utilise it. This was seen to be up to date and relevant to the resident. The person in charge and staff member working in the centre on the day of the inspection spoke about how this individual experienced life in the centre and how their support needs were being met.

This resident was clearly able to articulate their likes and dislikes and on the day, the inspector found that staff made efforts to ensure that their wishes were respected and that the resident was offered ample opportunities to partake in activities they enjoyed. The staff member on duty was seen and heard to be respectful towards the resident, ensuring dignity at times of personal care, knocking prior to entering the bathroom to support the resident, and speaking respectfully towards and about the resident.

Capacity and capability

The inspector reviewed the capacity and capability within this designated centre and found a high level of compliance with the regulations. Systems were in place to ensure a safe and effective service was provided to the resident that lived there.

The person in charge was present on the day of this inspection. She was suitably experienced and qualified and had remit over three centres in total. She told the inspector about the arrangements she had in place to maintain oversight of all three centres and the inspector was satisfied that these were indeed adequate and that this person maintained a strong presence in the centre. An annual review of the quality and safety of care and support in the centre had been completed and was made available to the inspector. Actions were identified for areas that required review or improvement and residents and family members had been consulted as part of this review. The person in charge outlined the management structure within the designated centre to inspectors and told the inspector she felt supported in her role by the management team. An on call management rota was in place to provide staff with additional support if required out of hours. Team meetings were taking place and there was formal supervision and professional development taking place for staff. The inspector was satisfied that the management arrangements in place for the centre ensured adequate oversight to afford an effective and safe service for the resident living there.

Due to a reduction in the number of residents in this centre in the previous year, the staffing levels had reduced and this was reflected in the statement of purpose. Staff consisted of a mix of social care workers and support staff. This centre was staffed at all times by one staff member during the day. At night, one staff member was present on sleepover and the person in charge told the inspector how the shift pattern had been amended to suit the needs of the resident living there.

Staff training records were viewed on the day of the inspection, including records relating to agency staff employed in the centre. Staff had completed training in required areas including fire safety, first aid, medication management and safeguarding. Two staff members were awaiting fire safety refresher training, this had been booked and was due to take place in the weeks following the inspection. Guidance in respect of the COVID-19 pandemic was available to staff, and staff had completed additional online training to support them in adhering to infection control procedures. Mandatory training had been completed as required.

The registered provider had in place a valid contract of insurance in respect of the designated centre and evidence of this was viewed on the day of the inspection.

The registered provider had in place a policy and procedure for the management of complaints. This had been reviewed in June 2019. There was an easy read document in place about the complaints procedure. No complaints had been submitted in this centre in the previous year. The person in charge confirmed this with the inspector and the inspector was satisfied that this was an accurate

reflection of the centre and that family members and staff were informed about how to make a complaint on behalf of residents. The inspector viewed a number of complimentary cards from relatives of former residents expressing satisfaction about how their family members had been cared for in the service.

Regulation 15: Staffing

Staff had the knowledge and skills required to support the resident living in this centre. The number, qualifications and skill mix of staff was appropriate and continuity of care was evident. There was a planned and actual staff rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training. Formal supervision was occurring in the centre and guidance issued by public health was available to staff.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a valid contract of insurance in respect of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was appropriately resourced to ensure the effective delivery of care and support. There was a clearly defined management structure in place that identified lines of authority and accountability and management systems that were in place in the designated centre were appropriate. An annual review had taken place and this had included consultation with residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and accessible complaints procedure in place.

Judgment: Compliant

Quality and safety

The inspector looked at the quality and safety of the service provided to individuals living in this centre during this inspection, and was satisfied that the standard of care afforded to the resident living here was very good. A person centred approach was evident in all aspects of care and support observed by inspectors. Some improvements were required in relation to fire precautions in place in the centre.

A comprehensive personal plan was in place for the resident of this centre. This clearly demonstrated how goals for this resident were set, planned, and achieved, and had been updated to appropriately reflect changing circumstances. Throughout the COVID-19 pandemic efforts had been made to ensure that the resident participated in suitable alternative activities such as a movie night and a takeaway "Taste of Italy" night. While visiting to the centre had been restricted for a period due to public health guidance around the COVID-19 pandemic, the resident had recently been facilitated to celebrate their birthday with their family and the person in charge had put in place control measures to reduce the risk associated with this.

There was evidence that the resident had accessed numerous multidisciplinary supports as required, including appropriate medical input and health and social care supports such as physiotherapy and dietitian input. Health assessments such as the Malnutrition Universal Screening Tool (MUST) and the Waterlow Pressure Sore Assessment had been completed as appropriate and where the resident had opted out of national screening programmes, a clear rationale was provided for this decision. Plans were in place to support residents to transfer to acute services, should the need arise.

A communication passport was in place to guide staff and to document any new methods of communication observed by staff on an ongoing basis. The inspector had sight of a number of easy read documents in the centre including one explaining the process for testing for the COVID-19 virus. The person in charge told the inspector that this had been shown to the resident, but also that a familiar staff member had taken time to communicate with the resident in a manner that best suited their needs about this process prior to testing taking place.

Staff spoken to were aware of the safeguarding procedures to follow should they have a concern. Financial audits were taking place and staff were observed to take extra care to ensure that the residents' privacy and dignity was protected while supporting them with their personal care needs.

The inspector looked at restrictive practices in place in this centre and found that a low level of restrictions was present and that these had been notified as appropriate to the office of the chief inspector. Any restrictions that were in place had been risk assessed and were recorded in the restrictive practice log for the centre.

Processes and procedures relating to risk were set out in an organisational risk management policy and this had been reviewed as appropriate. There was an organisational plan and risk assessments in place in relation to the COVID-19 pandemic. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Management plans identified the control measures in place to deal with a number of risks within the designated centre. Individual risks had been identified and risk assessed as appropriate.

Infection control procedures in place in this centre were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Staff had been designated a separate area for changing clothes on arrival to the centre. A cleaning schedule was in place and staff demonstrated an awareness of infection control measures to take to protect residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). Staff had undertaken training in recent months on infection control measures including training in relation to hand hygiene and the appropriate donning and doffing of PPE. A stock of PPE including additional PPE that might be required for a suspected or confirmed outbreak of COVID-19 was viewed by the inspector.

Suitable fire fighting equipment including fire extinguishers and fire blankets were viewed throughout the centre. Equipment was regularly serviced by a competent professional in this area. Some fire containment and detection measures including fire doors and an appropriate alarm system were in place. However, the inspector was not satisfied that the containment measures in place were adequate in the event that a fire broke out in the room where oxygen was stored or that residents would be adequately protected at all times in the event of a fire. Some doors, including the residents' bedroom door had significant gaps underneath and did not have self closing mechanisms in the event of a fire, despite a preference of the resident to sleep with their door slightly ajar. The inspector noted that some bedroom doors had significant gaps underneath and did not have door hold or self closing mechanisms in the event of a fire, despite a preference of the resident to sleep with their door slightly ajar. The residents bedroom door was located directly across the hallway from the staff room door, behind which oxygen was stored. A plan was in place to provide for the evacuation of this resident, staff and visitors in the event of a outbreak of fire in the centre. However, this plan did not clearly set out all the options for evacuation available to staff. Emergency lighting was in place and fire drills were occurring, including night time simulation drills. One emergency exit light located over a door that would not be a preferred

exit route was not operating on the day of the inspection.

Regulation 10: Communication

The resident was assisted and supported to communicate in accordance with their needs and wishes. The person in charge had ensured that staff were aware of communication supports required. There was appropriate access to a telephone and appropriate media and the resident had the use of a tablet device.

Judgment: Compliant

Regulation 11: Visits

The registered provider had facilitated the resident to receive visitors. The person in charge had taken steps to reduce the risk to the resident associated with receiving visitors taking into account national guidance issued during the COVID-19 pandemic.

Judgment: Compliant

Regulation 13: General welfare and development

The resident was observed to be relaxed and comfortable in their home and in the company of the staff that supported them and continuity of care was provided. There were ample opportunities for recreation and meaningful activities in accordance with the residents interests and capacities. Family contact was facilitated and encouraged.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that adequate quantities of food and drink consistent with the resident's individual needs and preferences was provided. The person in charge had ensured that residents had access to meals, refreshments and snacks as required.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and this was available to the resident. This guide contained all the required information as per the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not made adequate arrangements for the containment of fire. A plan in place did not clearly set out all the options for evacuation of the resident available to staff. An emergency exit light required repair or replacement.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

An Individualised plan was in place for the resident that reflected their assessed needs. This was available in an accessible format and was regularly reviewed to take into account changing circumstances and new developments.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that the resident had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a low level of restrictions present in this centre. The person in charge had ensured that, where restrictive procedures were used, they were applied in accordance with evidence based practice and the least restrictive procedure, for the shortest duration necessary was used.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be adequately protected from abuse on the day of this inspection. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	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 4 OSV-0003749

Inspection ID: MON-0029621

Date of inspection: 06/08/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The gaps underneath the identified doors have all been filled.</p> <p>I will consult with the fire officer and review the guidelines for the safe storage of oxygen to relocate the cylinder of oxygen in the staff room.</p> <p>After consultation with the fire officer, all preferred fire evacuation routes are now included in the individuals fire evacuation documentation. The bulb in the emergency exit sign will be replaced.</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 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	25/09/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/09/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/09/2020

