



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 5
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	24 September 2020
Centre ID:	OSV-0004079
Fieldwork ID:	MON-0026420

## 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 two houses next to each other on a campus base setting in a small town in Co. Kildare. The designated centre provides support to three female residents with varying needs pertaining to intellectual disability, significant hearing impairment and autism. One of the houses is a bungalow with four bedrooms, one of which is being used as a staff office and staff overnight room. There is a sitting room, a kitchen-dining room and a small outdoor area to the back and a garden and patio area to the front. The other house is also a bungalow with four bedrooms one of which is used as a staff office and staff overnight room. There is one en-suite and one bathroom. There is a kitchen-dining room and a sitting room. There is a large garden to the rear and side of the house with an outdoor patio and seating area. There are cars available for the use of residents in both houses. The person in charge works full-time at this designated centre. There are three social care workers (part-time), two support workers (part-time) and three day service staff (part-time) employed in one of the houses and in the other house, there are three social care workers (part-time) and two support workers (part-time) employed.

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

Number of residents on the date of inspection:	3
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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
Thursday 24 September 2020	11:00hrs to 17:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This designated centre is home to three residents. The inspector had the opportunity to meet and speak with all three residents on the day of inspection. Communication between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time limited in adherence with national guidance. Some residents communicated with the inspector independently, while other residents were supported by staff to talk with the inspector. Where appropriate, residents' views were relayed through staff advocating on their behalf.

The inspector met with one of the residents inside their home on the afternoon of the inspection. The inspector observed that there was a homely feel to the house with the resident's artwork and lots of family photographs displayed throughout the hallway and sitting room. The resident had designed and created a sign asking visitors to carry out hand hygiene on entering the house which was displayed clearly in the front hall. The resident appeared relaxed in the company of staff and was happy to speak with the inspector. The resident told the inspector about their recent annual personal planning meeting and of the many goals and plans that arose during the meeting. The resident spoke of their plans to go on an overnight holiday and their excitement about it. They informed the inspector about the different activities they were involved in during the current health pandemic and their plans to return to community activities, whilst adhering to public guidelines.

In keeping with public guidelines, on visiting the second house, the inspector met and spoke with two other residents through their kitchen window. One of the residents advised how they had been supported to submit some of their art work to a special art exhibition promoting creativity and innovation and resilience in response to COVID-19 and that they had received a certificate of achievement for their entry. The resident showed the inspector some examples of chair yoga which they were learning through online video links. Another resident greeted the inspector using sign language. The inspector observed two of the staff engaging with the resident using sign language and saw that they were proficient in this form of communication.

On speaking with the person in charge and staff, the inspector was advised that the residents were supported to engage in community activities such as going to the local coffee shops and drive through restaurants, shopping trips, visiting home and going for picnics. Residents were also being supported to re-engage in community activities that had stopped during the restrictions, for example a resident was supported to return to their community art class. A risk assessment had been completed around this activity to ensure control measures in place ensured the resident's safety. Families were currently being supported to visit the residents both in the centre and out in the community.

There was evidence to show that residents were consulted during the centre's

annual review and six-monthly review of the care and support provided in this centre. Residents advised that they enjoyed living in the centre and were happy with the support they received from staff.

On the day of inspection, the inspector observed that the residents appeared relaxed and content in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions.

## Capacity and capability

Overall, the inspector found that the registered provider and the person in charge endeavoured to ensure that a quality service was provided to residents. The service was lead by a capable person in charge, who was knowledgeable about the support needs of the residents, and this was demonstrated through the care and support provided to residents. The inspector found that there had been many improvements since the last inspection and this had resulted in a number of positive outcomes for the residents. The premises had been upgraded with new fascias (on the roofline) and both houses had their exterior walls painted. Furthermore, the provider had completed the review of Schedule 5 policies and procedures and ensured they were consistent with relevant legislation, professional guidance and international best practices. All policies and procedures were clear, transparent and easily accessible.

The governance and management systems in place were found to operate to a good standard in this centre. There was an annual report completed and unannounced visits were taking place to ensure that service delivery was safe and that a good quality service was provided to residents. The inspector saw that the person in charge carried out a schedule of local audits throughout the year such as income and expenditure, fire evacuation and equipment, incident and accident, cleaning and food safety, including audits relating to the care and support provided to the residents living in the centre.

The inspector found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings (via online video technology during the current health pandemic) with the regional director, the local manager and other persons in charge from the same organisation on a monthly basis. Overall, these meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

The inspector found evidence to demonstrate that staff had received mandatory training and that it was up to date. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. However, the inspector found that improvement was required to ensure

that all staff members were provided with training specific to the assessed needs of all residents. For example, not all staff had been provided with training relating to autism or manual signing.

Supervision and performance management meetings were taking place to support staff to perform their duties to the best of their ability. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. Inductions were being carried out for new staff however, the inspector found that improvement was required to the staff inductions so that they included all current safety systems in place relating to the current health pandemic.

Overall, there were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to. There was an actual and planned roster in place in the centre. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector was informed about the involvement of residents in staff recruitment; for example one resident was part of the interview panel interviewing for their own staff.

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The quarterly and six-monthly notifications were being submitted to HIQA as per the regulatory requirement.

### Regulation 15: Staffing

Overall, there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. 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. The inspector observed that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found evidence that staff had received mandatory training. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of the procedures which related to the general welfare and protection of residents. However, not all staff had completed training that was specific to the residents' assessed needs. For example, not all staff had completed

training relating to autism or manual signing.

The inspector found that an improvement was required to the staff inductions so that they included all current safety systems in place relating to the current health pandemic.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The annual report and unannounced six-monthly reviews of the care and support provided in the centre were being carried out and were followed up with action plans and appropriate time frames. There was evidence to demonstrate that the person charge was competent, with appropriate qualification, skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that, overall, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The quarterly and six-monthly notifications were being submitted as per the regulatory requirement.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 written policies and procedures were adopted and implemented, made available to staff and reviewed when required.

Judgment: Compliant

### Quality and safety



Overall, the inspector found that there were systems in place to ensure residents were safe and in receipt of good quality of care and support. Through speaking with residents, staff and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a warm and caring environment where they were supported to have control over and make choices in relation to their day-to-day lives. The provider was identifying areas to further improve residents' lived experience in the centre. For example, during times of COVID-19 restrictions, residents were supported to continue to participate in activities they previously enjoyed in the community using various forms of technology such as online video links.

Appropriate healthcare was made available to residents having regard to their personal plan. The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily.

From a sample of residents' healthcare plans, the inspector found that each resident had access to allied health professionals including access to their general practitioner (GP). Where required, residents were supported to attend appointments with their psychologist, occupational therapist, chiropodist, social worker and speech and language therapist.

Residents were provided with a hospital passport to support them if they needed to receive care or undergo treatment in the hospital. Furthermore, the inspector found that where residents required specific clinical procedures, there were clear and detailed plans in place for the procedures including information and guidance for staff to support the residents' understanding of the procedure. Furthermore, residents were facilitated to access national screening programmes in line with their wishes and where residents refused such services, it was appropriately followed up with their GP.

The residents in the centre had varying communication needs that were being supported. On the day of inspection, the inspector observed that staff were aware of residents' communication requirements and were flexible and adaptable with the communication strategies used. The inspector saw that the person in charge and staff communicated effectively with the residents and were focused on the resident when having these communications. On the afternoon of the inspection, a staff member and the person in charge supported a resident to communicate with the inspector using a manual signing technique. However, the inspector found that not all staff had been provided with training in manual signing. This is addressed in the capacity and capability section of the report.

There were a number of communication policies and protocols made available to staff working in the centre. For example, there was a policy regarding communication with residents, a protocol for communicating with families and a policy and guidance on listening and responding to individuals who communicate distress through behaviours of concern. Where appropriate, residents were provided and supported with technology to assist them in their communication with others. For example, one resident was provided with an specific mobile

computer device and was supported to attend a six-week computer course in the community to learn how to use it.

There was an up-to-date safeguarding policy in place and made available to staff. There was also an easy-to-read safeguarding policy in place which had been signed by residents who had read and understood it. Overall, incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. However, the inspector found that some gaps were evident in the maintenance of the documentation. For example, a number of incident reports had not included sufficient detail to ascertain the impact the behavioural incidents may have had on other residents living in the centre.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

The person in charge had systems in place to ensure residents were safeguarded from financial abuse. The inspector reviewed a sample of the residents' financial records and found that they were maintained appropriately and that a monthly audit to review residents' finances was being carried out by the person in charge.

Overall, there were systems in place to ensure that where behavioural support practices were being used that they were documented and reviewed by the appropriate professionals. However, the inspector found that, where there had been an increase of behavioural incidents, the guidance and information to support staff appropriately and safely respond to a resident's assessed needs had not been updated in their plan since December 2019. While a review had taken place in June 2020, minutes from this review were not included in the resident's plan. Notwithstanding this, on speaking with staff, the inspector found that overall, they were familiar with residents' needs and the various supports in place to meet those needs. The inspector saw that where restrictive procedures were being used, they were based on centre and national policies and staff took the least restrictive approach. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

Appropriate easy-to-read information was made available to residents in relation to COVID-19. For example, there were easy-to-read information booklets provided to residents on their rights during COVID-19. Furthermore, in anticipation of any anxieties the residents may have regarding personal protective equipment (PPE) or the possibility of having a COVID-19 tests, the person in charge and staff introduced PPE and mock tests to residents during the early stages of the health pandemic at a pace that best met their assessed needs.

Staff had completed specific training in relation to the prevention and control of COVID-19 such as hand hygiene, breaking the chain of infection, infection prevention control and the use of personal protective equipment. Overall, there were satisfactory contingency arrangements in place for the centre during the

current health pandemic. In addition the person in charge had completed a HIQA preparedness and contingency planning self-assessment tool for the centre.

Infection control procedures in place in the centre had been updated and included touch surface cleaning twice in the morning and twice in the afternoon. Staff and resident temperatures were taken and recorded twice daily. There was a protocol in place for visitors during COVID-19 to allow the safe return of family visits to the centre and for residents to visit their family.

There were policies, guidance and advice pertaining to COVID-19. Furthermore, there was a suite of standing operating procedures (SOP) in place to support staff during the current health pandemic. For example, there was a SOP on dealing with waste, a SOP on cleaning and disinfecting, a SOP on taking staff temperature and a SOP on wearing masks.

The provider had updated its risk register to account for risks related to COVID-19. Individual and location risk assessments had been put in place relating to the care and support provided to the residents during the current health pandemic. The risk register included the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. In addition, new risk assessments had been put in place since the reduction in national restrictions. These included a risk assessment for residents going to the community hairdressers and a risk assessment for multi-disciplinary team members visiting residents in the centre.

The inspector found that there were appropriate fire safety precautions, including fire precaution equipment, in the centre which were reviewed and serviced when required. Staff had received suitable training in fire prevention and emergency procedures, and fire drills were occurring at appropriate times throughout the year to ensure staff and residents were aware of the procedures to follow.

## Regulation 10: Communication

The residents in the centre had varying communication needs that were being supported. On the day of inspection, the inspector observed that staff were aware of residents' communication requirements and were flexible and adaptable with the communication strategies used. The inspector saw that the person in charge and staff communicated effectively with the residents and were focused on the resident when having these communications. During a visit to one of the houses, the inspector observed a staff member and the person in charge support a resident communicate with the inspector using a manual signing technique.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had updated their risk register to account for risks related to COVID-19. Individual and location risk assessments had been put in place relating to the care and support provided to the residents during the current health pandemic. Individual and location risk assessments were being reviewed regularly and, where warranted, new risk assessments and control measures were put in place.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections. The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed. Easy-to-read information was provided to the residents in relation to matters relating to the current health pandemic.

Judgment: Compliant

## Regulation 28: Fire precautions

The premises was equipped to detect, contain, and alert people to fire or smoke in the designated centre. Practice evacuation drills were occurring and records of these were maintained. Residents had personal evacuation plans in place and they were reviewed regularly.

Judgment: Compliant

## Regulation 6: Health care

Residents had their healthcare needs assessed and care plans developed as required. They were being supported to access allied health professionals in line with their assessed needs and to access national screening programmes in line with their wishes.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where appropriate, there were behaviour support plans in place and overall provided information and guidance for staff to respond to behaviour that is challenging and to support resident to manage their behaviour. However, the inspector found that where reviews of the plans had occurred, not all had been recorded in the resident's plan or made available to staff.

Judgment: Substantially compliant

### Regulation 8: Protection

Overall, the residents were protected by practices that promoted their safety; residents' intimate care plans ensured that the residents' dignity, safety and welfare was guaranteed. The person in charge carried out audits of residents' finances on a monthly basis to ensure that the systems in place to keep residents' money safe was effective.

The inspector found that a review of the recording of incidents was warranted: for example a number of incident reports had not included sufficient detail to ascertain the impact the behavioural incidents may of had on other residents living in the centre.

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>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Community Living Area 5 OSV-0004079

Inspection ID: MON-0026420

Date of inspection: 24/09/2020

## 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 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>The Person in Charge will ensure that all staff in this centre will complete the specific training required to manage and deliver person centred, effective and safe services for the resident's needs.</p> <p>The Person in Charge will ensure all staff complete training in Autism and Manual Signs (Lamh) when they commence working in this centre.</p> <p>The Person in Charge will ensure that training needs will be reviewed regularly and addressed to provide all staff with the required competencies to manage and deliver person centred, effective and safe services in this centre. The Person in Charge will ensure that all staff will receive inductions of the current safety systems in this service to manage the current health pandemic when they commence working in this centre and reviewed as required.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge will ensure that staff are kept up to date with knowledge and behaviour plan reviews to enable them to respond and support residents to manage their behaviour. The Person in Charge will ensure that the review of behavior plans will be accessible in a residents care plan, to all staff in a timely manner following a review by</p>	



the Behaviour Support team.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The registered provider will ensure residents in this centre are protected from all forms of abuse by monitoring incidents that occur in line with the services policy and that relevant statutory requirements are complied with.

The Person in Charge will put in place a safe guarding risk plan for one resident in this centre to manage and review the impact of behaviour incidents that occur in their home. The Person in Charge will monitor and review incidents as they occur to determine the risk of abuse in line with service policy and statutory compliance.

## 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 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	31/10/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/12/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/10/2020