



Office of the Chief Inspector

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

Name of designated centre:	Community Living Area B
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	13 June 2019
Centre ID:	OSV-0004085
Fieldwork ID:	MON-0026825

About the designated centre

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

This centre comprises of three houses in close proximity to each other on the outskirts of a large town with easy access to local amenities. It provides services to residents with moderate to severe intellectual disability. Five residents live in one house, three in another and both of these provide full time seven day a week support to residents. In the third house two residents live there on alternate weeks so there is only ever one individual in the house at a time, this is a part-time residential home with 1:1 staff support when residents are present. The centre strives to promote positive community awareness through daily presence and participation in the local community.

Two houses are single storey and the other is a two storey house with only one bedroom downstairs. The bathrooms in each of these 3 houses are also suitable to support residents with impaired mobility. The aim of the provider is to provide a welcoming, safe and supportive environment that people can regard as home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
13 June 2019	09:00hrs to 17:00hrs	Tanya Brady	Lead

Views of people who use the service

The inspector met with nine residents over the course of the inspection across all three houses. In one of the houses the inspector was welcomed into the house by one of the residents who opened the door. All three residents in this house talked to the inspector about nieces and nephews who were doing state examinations and also how they spoke with family members on the phone. One of the residents was a 'volunteer' with the local fire brigade and spends one day a week in the station helping. Another resident directed the inspector to a photograph of the resident in their fire uniform on the mantelpiece. The residents were all going to attend a summer bar-be-que run by the registered provider and informed the inspector there was going to be a pig on a spit there and that they had never seen one before.

In the next house the resident explained that they had been out for a walk and showed the inspector the number of steps achieved on their exercise app., in addition they reported that they had painted their nails and washed their hair in preparation for going out for coffee with the person in charge of the centre later. They talked about enjoying cooking and also shopping and recommended a good shop to buy clothes locally.

In the final house a resident returned from a day trip to Knock and had brought postcards and gifts back for the other residents in the centre and joined everyone for a cup of tea at the kitchen table. Another resident had been away for a short break on holiday and had also just returned. They reported that the hotel had served nice breakfast and that they had been dancing in the evenings. The inspector was shown souvenirs bought for themselves such as a mug and a music CD. Other residents had been supported by staff to attend the local beautician and on return were happy to see the individuals who had been away greeting them with hugs and lots of questions. Staff were relaxed and joined the tea at the table to catch up on news from the day and one individual's sister visited over the course of the afternoon.

Capacity and capability

The inspector found that this centre was well-managed with good structures and levels of accountability evident. This centre actively promoted residents well-being and independence.

The person in charge had responsibility for a number of centres as well as having a management role in the service. There was a system in place for peer support from other persons in charge and on the day of inspection there was evidence of peer audits and review. There was no concern on the day of inspection that the large

remit of the person in charge was having any negative impact on the residents care.

There were good reporting systems evident between the person in charge and the regional director. Unannounced visits were undertaken on behalf of the provider and detailed reviews and actions were identified as a result. The action plan arising from these was a standing item on staff meeting agendas to ensure that tasks identified were completed. In addition an annual review of the service by the provider had taken place and the outcomes of this were also seen to be carried out. The inspector found that robust auditing systems had been consistently applied which supported on-going review of care.

A core group of consistent staff was employed and they had the required training and experience to support the residents. In one house newer staff were present however they reported that the support available to them was appropriate and were knowledgeable when speaking to the inspector. The residents were very happy with the staff and explained they felt supported in their home. There were effective systems for communication between staff and managers in place to ensure consistency of care.

Supervision of all staff in this centre was provided by the person in charge. There was a schedule of supervisions in place. The registered provider had a clear and robust system in place to support the person in charge when dealing with concerns regarding staff performance. From a review of the staff training records mandatory training was up to date for staff which included managing risk. All staff and managers demonstrated a sound knowledge of the residents needs and preferences and residents were observed to be at ease and interacting easily with the staff in their home. In one house staff who had retired continued to keep in touch with residents or call in for a cup of tea and residents reported they had remained friends.

A complaints log was present within the centre with a record maintained of any complaints, or compliments. There was documented evidence that complaints were dealt with in a timely effective manner. There were a number of complaints made by one resident and staff had actively supported them in accessing an independent advocate, the person in charge was proactive in seeking a positive outcome for this resident. Staff were seen to positively support all residents to express if they were not happy with something. A complaints policy was in place which gave clear guidance for staff in how to deal accordingly with a complaint being submitted. This was also available in an accessible format. The details of the complaints officer was visible throughout all three houses of the centre.

Regulation 15: Staffing

The numbers and skill mix of staff were suitable to meet the assessed needs of residents. The staff were familiar with the residents' needs and seen to interact with

residents in a friendly, respectful and dignified manner.
Judgment: Compliant
Regulation 16: Training and staff development
The staff had the required training, skills and knowledge to support residents. Supervision and staff performance management systems were in place.
Judgment: Compliant
Regulation 23: Governance and management
Management systems were effective and responsive, with clear and consistent auditing systems that had identified actions guiding roles and responsibilities for staff in all areas of service provision.
Judgment: Compliant
Regulation 31: Notification of incidents
The inspector reviewed records in the centre and was satisfied that the person in charge had forwarded all notifications as to the Health Information Quality Authority..
Judgment: Compliant
Regulation 34: Complaints procedure
An effective and accessible complaints procedure was in place in this centre giving clear guidance to staff. Details of of complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being dealt with in a timely effective manner.
Judgment: Compliant

Quality and safety

It was apparent that residents' quality of life and overall safety of care was prioritised and managed in a person-centred manner with emphasis on the residents choices and preferences evident across all three houses. Residents social care needs were actively promoted and encouraged and they accessed numerous external activities such as regular hair and beauty appointments, volunteering and links in their local communities and holidays away. Residents had very busy lives and all attended either a day service or community event on a regular basis. This included computer skills class, fire service volunteering or arts and crafts, with one resident personalising their plan with stickers and pictures. There was an emphasis on supporting residents with life-skills including using public transport, money management and looking after their own home. It was clear to the inspector that residents in all three houses took pride and ownership in where they lived.

This centre comprised of three houses, each was found to be clean, spacious, well designed, homely and meeting residents' specific care and support needs. Each resident had their own bedroom and it was clear to the inspector which resident each room belonged to, as they had been decorated in line with their wishes and preferences. Residents had plenty of storage for their personal items and to display their pictures or keepsakes. There was a private space available for residents to meet their visitors if they so wished in addition to large communal spaces. There were areas in need of maintenance and repair such as painting, filling of holes and cracks in plaster or in one house repair of the area around the bath. In one house, the staff work area was in the living room as the computer was also used by residents for accessing the internet, however care was required to ensure personally sensitive information was not readily accessible.

Residents had regular multidisciplinary reviews known as 'person centred planning meetings' according to their needs and also annual support meetings which they and their representatives attended. These were used to make plans with the residents and to set and review goals. Some residents were seen to have set goals for which they had to also set financial targets such as to buy a personal tablet computer and learn to use online communication. They were then supported to set up a savings plan. Social goals for some residents were presented in a pictorial format and for others with step by step sub targets.

Where appropriate, residents were encouraged to understand and manage their own health care needs. All residents had access to pertinent health and social care professionals such as occupational therapy or speech and language therapy. In addition residents accessed their GP or dentist as required and others were under specialist medical consultants. Staff were seen to help the residents implement any recommendations by these specialists.

There were effective systems in place to protect residents from abuse and the person in charge and the registered provider were seen to take appropriate action to address any issues which occurred. In addition residents were provided with

effective supports to manage situations if they arose, these were provided in consultation with them when required such as opening the door to strangers and inviting them into the house.

The inspector reviewed a number of positive behaviour support plans which were seen to ensure each resident was supported in the areas of mental health and behaviours of concern. As required each resident had a positive behaviour support plan in place. Plans were seen to reflect the changing needs of residents, such as adapting to living with other people. Plans reviewed were of high quality and gave clear and concise guidelines for staff on how to support the resident including reactive and proactive strategies. Staff spoken with could clearly convey the supports required for residents in this area. Clear communication strategies were in place to provide consistency in supporting residents to understand their own behaviour and in providing a script for residents to use in explaining their strategies or things that caused them anxiety to others. Clear guidance on communicating across a number of situations was available to staff including 'phrases to avoid' and 'phrases to use', along with tips to support understanding of language or to aid residents in expressing themselves.

There were suitable arrangements to detect and extinguish fires in the centre. Works were identified on the day of inspection in order for there to be suitable arrangements for fire containment in place. The person in charge ensured that the fitting of a fire door and self-closing mechanisms to utility room doors occurred the following day. Suitable equipment was available and there was evidence that it maintained and regularly serviced. Each resident had a personal emergency evacuation procedure. Fire procedures were available in an accessible format and on display. Staff had completed fire training and fire drills were occurring. In one house items had been left on the floor in front of a fire escape and furniture also prevented fire doors from fully opening however these were removed on the day of inspection. Where two residents used one house on alternate weeks care was required to ensure both were equally involved in fire drills.

There were some good practices with regard to risk management. A risk register was present within the centre, with each house having a separate document with specific risks for each location outlined, taking into account the varying hazards and level of risk identified. Care was needed, however, to ensure that for each identified risk the corresponding plans, risk rating and environmental adaptations required were also detailed. Individual risks were comprehensively assessed and any changes in residents assessed needs were promptly responded to. For example, adaptive supports in the kitchen when making hot drinks or skill training for a resident using public transport independently. One off risks for specific events such as staying with friends overnight were also seen to have been completed.

Regulation 10: Communication

The person in charge ensured staff at all times supported residents to understand

information and to express themselves. Where required augmentative and alternative communication systems were utilised.

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. 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 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. Works were completed in relation to fire containment in the centre immediately following the inspection with documentary evidence sent to the inspector. There was evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and fire drills were held regularly. Residents' personal evacuation plans were reviewed regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly with the residents full involvement as appropriate.

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. Residents were supported to understand and manage any behaviours which caused anxiety for them.

Judgment: Compliant

Regulation 8: Protection

Systems for the protection of residents were proactive and responsive and also supported residents to develop the skills to protect themselves.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	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 B OSV-0004085

Inspection ID: MON-0026825

Date of inspection: 13/06/2019

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
Outline how you are going to come into compliance with Regulation 17: Premises: Following assessment and review by Operations Manager, Regional Director & Person In Charge, a schedule of works has been developed and work has commenced with planned date of completion: 30/09/2019.	

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	30/09/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2019