



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area G
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	20 February 2020
Centre ID:	OSV-0004089
Fieldwork ID:	MON-0025748

About the designated centre

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

Community Living Area G is located in Co.Laois and can provide residential care for 16 male or female residents over the age of 18 years. The centre caters for individuals with an intellectual disability and autism. The centre consists of four single story dwellings. Ashtrees, Moneycross and The Cottages. The premises have been adapted to meet the needs of the residents. Staff are present throughout the centre both day and night to meet the needs of residents availing of the service. The staff team consists of nurses, social care workers and support workers. Residents are supported by the staff team, a social care leader and the person in charge. A range of multi-disciplinary supports are also available to residents, if needed, through a referral process. The local area offers a wide variety of facilities including shops, clubs, pubs, cafes and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 20 February 2020	09:00hrs to 18:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with 13 residents on the day of inspection in the four houses of the designated centre. Two residents were not present in the centre on the day of inspection and therefore the inspector did not have the opportunity to meet with them. Residents used a variety of verbal and non verbal methods to communicate their thoughts. The inspector found that overall, residents appeared happy and content living in the houses.

One resident welcomed the inspector at their front door of Ashtrees at the beginning of the inspection day as residents were getting ready to head out for the day. This resident proceeded to show the inspector around their home and appeared very happy with their house. Pictures of the residents together were hung around their home and one resident spoke about the pictures and about some of their friends who had sadly passed away. Residents appeared very comfortable having a cup of tea and their breakfast and a chat about the day ahead. Residents then headed out for the day to attend their different daily activities. Some residents were accessing employment and others were attending day services or different activities of their choice. One resident stayed behind for longer while others headed out and this resident communicated with the inspector that they had a few jobs to do around the house before they headed out for lunch in the afternoon. This resident preferred to spend some time without staff support during the day and this had been appropriately risk assessed and facilitated by staff.

The inspector then visited the Cottages. These were two houses inter-connected. Some residents were present here. One resident was knitting in the sitting room and another was relaxing beside them after enjoying their morning sensory bath. One resident wanted to rest in bed for the day after previously being unwell and staying in hospital. This was respected by staff and staff were observed regularly checking on them during the day. The inspector spoke with this resident for a short time and they communicated they were feeling ok and they were well looked after. The inspector spoke with one resident who had dementia and they were smiling and appeared happy. Staff had facilitated some activities for them using technology and they appeared to be enjoying this. The inspector observed the house was bright and clean and homely and the smell of home cooking was present in the house before lunch time. There was a large garden to the rear of the Cottages which was wheelchair accessible. One resident, who came home in the afternoon, showed the inspector their gardening patch where they were planting new flowers that evening. The dynamic between staff and residents appeared comfortable, familiar and warm throughout the day

The inspector visited the fourth house, Moneycross, in the afternoon where there were two resident home at this time. One resident was in the sitting room doing a crossword and watching television and the inspector spoke with them and asked them if they were happy. The resident said yes, they were very happy and that they loved doing their crosswords and word searches. The resident then

showed the inspector around their home. Another resident was relaxing in their bedroom and used non verbal methods to communicate. They appeared content and relaxed.

Vehicles were available to residents in all four houses and residents had ample opportunities to partake in recreational activities on a daily basis and had a range of individualised personal social goals in place. Staff spoken with appeared very familiar with the residents and their individual needs. Some residents were older and had retired and some residents had high healthcare needs. This was recognised and facilitated by staff in different ways. Residents and their representatives were regularly consulted for feedback on their level of satisfaction with the service provided.

Capacity and capability

This was an unannounced inspection and was utilised to observe the centres ongoing levels of compliance with the regulations. Overall, the inspector found high levels of compliance. The registered provider had ensured the designated centre and provision of care and support was in line with resident's needs and individual preferences.

There were appropriate governance and management systems in place to effectively manage the designated centre and oversee the care and support being provided. There was a team leader and person in charge in place. The centre comprised of four houses. The person in charge was on leave on the day of inspection. The person in charge appeared to oversee the care and support in two of these houses and the team leader supervised care and support in the other two houses. The provider had a plan in place to separate the four houses into two separate designated centres and appoint the team leader as person in charge for the second "new" designated centre. The centres had not yet been separated and registered on the day of inspection and therefore, while the centre was being appropriately managed at all times, the person in charge did not have oversight of the full designated centre to include all four houses and sixteen residents and did not have a regular presence in two of the houses in the designated centre. This had been highlighted on the centres previous inspection and the provider had begun the process of submitting an application to vary to reduce the numbers in the current centre and to register the "new" centre.

There was also a local area manager also in place to support the person in charge and team leader. Regular audits and reviews of the service being provided were taking place. An annual review of the care and support provided had been completed by the area manager and appropriate actions had been devised and addressed from this. The service had identified the need to submit an application to vary in this review. Six monthly unannounced audits were also being completed in the centre by a person in charge from another designated centre in the service.

These audits focused on areas including personal plans, medication management, cleaning, staff, training, and follow ups from previous audits.

There were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The staff team comprised of a mix of nursing staff and social care workers and support workers and the centres full staff compliment was in place on the day of inspection. Residents had appropriate access to nursing care when required. There was an internal relief system in place to cover staff sickness and leave. There was a clear staff rota in place that accurately reflected staff on duty. Additional staffing was implemented for particular activities if there was a need identified for this. There was an internal relief system in place to cover any staff holidays or sickness. Staff spoken with were familiar with their role in the designated centre and were satisfied with the level of staff support in place when asked. Different tasks like cleaning duties and checks were allocated to different staff on a daily basis. Staff meetings were held 6 weekly and these were used as a forum to discuss ongoing issues in the centre like risk management, care plans, incidents and accidents, health and safety, maintenance, restrictive practices, admissions and training. The inspector did not review staff files or Schedule 2 documents on the day of inspection as these were located at a different site. All persons in charge working with the provider in the area had monthly meetings and these were used as a shared learning opportunity to discuss any HIQA inspections which may have occurred or any ongoing issues in the different designated centres. Regular scheduled one to one staff supervisions were completed by line managers. Supervision sessions with staff, focused on outstanding work items, training needs, residents personal plans, policies, and resources they may need to achieve goals or key working with residents. New staff members underwent a twelve month probation period before commencing contracted employment.

All staff had access to appropriate training, including refresher training, as part of a continuous professional development program. Training was provided and completed by staff in areas including medication management, fire safety, manual handling, first aid, safeguarding, food hygiene, complaints, epilepsy care, and diabetes care. The person in charge and team leader were completing a regular training needs analysis. Following a review of training records, it was identified that there were some staff members who were outstanding on refresher training in areas including diabetes, epilepsy management, complaints, fires safety and manual handling.

There was a clear and effective complaints procedure in place. Any complaints were responded to in a serious and timely manner. The complaints procedure was prominently displayed in all of the premises. Residents were aware of how to make a complaints and regular key working sessions were held with residents where the complaints procedures and residents rights were often discussed. There were no open complaints noted on the day of inspection. One resident communicated with the inspector that their mattress had been hurting their back and following discussion with the resident and staff, it was observed that they had been supported to choose a new mattress. Questionnaires were issued to residents and their representatives to determine their level of satisfaction with the service provided. A

residents forum was also in place in the service and one resident from the centre was a member of this forum which met monthly and was used to listen to the views of the residents using the service.

Regulation 14: Persons in charge

While the centre was being appropriately managed at all times, the person in charge did not have oversight of the full designated centre to include all four houses and sixteen residents and did not have a regular presence in two of the houses in the designated centre. This had been highlighted on the centres previous inspection and the provider had begun the process of submitting an application to vary to reduce the numbers in the current centre and to register the "new" centre.

Judgment: Not compliant

Regulation 15: Staffing

There were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The staff team comprised of a mix of nursing staff and social care workers and support workers and the centres full staff compliment was in place on the day of inspection. Residents had appropriate access to nursing care when required.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had access to appropriate training, however, following a review of training records, it was identified that there were some staff members who were outstanding on refresher training in areas including diabetes, epilepsy management, complaints, fires safety and manual handling.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were appropriate governance and management systems in place to effectively manage the designated centre and oversee the care and support being provided. Regular audits and reviews of the service being provided were taking place. Appropriate actions were being devised and addressed from these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was accurately describing the service being provided and met all requirements set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear and effective complaints procedure in place. Any complaints were responded to in a serious and timely manner

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents living in the designated centre were receiving appropriate, person-centred care and support to meet their needs. Residents appeared satisfied with the level of support they had in place and appeared to be safe and happy living in their home.

In general, the inspector found that the centre was being operated in a way that respected the age, gender and disabilities of the residents. Some residents were older and had retired and some residents had high healthcare needs including dementia, epilepsy and visual impairment. Other residents had lower support needs and were quite independent in their daily lives. This was all recognised and facilitated by staff in different ways. Residents had choice and control in their daily lives. Residents and their representatives were regularly consulted for feedback on their level of satisfaction with the service provided. The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. The centre consisted of four single story dwellings which have been adapted to meet the needs of the residents. All premises were visibly well maintained and clean. All residents had their own bedrooms which they had

personalised to suit their own preferences. Residents had appropriate storage facilities in place and appropriate access to spacious communal areas. All matters set out Schedule 6 were in place in the designated centre.

Each resident had a comprehensive assessment of need in place. An appropriate personal plan was devised which reflected these needs. The registered provider had ensured that arrangements were in place to meet the needs of each resident. A key working system was in place and each resident had a staff member assigned to them as their key worker. Key workers were responsible for the maintenance of resident's documentation and were also responsible for supporting residents to achieve social goals. An online recording system was in place in two of the houses and plans were in place to implement this into the remaining two houses. Residents had daily planners which incorporated activities to help achieve social goals. One resident had goals in place to use their television independently, attend yoga classes and manage their weight and staff were supporting them with different regular activities to help them achieve these. Residents had an annual review meeting where the resident's comprehensive assessment of need was reviewed and personal plans and goals updated as required. Residents were supported to maintain family relationships and staff supported and facilitated family visits. Staff team meetings were used to discuss residents ongoing social goals. Easy read versions of personal plans and daily planners were also available to residents. Plans in place appeared to be reflecting residents most current needs.

The registered provider had ensured that there were effective fire management systems in place in the designated centre. Appropriate fire fighting equipment was in place around all four premises and this was regularly checked and serviced by a fire specialist. Arrangements were in place for detecting, containing and extinguishing fires and emergency lighting was in place all around the designated centre to illuminate exit routes in the event of a fire. Regular fire evacuation drills were completed on a monthly basis and night time conditions were simulated during these drills bi-annually. Staff spoken with were familiar with evacuation procedures. The local fire service had been contacted and had attended the centre to familiarise themselves with the premises should they need to assist in the event of a fire. All residents had personal emergency evacuation plans in place and these were subject to regular review and documented residents understanding of fire safety, their required assistance levels, mobility levels, and personal and medical details. Daily staff checks were being completed on the exit routes, door, fire panel and emergency torches. Staff could refer any issues identified to the service fire specialist.

Appropriate procedures were in place for the assessment, management and mitigation of actual and potential risks in the designated centre. Emergency plans were also in place for procedures in the event of loss of power, loss of heating, and loss of water. Individualised risk assessments had been completed with residents. One resident preferred to stay in their home independently. This had been comprehensively risk assessed and measures had been implemented to reduce potential risks. The residents understanding of fire safety had been considered and staff had completed a fire drill in the house where the residents ability to evacuate independently had been assessed. A falls risk had been identified for one resident in

one of the premises and this risk had been reduced by implementing staff support in this area and through discussion with the resident.

Residents were supported to manage their behaviours. Staff had up-to-date knowledge and experience to respond to challenging behaviours. Residents had positive behavioural support plans in place which detailed proactive and reactive strategies in place to support residents to manage their behaviours. There were no restrictive practices in use on the day of inspection. A psychologist was present in the centre every month to support residents and to review behavioural support plans. Evidence of the use of therapeutic interventions was evident. A behavioural therapist was also regularly present in the centre and modelled strategies with staff and residents. Templates were used to identify antecedents, behaviours and consequences of challenging behaviours and guidance plans were in place for the use of medications used as required (PRN).

The registered provider had ensured that residents were safeguarded. All staff had received training in the safeguarding and protection of vulnerable adults and staff had also received specific training on intimate care. Safeguarding plans were devised when appropriate. Residents all had intimate care plans in place and these were available in an accessible version to residents. Capacity assessments had been completed with all residents to assess their ability to manage finances. Residents finances were checked and signed every day by two staff members. There were no safeguarding concerns identified on the day of inspection.

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. All premises were visibly well maintained and clean.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate procedures were in place for the assessment, management and mitigation of actual and potential risks in the designated centre

Judgment: Compliant

Regulation 28: Fire precautions
The registered provider had ensured that there were effective fire management systems in place in the designated centre
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a comprehensive assessment of need in place. An appropriate personal plan was devised which reflected these needs. The registered provider had ensured that arrangements were in place to meet the needs of each resident.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents were supported to manage their behaviours. Staff had up-to-date knowledge and experience to respond to challenging behaviours. Residents had positive behavioural support plans in place
Judgment: Compliant
Regulation 8: Protection
The registered provider had ensured that residents were safeguarded. All staff had received training in the safeguarding and protection of vulnerable adults. There were no safeguarding concerns identified on the day of inspection.
Judgment: Compliant
Regulation 9: Residents' rights
Overall, the inspector found that the centre was being operated in a way that respected the age, gender and disabilities of the residents. Residents had choice and

control in their daily lives.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area G OSV-0004089

Inspection ID: MON-0025748

Date of inspection: 20/02/2020

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The application to vary has been submitted to HIQA and the application to register the new center has also been submitted.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: When current restrictions for COVID 19 have been removed all staff will be supported to attend refresher training in all area’s as required. Where appropriate staff will undertake online training to assist in professional development .	

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	30/06/2020
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	30/09/2020