Health Information and Quality Authority

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 22
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	12 February 2020
Centre ID:	OSV-0005244
Fieldwork ID:	MON-0027777

About the designated centre

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

This designated centre provides a full-time residential service and supports three adult female residents with varying needs in relation to their intellectual disabilities and require a multi-disciplinary approach to care. The centre is a dormer bungalow-situated in a small town in Co. Kildare. It consists of five bedrooms (one staff room), a kitchen, a utility, two sitting rooms, a bathroom, a w.c. and a large garden to the front of the house. Each resident has their own bedroom, which is personalised with their own belongings. Transport is available to the designated centre to facilitate and promote community integration. The person in charge works full-time in this centre and there are three social care workers and one care assistant employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Wednesday 12 February 2020	11:40hrs to 18:45hrs	Jacqueline Joynt	Lead
Wednesday 12 February 2020	11:40hrs to 18:45hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

The inspectors met with all three residents living in the designated centre. During these engagements some of the residents relayed their views to the inspectors and, where appropriate, staff supported communication between residents and the inspectors so that residents' views could be known. Residents' views were also taken from observations, minutes of residents' weekly meetings and various other records that endeavoured to voice the residents' opinions.

Residents had been consulted in the designated centre's annual report and their feedback was relayed in the report. Residents were happy with the care and support they received from staff. Residents enjoyed their own personal space such as their bedrooms and overall, residents enjoyed the food and meals available to them.

On the day of inspection the inspectors observed that residents' needs were well known to staff. The residents in the centre had varying communication needs that were being supported. The inspectors observed that staff knew residents' communication requirements and were flexible and adaptable with the communication strategies used. The inspectors saw that staff communicated effectively with the residents and were focused on the resident when having these communications.

The residents showed the inspectors their rooms and appeared proud and happy to show them off. One resident showed one of the inspectors how they were supported to manage their money; the resident noted how important it was to check their money and to keep it in a safe place. Residents showed the inspectors photo albums of milestone birthdays, of family and friends and of relatives who had passed. Inspectors observed staff empathise and comfort the residents when they became sad talking about their deceased relatives.

Overall, residents were able to identify who they should go to should they have a complaint. Residents informed the inspector that they were happy living in the centre and happy with who they were sharing their home with.

Throughout the day the inspectors observed friendly, positive and caring interactions between staff and residents and it was evident that residents' needs were well known to staff. The inspectors observed that the residents appeared very comfortable in their home and relaxed in the company of staff.

Capacity and capability

The inspectors found that the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents. There was evidence to demonstrate that the service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents and this was demonstrated through good quality safe care and support. The inspectors observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support.

The person in charge was not available on the day of inspection however, two members of the organisation's management team came out to the centre, met with the inspectors and provided all the necessary information required for the inspection.

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service. The inspectors found that further to the annual and six-monthly reviews, there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents. 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 to whom they were accountable.

Staff were knowledgeable of the residents' support needs, personalities and interests. Staff members who spoke with inspectors were appropriately supported in their role, and arrangements were in effect to ensure that new staff were inducted and introduced to the house and the residents effectively. Staff in the house were clear on who they could contact for additional support where required. Where staff absences occurred, the provider availed of a panel of regular relief staff to mitigate the impact on continuity of care for the residents. Staff members were all up to date in their training in fire safety, safeguarding of vulnerable adults, and safe administration of medication, as well as additional training in areas relating to the specific needs of residents.

The inspectors found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. The registered provider had established and implemented systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have.

The inspectors found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly notifications were being submitted as set out in the regulations.

Regulation 15: Staffing

The staffing and shift arrangements were suitable to meet the assessed support needs of the residents. Staff members had a good knowledge of residents' needs and how to support residents regarding these needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to carry out their role and there was a structure in effect for line management, supervision and accountability. Staff were up to date in the organisation's mandatory training as well as additional training to effectively deliver residents' care and support needs.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. An annual report had been completed and an unannounced six monthly review had being carried out in line with regulation requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

Overall, the statement of purpose contained the required information as per Schedule 1 and described the service provided in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge ensured that the complaints procedures and protocols were evident and appropriately displayed and available to residents and families. Overall, residents who spoke with the inspectors advised that, should they wish to make a complaint, they knew who to go to.

Judgment: Compliant

Quality and safety

The inspectors found that residents' wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for the residents. Overall, the residents living in the centre received care and support which was of a good quality and which promoted their rights. However, in relation to fire precautions the inspectors found that, overall, an adequate emergency light system had not been provided.

Each resident had a plan of evacuation which clearly detailed the person's support needs to efficiently leave the house in the event of emergency. This included detail on verbal prompts required, how evacuation differs at night, and the most effective order to assist residents out of the house in line with identified risks. Staff were clear on this procedure and it was reflected in routine practice evacuation drills.

The house was suitably equipped with fire-fighting equipment and a detection and alarm system, all of which had been tested and serviced regularly. The provider had identified and was in the process of procuring fire doors for some areas of the house and had equipped smoke seals to keep evacuation routes protected in the interim time. While the downstairs of the house was equipped with emergency lighting and signage, the upper storey of the house was not equipped with emergency lighting to aid evacuation. While residents did not sleep upstairs, staff on sleepover shifts and visitors did use the upstairs bedrooms.

The residents had individualised holistic assessment and care plans which were part of everyday life and resulted in a person centred service for the residents. The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The inspectors looked at a sample of personal plans and found that residents had up-to-date plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied healthcare professionals and family members.

The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives. Residents' personal plans reflected the revised assessed needs of residents and there was evidence to demonstrate that residents were consulted about their personal plans. Where appropriate, residents were provided with an accessible format of their personal plan so that they have better understanding of the plan.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. Two of the residents attended a local day service during the week. One resident who was not engaging in day service was involved in a New Directions type programme which provided person-centred support that was tailored to meet their individual needs. The resident was supported to live a life of their choosing in accordance with their own wishes, needs and aspirations.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Weekly resident house meetings occurred with the agenda including matters such as person centred planning, meal planning and suggestions and discussions relating to the running and upkeep of the house.

Residents were supported to engage in social activities that promoted community inclusion such as overnight spa breaks away, going to music concerts and pantomimes, enjoying movies at the cinema, attending appointments in the local hairdressers and beauticians and dining out in nearby restaurants and cafés.

The inspectors found that residents were assisted to exercise their right to experience a full range of relationships, including friendships and community links, as well as personal relationships. One of the residents showed the inspectors pictures of a recent milestone birthday celebrated in the local community with their family, friends and house members. Another resident was being supported to achieve a goal of maintaining a long-term relationship with a friend they knew as a child.

The inspectors found that the residents were protected by practices that promoted their safety. The person in charge had ensured that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an

atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. There were systems in place to support residents develop their knowledge, self-awareness, understanding and skills required for self care and protection. However, improvements were required to the frequency of the supports to ensure they were effective.

The premises consisted of a large and homely dormer bungalow. Residents each had a large bedroom which was well-personalised with the residents' artwork, certificates and photographs of family, and decorated and furnished to their liking. There was plenty of storage space in which residents could keep their clothes and belongings, and secure storage for medicines and money. There were multiple communal areas in the house for residents to spend time together having their meals, watching TV, socialise or do their own thing alone. The walls of the communal areas included useful information for the residents as well as sensory items they liked. Residents had separate shelves and baskets for personal items such as their toiletries in the bathrooms and preferred food items in the kitchen cupboards. The house was clean and kept in a good state of maintenance.

Regulation 17: Premises

The premises was safe and suitable in its design, layout, size and accessibility to accommodate the number and needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, the registered provider ensured the delivery of safe care whilst balancing the rights of residents to take appropriate risk and overall, fulfilling the centre's requirement to be responsive to risk. However, improvements were required to ensure all risks had been assessed; For example, uneven surface in back yard, use of an open fire, and accessing stairs.

The inspectors found that, overall, incidents were effectively dealt with. However, to reduce the likelihood of re-occurrence, improvements were required to ensure shared learning after each incident.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Staff were appropriately trained in fire safety procedures and each resident had an emergency evacuation plan which was informed by practice drills and identified individual risks.

However, the inspectors found that overall, an adequate emergency lighting system had not being provided in the centre; The upper storey of the house was not equipped with emergency lighting to aid evacuation.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes. Furthermore, where appropriate, residents were provided with an accessible format of their plan so that they could better understand it.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall where restrictive practices were in place they were documented and reviewed by the appropriate professionals involved in the assessment and interventions with the individual. The inspectors found that where a restrictive practice had recently being applied it was used as a last resort however, the inspectors found that the follow-up recording of the practice was insufficient to ensure an effective review.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge had ensured that all staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that service planning and delivery was cognisant of residents' rights. Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were supported to participate in weekly house meetings which contributed towards the running of the house. Furthermore, residents were supported to be knowledgeable and participate in the recent national election.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 22 OSV-0005244

Inspection ID: MON-0027777

Date of inspection: 12/02/2020

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider shall ensure that the risk management policy referred to in paragraph 16 of Schedule 5, includes the following: 26.(1) (a) hazard identification and assessment of risks throughout the designated centre; (b) the measures and actions in place to control the risks identified; (d) arrangements for the identification, recording and investigation of, and learning from serious incidents or adverse events involving residents. (e) arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered. The Person in Charge will ensure that all risks have been assessed and to include risk assessments on uneven surface in back yard, use of an open fire and accessing stairs. The Person in Charge will ensure that learning from incidents or adverse events is facilitated at monthly team meetings in the designated centre.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall ensure that effective fire safety management systems are in place. 28.(2)(c) provide adequate means of escape, including emergency lighting.	

The service provider will arrange for emergency lighting to be installed in upper storey of designated centre to aid evacuation.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

7.(4)The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

The Person in Charge will ensure that a restrictive log is used in the designated centre for restrictive practices, and recorded within the service provider's policy guidelines to ensure effective review of the restrictive procedure.

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 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	31/03/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2020

Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/05/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/03/2020