



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

Issued by the Chief Inspector

Name of designated centre:	Moorefield House
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	23 July 2021
Centre ID:	OSV-0001959
Fieldwork ID:	MON-0032737

About the designated centre

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

Moorefield House consists of a two story detached house, including an adjoining apartment, located in a village area. The centre can provide a home for up to four residents, each with their own bedrooms, and also provides bedrooms for volunteers working for the provider. This centre also contains a kitchen/dining area, sitting room, laundry room, a staff office and bathrooms. The centre provides 24 hour residential care and support for those who have mild to severe intellectual and physical disabilities, over the age of 18 years, both male and female. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care. The centre does not provide emergency admissions and residents avail of day care service facilities in the surrounding area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Friday 23 July 2021	09:30hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were four residents living in the centre on the day of inspection and the inspector had the opportunity to meet with two of them. Both residents spoken with expressed high levels of satisfaction with the service provided and spoke with the inspector about their home and the activities that they regularly enjoyed.

COVID-19 continued to pose potential risks, and therefore measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. These included wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The property was a two storey detached house with large garden surroundings where the service was growing fruit and vegetables. The main house had three bedrooms designated for residents, and also had some bedrooms for volunteers working with the provider. The house also had a kitchen/dining area, sitting room, laundry room, a staff office and bathrooms. One resident lived in an adjoining apartment which had a small kitchen-living area, bedroom and bathroom. The inspector observed that residents had personalised their spaces in their home to suit their preferences with pictures and their personal belongings.

The service had a day service which the residents attended daily. The inspector observed some residents being supported with work out in the centres vegetable garden in the morning and enjoying their lunch in the sunshine in the afternoon. The inspector observed that some of the residents regularly attended activities including swimming, walks, classical music, horse riding and various sports. These were dependant on COVID-19 restrictions in recent months.

The staff team consisted of social workers, support workers and volunteers. Nurse support was also available to residents within the organisation when required. Three volunteers were residing in the centre on the day of inspection and the inspectors found that there were safe systems in place in the centre for the recruitment of both staff and volunteers. Relaxed and familiar interactions were observed between staff, volunteers and residents. Residents were returning home from day service and getting ready to sit down together for dinner in the evening at the end of the inspection day. Residents appeared to have choice and control in their meal time preferences.

Overall the inspector found that residents were enjoying living in their home and were in receipt of a person centred, safe service. Staff and volunteers spoken with appeared familiar with the residents individual needs and preferences. The next two sections of this report detail the inspectors findings regarding the governance and management of the centre, and how this affected the quality and safety of the service being delivered to the residents.

Capacity and capability

This inspection was short term announced and the purpose of the inspection was to monitor the centre's levels of compliance with the regulations. In general, high levels of compliance were observed in the areas reviewed. Two areas required improvements as detailed in this report under regulation 23 and regulation 27. The provider had appropriately addressed actions from the centres most previous inspection.

The inspector looked at a number of areas which impacted the care and support provided to residents including staffing, training, governance and management, fire safety, risk management, behavioural support, infection control, personal plans and safeguarding. Overall, the inspector found that residents appeared happy and safe and were directing the care and support that they received in the centre.

There was a consistent staff team in place providing care and support and this was clearly identified on the centre's staff rota. Mandatory training was provided to staff to meet the residents needs. There was a clear management structure in place and a regular management presence in the designated centre with a full time person in charge and a house leader. However, improvements were required to ensure more consistent auditing and review of the service was taking place. The six monthly unannounced visit and report had not been completed by the provider. The annual review had been completed but was not highlighting all areas in need of improvements, and did not identify time lines and persons responsible for actions.

Regulation 15: Staffing

The staff team consisted of social workers, support workers and volunteers. Nurse support was also available to residents within the organisation when required. Line managers were completing regular one to one formal supervisions with staff. There was also regular management presence and on the floor supervision of staff taking place. Weekly meetings took place with staff where staff went through schedules for the week ahead and various appointments and activities

The inspector reviewed a sample of staff personnel files and found that all Schedule 2 documents were in place as required. The staff rota in place clearly outlined when staff and volunteers were on duty or on leave.

Judgment: Compliant

Regulation 16: Training and staff development

There was a program in place for staff training and refresher training. The person in charge communicated at the start of the inspection mandatory staff training was up-to-date and the inspector found that training records reflected this. Training was provided in areas including fire safety, medication management, safeguarding, epilepsy management, first aid, manual handling, childrens first and behaviour management. The person in charge and house leader regularly reviewed training needs and scheduled refresher training for staff when required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and clear lines of accountability. There was a full time person in charge and house leader in place. A weekly reports was completed by the house leader and communicated with the person in charge. This report included details of areas including accidents, incidents, safeguarding concerns, staffing issues, maintenance issues and training needs. There was an on call management system in place for staff to contact outside of regular working hours.

However, improvements were required to ensure that the service provided was sufficiently audited and reviewed at provider level. Six monthly unannounced visits had not taken place by the provider or on behalf of the provider in the previous 12 months. An annual review of the care and support provided had been completed for 2020, however the inspector noted a number of areas in this review that required improvements to ensure that the service provided was being fully reviewed. The action plan for the report did not identify some areas in the centre that required improvements and did not highlight time lines or persons responsible for actions.

Judgment: Substantially compliant

Regulation 30: Volunteers

The centre utilised support from volunteers. Volunteers received regular supervision and support from management. The inspector reviewed volunteers personnel files and found that Garda vetting had been completed prior to volunteers beginning work in the centre and they had completed a training and induction program with support from senior staff and management. A volunteer spoken with was aware of their roles and responsibilities in the centre and who to report to if they had a concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complaints communicated with the inspector on the day of inspection and residents communicated satisfaction with the service provided when spoken with. The complaints procedure was prominently displayed in the centre and residents were asked to feedback on the service provided during regular residents meetings. Residents families were invited to complete satisfaction surveys annually.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of key areas to determine the quality and safety of the care provided. This included observing care practices and a review of resident personal plans, behaviour support documentation, risk management documentation, and fire safety documentation. Overall, it was found that the service provided was safe and effective.

Residents' documentation reflected their most current plan of care. Plans incorporated all aspects of supporting residents and included behavioural support measures. The residents appeared to have regular input into their plan of care and their choice and preferences appeared to be considered and respected. The premises was designed and laid out to meet the assessed needs of the residents and was adequately maintained. The residents had personalised aspects of their home to suit their preferences and the centre was visibly clean. COVID-19 had been a risk in recent months and the centre had implemented procedures and plans to manage this. Some gaps were noted on the centres cleaning schedules where staff had not signed that a number of cleaning tasks had been completed.

Management had assessed and mitigated potential risks posed to residents. This included fire safety and safeguarding risks. Care records and risk documentation were well maintained in the centre.

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents and well maintained internally and externally. Residents had their own bedrooms and the house also had communal kitchen/dining area, a sitting room, laundry room, a staff

office and bathrooms. One resident lived in an adjoining apartment which had a small kitchen-living area, bedroom and bathroom. The inspector observed that residents had personalised their spaces in the their home to suit their preferences with pictures and their personal belongings

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place in the designated centre for assessment, management and ongoing review of risks. There was a centre risk register and the service had reviewed potential risks posed to residents including risk of falls, risk of burns, manual handling, fire hazards and risks secondary to challenging behaviours.

There was an accident and incident log and this was reviewed by the person in charge and provider representative on a quarterly basis. Residents all had missing person profiles in place which were subject to review and health and safety audits were regularly completed by the person in charge

Judgment: Compliant

Regulation 27: Protection against infection

Procedures were in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19 in residential care facilities. . Regular temperature checks were being completed by staff and residents. Hand washing facilities and alcohol gels were noted around the designated centre. There was COVID-19 policy and protocol in place and the risk documentation had recorded the assessment and mitigation of risks associated with COVID-19 in the designated centre. There was an emergency plan in place for in the event of an outbreak.

A cleaning schedule was in place in the centre which including daily, monthly, three monthly and annual cleaning tasks to be completed by staff. Following a review of these, the inspector found that many of these tasks had not been recorded as completed. The inspector acknowledges that the centre appeared visibly clean on the day of inspection

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were noted around the designated centre to promote fire safety including fire fighting equipment, emergency lighting, and detection systems. Fire fighting equipment was regularly reviewed and serviced by a fire specialist. Staff were completing daily and weekly checks on the centres escape routes and emergency lighting. The centre was completing emergency evacuation drills on a regular basis and residents spoken with, were aware of evacuation procedures in the event of the fire alarm sounding. All staff had up-to-date centre fire safety training.

Residents all had personal emergency evacuation plans in place which included details of evacuation procedures, evacuation routes and support levels required to safely evacuate in the event of an emergency including fire. Evacuation procedures were also highlighted in accessible versions on the centres walls.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had assessments of need and personal plans in place which were subject to regular review. Assessments and plans used a format where residents support needs were assessed, planned, progressed and reviewed. Plans outlined residents likes and dislikes and preferred daily routines. Residents had annual review meetings where their preferences, plans and goals for the year ahead were discussed and set out. One resident had plans in place to visit friends, engage in a healthy eating program and to begin planning for their retirement.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage behaviours that challenge and they had access to multi-disciplinary support and therapeutic interventions and staff were making relevant referrals when required. All staff were trained in Management of Actual and Potential Aggression (MAPA). There was also evidence of proactive and reactive strategies in place in the event of challenging behaviours.

Judgment: Compliant

Regulation 8: Protection

Residents appeared to be safeguarded when living in the centre. Staff had completed training in the safeguarding and protection of vulnerable adults. The residents appeared to be compatible living together and there were minimal peer to peer incidents. Residents had intimate care plans in place which guided the provision of personal care and some residents had engaged in educational sessions regarding potential safeguarding risks.

Judgment: Compliant

Regulation 9: Residents' rights

Residents appeared to have choice and control in their daily lives. There were weekly residents meetings taking place where there was a agenda of discussions regarding the menu options, weekly schedules, upcoming evens, money managements and residents goals and aspirations. Residents spoken with appeared happy with the service provided and appeared to direct the care and support they recieved.

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	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 Moorefield House OSV-0001959

Inspection ID: MON-0032737

Date of inspection: 23/07/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Six monthly unannounced completed August 2021 An annual review of the care and support will contain an action plan with timelines and person responsible for actions. 17 Dec 2021	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: This will be an agenda topic on the weekly team meeting with all staff & assistants. The house leader/deputy house leader will review daily that all documentation is filled after the the task is completed. Completed 2/08/2021	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	17/12/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Not Compliant	Orange	12/08/2021

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	02/08/2021