



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area J
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	11 August 2021
Centre ID:	OSV-0002722
Fieldwork ID:	MON-0029945

About the designated centre

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

Community Living Area J, Fountain View, is a large bungalow situated on the outskirts of a small town in a semi-rural setting. The centre provides residential support for up to four adults with an intellectual disability, both male and female. Residents may also present with physical disabilities and/or behavioural needs. The staff team consists of both social care workers and care workers and there was a minimum of two staff on duty at all times to support the residents. Residents also have access to nurse support if required and multi-disciplinary services including occupational therapy and behavioural support. Local amenities include a range of cafe's and restaurants, local parks, pubs, clubs, a hotel and leisure centre. Each Resident has a named key worker to support them with daily and lifelong planning.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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 11 August 2021	09:00hrs to 17:00hrs	Sinead Whitely	Lead
Wednesday 11 August 2021	09:00hrs to 17:00hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

This was an unannounced inspection and the purpose of which was to monitor the centre's ongoing compliance with the regulations. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day. Adherence to public health guidance was maintained at all times.

The inspectors met all three residents on the day of the inspection. Upon arrival, a staff member introduced the inspectors to a resident who was in the hallway drinking their morning beverage. The inspectors were then brought into the dining room where they met another resident who was finishing their breakfast. When the inspectors arrived they were informed that one of the residents was still in bed. The person in charge was on annual leave on the day of inspection and a staff member contacted the area manager on call who subsequently facilitated the inspection. Prior to the area manager's arrival, a staff member provided a walk around the designated centre.

The centre was a large bungalow situated close to the village. It was comfortable, homely and well maintained. The residents had their own bedroom which was personalised to suit their preferences and had space to store their personal belongings. There was a photo collage in each of the residents' bedrooms, highlighting some of the activities they engaged in during the COVID-19 lockdown. The house had large communal areas where the inspectors observed the residents utilize throughout the day. The centre also had an annex beside the house which was used for a day service for one resident and a recreation room for the other residents on occasion.

Inspectors spoke with the residents to determine their views of the service provided. Inspectors also spoke with staff members working with the residents and observed the environment and care and support practices throughout the inspection day. In general, the inspectors found that the residents appeared happy, relaxed and comfortable living in their home.

Staff members spoken with, demonstrated familiarity with the residents and their assessed needs. Inspectors observed respectful and meaningful interactions between staff and the residents during the day. In general, despite COVID-19 restrictions, most of the residents continued to enjoy a personalised activation schedules. However, the inspectors found that one resident's activation schedule required review and further advanced planning as detailed under regulation 13 of this report. Meal times appeared to be a pleasant experience for residents. Inspectors observed home cooked meal being prepared and residents enjoying their breakfast, lunch and dinner in a relaxed environment.

In summary, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents were in receipt of appropriate care and support. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that the registered provider demonstrated the capacity and capability to support the resident in the designated centre. There was a clearly defined management structure, with clear lines of accountability and responsibility.

There was an appropriate number and skill mix of staff to meet the residents' assessed needs and the provider ensured continuity of care with an established staff team and small core group of relief staff employed by the provider. Mandatory staff training and refresher training was facilitated by the provider. Contracts for the provision of services were in place for each resident and updated recently to reflect updated fee schedule.

There was a full time person in charge with clear management systems and evidence that the service was regularly audited and reviewed. This included an annual review and a six monthly unannounced provider audits. Actions plans were developed as a result of the audits to address areas in need of improvement. Some issues were identified on the day of the inspection which required review to ensure higher levels of compliance with the regulations as detailed in other sections of this report.

Regulation 15: Staffing

The inspectors reviewed the staff rota in place which was reflective of the staff on duty. There was an appropriate skill mix and numbers of staff to meet the assessed needs of the residents.

The staff were knowledgeable about how to meet the residents needs and seen to interact with the resident in a warm, respectful and dignified manner. The provider ensured continuity of care with a good contingency system in place through the use of an established staff team which also involved employing a small core group of relief staff to cover any gaps in the rota when required. The residents also had access to nursing care and support when required.

New staff members communicated they had the opportunity to partake in an induction when they started working in the centre and had shadowed a peer staff

member prior to a scheduled work day.

Judgment: Compliant

Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including refresher training that was up to date and in line with the residents needs. On the day of the inspection, there was no evidence of up-to-date safeguarding training for one staff member. This was provided to the inspectors following the inspection day.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents made available to the inspectors on the day of inspection. However, the directory was missing some information specified in paragraph (3) of schedule 3 in the regulations. This included; nursing or medical care provided to the residents, medication administered to the residents who have chosen not to take personal responsibility for his or her own medication, restrictive practices used, and financial practices. The date of admission was not included in the directory for one resident and the information relating to who arranged the resident's admission was not included for two residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. Clear lines of accountability and responsibilities were in place. All audits and reviews as required by the regulations had been completed and actions identified were being addressed to improve the overall quality and safety of care. The annual review considered feedback from the residents and their families and representatives.

There was a suitably qualified and experienced person in charge who had regular oversight and was supported by the executive management team and the staff in the centre. There were clear lines of accountability and responsibilities and effective arrangements in place to support and develop staff to ensure the safe and quality

delivery of care to the residents. Regular house meetings and team meetings were also taking place. Meetings included discussions regarding ongoing issues in the house including, social plans for the residents, meal planning, wellbeing, health and safety and COVID-19.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts for the provision of services were in place for each resident and updated recently to reflect updated fee schedule. These were signed by the residents representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. There were a number of areas within the statement of purpose that required review in order to ensure it met the requirements of the regulations. These were highlighted on the day of the inspection and the provider modified and submitted and updated statement of purpose on the day of the inspection. However information in relation to staffing levels required under Schedule 1 continued to require review.

Judgment: Substantially compliant

Quality and safety

The inspectors reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents. This included a review of personal care plans, activation schedules, risk documentation, fire safety documentation, positive support plans and protection against infection. Overall the inspectors found that the quality of the service provided to the three individuals was good. For the most part, each resident was supported in a person centered manner that was in keeping with their assessed needs. Some minor improvements were required in the areas of fire safety, general welfare and development, and protection against infection.

The inspectors found that the residents had an assessment of need in place and

care plans had been developed in line with these assessments. The inspectors found that the provider and person in charge were promoting a positive approach to responding to behaviours that challenge. There was minimal use of restrictive practices in place that were used to ensure the safety of the residents and had been assessed and were reviewed as required. Inspectors found that there were systems in place to assess and mitigate risks. There was a centre risk register in place and individualised risk assessments. One issue was identified regarding the accurate recording of one incident.

Overall, the quality and safety of care provided to the residents was being monitored as required by the regulations and residents assessed needs were being provided for. Further improvements were required to ensure one resident had a meaningful and planned activation schedule that supported their personal and social development and wellbeing.

Regulation 13: General welfare and development

Two residents attended day service, one attended a day service off site and another on-site in an annex next to the designated centre. Activation schedule for one resident required review regarding variety and individualised activities. There was no activation schedule available to the inspectors for this resident and staff communicated that they decide what activities to do on the day. Records of activities completed with the resident in previous weeks lacked variety at times. The resident had set out specific plans and goals in their annual personal planning meeting. This included getting out and experiencing new things. There was little evidence that these plans and goals were being progressed or reviewed. Staff communicated that COVID-19 had affected these plans.

Judgment: Substantially compliant

Regulation 20: Information for residents

Resident guides were prepared and available to residents. There was an easy-to-read copy available in each resident's personal care plan and also accessible to residents in one of the communal areas of the designated centre. The resident's guide met all the requirements in the regulations such as a summary of services and facilities provides, the terms and conditions of residency and arrangements for ensuring the resident's involvement in running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a detailed risk assessment and management plans in place which promoted the resident's safety and were subject to regular review. There was an up to date risk register for the centre and individualized risk assessments in place. The centre had up to date policy in place which was also subject to regular review.

The recording of one incident in the centre required review to ensure that the incident was accurately reflected in the centres incident logs. Upon inspectors initial review of the incident, this appeared to be a safeguarding concern that had not been managed in line with national safeguarding policy. However, following discussion with the regional manager, it appeared that the recording of this incident was not accurate and this had not actually been a safeguarding concern.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were procedures 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. The service had an appropriate action plan in place to follow for in the event of an outbreak of COVID-19 in the designated centre. The staff completed the relevant up to date training in infection control protocols and there was up to date guidance available to them. A full COVID-19 checklist was completed by a lead staff member monthly and this reviewed hand hygiene procedures, respiratory hygiene measures, social distancing, personal protective equipment, and symptom checking records.

While there was a cleaning schedule in place, it did not include deep cleaning of all aspects of the designated centre to include kitchen appliances such as the microwave, oven, freezer and fridge and skirting boards around the premises. There was no system in place to check that these areas had been fully cleaned. Visible dirt was also observed in some areas of the centre on the day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

In general, fire safety systems were in place which included guidance for staff on the safe evacuation of residents in the event of an emergency. Adequate precautions were observed including the presence of fire-fighting equipment, emergency lighting and appropriate containment measures. All staff training was

also up to date.

There were records of regular evacuation drills which simulated both day and night time conditions. However, following a review of drill records it was found that some evacuation drills did not evidence that resident could be evacuated in an efficient manner in the event of a fire. Furthermore, residents personal emergency evacuation plans did not detail some measures to take in the event that some residents refused to evacuate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had comprehensive assessments of need completed and personal care plans which were subject to regular review. There was a key working system in place. The residents had personal goals and evidence of the residents working towards achieving these goals was evident for some residents. Some improvements were required to ensure that one residents goals were being appropriately monitored and progressed, as discussed under regulation13.

Residents social plans, health and wellbeing, likes and dislikes were personal were regularly discussed at house meetings. Health and Safety, COVID-19, Personal Care Plan planning and complaints were discussed regularly at staff team meetings. Inspectors observed an individual collage in each resident's room documenting some of the activities they were involved in during the COVID-19 lockdown

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors noted that the centre was an open environment and there was minimal use of restrictive practices. There were positive behavioural support plans in place which were subject to regular review. There was also regular input and reviews from multi-disciplinary services.

The use of one restrictive practice for one resident was not recognised or recorded as same and had not been notified to the chief inspector on a quarterly basis as required.

Judgment: Substantially compliant

Regulation 8: Protection

The inspectors found that the provider and person in charge were proactively protecting the residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding. Where residents required support with personal care there were intimate care plans in place that clearly guided staff practice and these were reviewed by the person in charge in line with the provider's policy. There were minimal incidents of peer to peer incidents, indicating that the residents were a compatible group of residents.

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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area J OSV-0002722

Inspection ID: MON-0029945

Date of inspection: 11/08/2021

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>I have updated all details in relation to each individuals health, medications, restrictive practices, nursing care, financial supports, date of admission and who organized the individuals admission are included in the Directory of Residence</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of purpose has been updated with details of PICs attendance in the house as requested by inspector.</p> <p>Pic attends twice weekly and available Mon –Friday if required otherwise manager on call available in emergency.</p> <p>Details outlined in Statement of Purpose clearly.</p> <p>Services available and religious practices and facilitation of same have been updated</p>	
Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
 A detailed time table for activation has been planned according to the likes wishes and abilities of the individual A number of activities are available and the individual choses the preferred and varied activity each day

This has been planned with by the keyworker, with the individual, other house staff and PIC and can be seen in the care plan and Person Centred Plan(PCSP)
 All individuals in the house have a PCSP and is updated on a regular basis with the individuals preferences and choice.

Regulation 26: Risk management procedures	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 Risk assessments and safeguarding is an essential role in the individual lives Inaccurate reporting of an incident suggested the incident was not a safeguarding one. PIC on discussing with staff and manager felt at the time it was not a safeguarding issue. At the time the individual did not and has not shown any ill effect since, but a risk assessment in place with regard to supervision and the behavior of concern plan is adhered to by all staff.

Learning from this, is the need for accurate reporting and report writing.PIC has organized report writing training for all staff.
 This will enhance and help with accurate reporting which will assist in the care and safeguarding of all individuals in the house

Regulation 27: Protection against infection	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 Daily, weekly and monthly cleaning schedules are in place. The importance of cleaning in the whole infection control process (as well as Covid precautions and schedules) has been discussed and highlighted with staff and has been discussed at recent house meeting. Also the importance of recording same was discussed.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Some of the service users in the house may need extra encouragement to leave the house in the event of a fire/fire drill and may become hesitant and not want to move. This highlights the importance of familiar staff and staff knowing what to do in such an event. Treats and prompts are always available and are at hand to assist where and when required.</p> <p>This information is part of each personal evacuation plan. Staff are advised at induction to familiarize themselves with same.</p> <p>It is important that all staff participate in the regularly held fire drill. All staff have in date fire training. I have advised and discussed with staff at the monthly meeting to vary the drills so all staff get to experience a fire drill 28/09/21</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Lap strap for individual will be included in October quarterly returns. It had not been submitted as OT advised it was position assistance of hips and maintenance of posture whilst sitting in wheelchair. Not a restrictive practice.</p> <p>The individual agrees to the strap but cannot open it independently, therefore I will submit it as a restrictive practice going forward.</p> <p>All restrictive practices will be submitted on quarterly notices as per guidelines.</p>	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/09/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/09/2021
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,	Substantially Compliant	Yellow	31/10/2021

	and learning from, serious incidents or adverse events involving residents.			
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	30/09/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/09/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/09/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or	Substantially Compliant	Yellow	30/10/2021

	environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
--	---	--	--	--