



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area R
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	07 September 2021
Centre ID:	OSV-0002742
Fieldwork ID:	MON-0026459

## About the designated centre

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

In this centre a full-time residential service is provided to a maximum of six adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory needs. This includes nursing care. This nursing care is provided in a holistic manner and respects the physical, emotional, social and spiritual needs of each resident. Care is supervised by an experienced nurse manager who is the person in charge. Prior to COVID-19, two of the residents attended off-site day services. Residents access and avail of their chosen activities through staffing supports within the house. Overall, residents adapted well to these changes and enjoy the activities now operated from their home. The premises itself is a bungalow type residence with all facilities for residents provided at ground floor level. Each resident has their own bedroom and share communal, dining and bathroom facilities. The house is located in a mature, populated suburb of a midland town and a short commute from all services and amenities. Due to the residents requirements for a high level of support, the staffing compliment comprises of a team of nurses, social care workers and support workers. Ordinarily there are four staff on duty during the day and two staff at night, one of whom sleeps overnight.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

5

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
Tuesday 7 September 2021	10:00 am to 4:30 pm	Sarah Cronin	Lead

## What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector observed current public health guidelines throughout the inspection.

On arrival to the centre, four of the residents were sitting at the kitchen table finishing their breakfast. The staff and residents were chatting about the plans for the day. One of the residents told the inspector about their family members who visit them and the gifts which they bring with them. This resident spoke with the inspector over the course of the day. They had moved into the house a year ago and said that they liked living in the centre and that they liked their room. They were observed engaging with staff throughout the day and doing jigsaws, playing cards and watching video clips on their tablet.

Another resident invited the inspector to see their room which they had decorated using their favourite football team as a theme. They had chosen photographs of their favourite players and had the room painted in the colour of the team. The resident went through their person centred plan with the inspector and told them about a photography exhibition they had done to raise funds for a hospital. They were charged with taking any photographs needed in the centre. They had recently returned to their day service three days a week and told the inspector that they really enjoyed being back. This resident told the inspector that they had missed their girlfriend during the pandemic. When restrictions had lifted, staff had supported this resident to invite their girlfriend to the centre where they had created a lovely space in the house for them both to enjoy a meal together.

Another resident was relaxing in their room. There was a door from their bedroom out to a patio area and they were observed to be smiling at the wind on their face. Staff had created a 'vision board' with ideas of how to further decorate the patio for this resident as it was an area they appeared to enjoy spending time in. Later on that day, the resident was observed sitting out in the gazebo and was smiling and laughing.

Some residents in this centre had complex health care needs. Residents used a variety of methods of communication which required staff to adapt their interactions to facilitate their assessed needs. Throughout the inspection, staff were found to be attentive, kind and supportive to all of the residents in the centre and tailored their communication to suit the needs of the resident.

The inspector received completed questionnaires from four of the residents, while the fifth questionnaire was completed by a family member. These had been circulated to the person in charge in advance of the inspection. The questionnaires ask for feedback on a number of aspects of the service such as their bedroom, the food, the staff support, food and mealtime experience, visitors, rights, activities and making complaints. The responses were positive in their feedback with a family

member stating that "staff understand the residents very well".

The person in charge told the inspector that a resident in this centre had died since the last inspection. They had been supported to die in the centre. There was a beautiful memory board in the centre with photographs of this resident. The person in charge reported to the inspector that this board had sparked discussions for some of the residents about what they would like for themselves in relation to their own end-of-life care. This had led to the development of an end-of-life care plan. The person in charge reported that the residents in the house were supported to spend time with the resident in their final days and were supported to remember them and talk about them.

Residents in the centre were supported to have weekly meetings whereby they planned meals and activities for the following week. There were standing items on the agenda such as maintenance, visitors, safety, complaints and health related information. These meetings were reviewed by the person in charge to ensure actions were followed up on. The residents also had the opportunity to engage in a regional advocacy group and a tenancy association.

In summary, from what the residents communicated and what the inspector observed, it was evident that this was a well managed centre which was delivering a good standard of care to residents. Residents were enjoying a good quality of life, notwithstanding the challenges posed by the COVID-19 restrictions and were well supported by the staff team. All of the residents were found to be well presented and appeared to be well cared for. They were observed to be comfortable in the company of staff. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

The provider had strong management structures, systems and processes in place to ensure residents were receiving safe, good quality care. Provider level oversight was achieved through carrying out six monthly and annual reviews as required by the regulations. Action plans were time bound. The provider had a number of committees in place to ensure oversight of specific aspects of residents' care such as a restrictive practice committee, a risk management committee and a health and safety committee. There were emergency governance arrangements in place out of hours. A crisis management team had been set up to provide governance in relation to COVID-19.

The person in charge appointed by the provider was suitably qualified and experienced in their role. They demonstrated good management systems in order to ensure daily oversight of the resident's care and were knowledgeable in relation to the resident's support needs. The person in charge reviewed each person's notes on

a daily basis. Staff meetings were held once a month and were resident focussed.

The provider had ensured that there was a suitable number of staff and an appropriate skill mix to meet the residents' assessed needs. There were suitable arrangements in place for staff supervision. Staff had completed mandatory training such as fire safety, safeguarding, manual handling and sessions related to infection prevention control. However, improvements were required in order to ensure risks relating to choking and clamping on transport were managed in line with the provider's risk assessments. The provider had a complaints policy in place which was up to date and regularly reviewed. This was available to residents in an easy to read format.

In summary, this was found to be a very well managed centre which was striving to ensure residents enjoyed a good quality of life. The high levels of compliance found on this inspection are reflective of both the provider and the person in charge's capacity and capability to ensure residents receive a good quality service.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application for the renewal of this designated centre that met the requirements of the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge. The person in charge had oversight of three designated centre and split their time evenly to maintain effective oversight. They had robust systems of oversight in place and could clearly demonstrate these to the inspector. It was evident that the person in charge knew the group of residents and their needs very well.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured an appropriate skill mix and staffing ratio to ensure that this group of residents were supported in line with their assessed needs. The rosters were well maintained and matched the Statement of Purpose. The rosters showed minimal use of relief staff which ensured continuity of care for the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had some difficulty in staff being able to complete some training sessions which had a face to face component during the COVID-19 restrictions. The inspector viewed a risk assessment related to this issue. The provider had outlined the mandatory training they required all staff to do during the COVID-19 restrictions: fire safety, manual handling, basic life support and safeguarding.

The inspector reviewed the staff training matrix which showed that all staff had completed fire safety and manual handling, with some staff requiring an update in safeguarding, first aid and CPR. Staff had completed a number of courses relating to infection prevention and control such as hand hygiene, donning and doffing of PPE and breaking the chain of infection. On review of the resident's risk assessments, it was noted that training in transport and training in first aid were required as risk control measures to reduce the risks of injury to residents while in the vehicle and that of choking. There was a large proportion of staff requiring training in first aid while there were a number of staff who required transport training. Food safety was required for all staff, with half of the staff requiring a refresher and half not having completed it to date.

Staff supervision records were viewed by the inspector. There was a clear supervision agreement in place and supervision took place between staff and the person in charge every three months. A performance management conversation took place every six months. Records of these meetings showed that they had a clear structure and notes were action oriented.

Judgment: Substantially compliant

### Regulation 22: Insurance

The provider furnished the inspector with a copy of their insurance which met the requirement of the regulations.

Judgment: Compliant



## Regulation 23: Governance and management

The provider had robust management systems and practices in place to ensure that residents were enjoying a good quality of life and that they were in receipt of safe care. Provider level oversight was provided through six monthly and annual audits in line with the regulations. The annual review had included consultation with the residents and their families. The provider had emergency governance arrangements in place and staff were informed of this roster every two weeks. The provider had set up a crisis management team to provide governance and support to centres during the COVID-19 pandemic.

The provider had a number of committees in place such as the restrictive practice committee, a positive behaviour support committee, a risk management committee and a health and safety committee. This ensured oversight and governance of key areas of residents care while also promoting best practice. The person in charge attended a number of management meetings each month with senior management and with other persons in charge in the area. The inspector viewed a sample of the minutes of these meetings where shared learning took place between centres. All actions were time bound with named people responsible for tasks.

The person in charge had oversight of three centres and split their time evenly between them. In order to maintain effective daily oversight of this centre, they had a number of systems in place. Staff were required to complete notes for each resident on the provider's online system at least three times each day. These were viewed and signed off by the person in charge daily. The person in charge had delegated some duties to staff such as carrying out daily , weekly and monthly audits in areas such as medication, finances, restrictive practice, health and safety and fire. These were sent to the person in charge for sign off on a set date each month. The person in charge carried out spot checks on different aspects of the service monthly. In order to ensure all information was appropriately shared between staff each day, there was a verbal handover tool completed. The team were supervised on an individual basis by the person in charge every three months. A performance management review was done every six months with clear objectives outlined for staff to work on. Staff meetings took place on a monthly basis and were resident focussed.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all of the information required in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy in place which was regularly reviewed and in date. There was an easy to read version of this policy. While there were no complaints received in the past year, there were a large number of compliments from family members received thanking staff for the care they were providing.

Judgment: Compliant

### Quality and safety

It was evident to the inspector that the person in charge and the staff team were striving to provide residents with a person centred service which enabled them to enjoy the best possible health, to pursue things which interested them and have a good quality of life. Some of the residents in the centre had complex medical needs which were kept under regular review. Annual assessments of need were completed and had corresponding support plans in place. Care plans were reviewed by key workers each month. Residents had access to a local GP and a range of health and social care professionals in line with their assessed needs. Person centred plans were laid out with photographic evidence of resident's working towards their goals.

Residents were found to be safe and well cared for and the provider had a number of policies and procedures in place in relation to safeguarding. More importantly, staff were knowledgeable about different types of abuse and how to report any concerns that may arise.

The provider had good systems in place to identify, assess and manage risk at provider, centre and individual levels. It was evident that learning occurred following any incidents and this learning was shared. There were appropriate systems in place for infection prevention and control, particularly in relation to COVID-19. Fire safety management systems were reviewed and found to be in line with regulatory requirements.

### Regulation 17: Premises

The centre was a large bungalow which had a lovely garden to the rear of the property with a gazebo which one of the residents was seen to enjoy during the inspection. Works had been completed on the drive way since the last

inspection. The centre comprises five bedrooms, a large kitchen/ dining area, a sitting room, an office, utility room, a sun room and three bathrooms, one of which was large and equipped for residents with high support needs. Residents had their own room with ample space to store their belongings and rooms were decorated and furnished in line with their assessed preferences and needs. The premises was clean, warm, well lit and well ventilated.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed the provider's policy on risk management, the centre's safety statement, the incident and accident log, the risk register and associated risk assessments and the restrictive practice register. Incidents and accidents were clearly documented and learning from incidents was shared at team meetings. This indicated a robust system for the identification, assessment and management of risk at provider, centre and individual levels. Risk assessments were regularly reviewed. Any restrictive practices in use were clearly prescribed and reviewed in consultation with relevant members of a multidisciplinary team, the resident and family members. Health and safety checks were carried out regularly and signed by the person in charge. There was a safety management structure in place which had clearly defined lines of reporting in place, with key personnel identified to ensure all areas were represented.

Individual risk assessments were in place in line with residents' assessed needs. However, some of the control measures for risk assessments on transport and choking required staff training. This was not in place for all staff on the day of the inspection. Documentation reviewed indicated that centre's vehicle was roadworthy and appropriately serviced and insured. Staff carried out a daily visual check on the vehicle to ensure that it continued to be in good working order.

Judgment: Compliant

### Regulation 27: Protection against infection

On arrival to the centre, the inspector noted that the provider had appropriate measures in place for visitors in relation to COVID-19 which included a temperature check and a visitor's form. There was a sanitising station at the door and adequate hand hygiene facilities throughout the house. Staff were noted to observe hand hygiene and were wearing personal protective equipment (PPE). There were risk assessment and management plans for residents in relation to COVID-19 and a clear contingency plan in place should a resident develop symptoms. These risk assessments were regularly reviewed and had been updated to reflect the change in

COVID-19 restrictions. The provider had up to date guidance for staff relating to COVID -19 and had ensured that staff had completed the necessary training such as hand hygiene, PPE and breaking the chain of infection. Daily updates from senior management were sent to all staff.

Temperature checks were done on residents and staff twice daily and the inspector viewed these logs. The person in charge had completed a COVID-19 readiness self-assessment tool and reviewed it prior to the inspection. Staff had access to a Clinical Nurse Specialist in Infection prevention and control. Cleaning schedules indicated regular cleaning of the centre and there were appropriate systems in place for waste management and laundry.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had good systems in place for fire safety management. There were appropriate systems in place for the detection and containment of fire. Maintenance logs, daily fire checks, evidence of servicing and certification were provided to the inspector. Each resident had a personal emergency evacuation plan in place and these were regularly reviewed. Fire orders were displayed in prominent areas which were easily accessible in the event of an emergency. There were clear written instructions for staff how to carry out a fire drill and a bell check. The person in charge had a plan in place for the year , with named staff being charged with doing drills on specific dates. The inspector viewed the records of fire drills and these indicated that residents could be safely evacuated with the minimal staffing complement. One resident required encouragement to leave on occasion and fire safety and fire drills were noted to be addressed regularly in their key working sessions. Staff were knowledgeable about what to do in the event of a fire and told the inspector about the protocols for use of oxygen and emergency medication in use in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had all had a comprehensive annual assessment of need completed which had clearly aligned support plans in place. There was evidence of input from health and social care professionals where appropriate. Residents had identified goals and a record of actions taken in order to achieve these goals. There was a monthly review of each persons goals with key workers completing a monthly report on care plans to ensure they were kept up to date.

Judgment: Compliant

### Regulation 6: Health care

Residents in this centre were supported to have best possible health. They had access to a local GP and access to a number of health and social care professionals such as speech and language therapy, dentistry, physiotherapy, occupational therapy, psychology and psychiatry.

Residents' appointments and the outcome of appointments were recorded. The inspector viewed easy to read documents on the COVID-19 vaccines in addition to guidance documents for staff on seeking a resident's consent. Residents who were candidates for the National Screening Programmes were supported to access this service.

Judgment: Compliant

### Regulation 8: Protection

Residents in this centre appeared to be well protected. The provider had a number of policies in place to ensure residents were protected from abuse. These included safeguarding of the protection of vulnerable people at risk of abuse, policy on listening to behaviours of concern, trust in care and guidance on restrictive practices and rights restrictions. The inspector viewed the centre's safeguarding log. Where a safeguarding concern arose, this was appropriately reported, documented and investigated in line with national policy. Where required, risk management plans were drawn up and integrated into care plans. Finances were audited bi-monthly and each resident had an assessment of their support needs in managing money. Residents' belongings were accounted for using an inventory of personal possessions. Safeguarding was a standing agenda item on staff meetings. Two of the staff whom the inspector spoke with were knowledgeable about different types of abuse and how to report any concerns. One resident said they felt safe and could speak to staff if they had a concern. All of the residents appeared content, were well presented and seemed comfortable in their home in the company of staff.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Community Living Area R OSV-0002742

Inspection ID: MON-0026459

Date of inspection: 07/09/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A training plan is in place to ensure that all staff complete mandatory and relevant training. Continued monitoring of training matrix by Person in Charge to ensure all mandatory training for staff is completed within relevant timeframes.</p> <p>First Aid, Food Safety and Transport Training schedule has been developed by registered provider in cooperation with Muiriosa Education and Training Department. Training has commenced in September 2021. Further dates are planned for October and November 2021.</p> <p>Proposed date for completion is 30th January 2022.</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 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.	Not Compliant	Orange	30/01/2022