



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 15
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	18 June 2021
Centre ID:	OSV-0003753
Fieldwork ID:	MON-0032979

## About the designated centre

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

This designated centre comprises of two houses in Co. Kildare. The designated centre provides support to six female residents with varying needs. One of the houses is a large bungalow in a rural setting. There are four bedrooms in the house, with two sitting rooms and a kitchen dining area. The other house is a large bungalow situated in a small cul-de-sac. There are five bedrooms with two en-suites. There is a bathroom, a kitchen-cum-dining room and two sitting rooms. There is a large garden to the rear and front of house. The person in charge shares their working hours between this and one other designated centre, and each house is resourced by a separate team of part-time and full-time direct care and support staff.

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

Number of residents on the date of inspection:	6
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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 18 June 2021	10:45hrs to 17:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector found that the residents enjoyed a busy, comfortable and enjoyable time in their home, and were supported with a range of meaningful personal goals and projects with the staff. Residents were safe and happy in their home and got along well with their housemates. The inspector observed a friendly, encouraging and mutually respectful relationship between the residents and the staff members.

To comply with infection control precautions, the inspector visited one of the two houses in person and reviewed findings from the other house remotely. The inspector met with all residents in one house, and reviewed questionnaires filled for this inspection provided by all residents in the second house.

The premises consisted of two bungalows in the countryside. The residents of one of the houses had recently moved from another house to have a living space more suitable for their needs. The residents were supported to visit the new house to get used to it, and choose and decorate their bedroom of choice. Residents told the inspector they liked their new house and its surrounding area. The house was equipped to be accessible to all residents' mobility requirements. Bedrooms were highly personalised with sufficient personal storage. The communal areas were homely and decorated with photographs. The house had two living rooms for the residents to pursue separate routines, with televisions, exercise equipment and arts and crafts supplies. The house was clean and well-maintained, and one resident acted as the advocate for energy conservation and recycling in the house. They had prepared information sessions for the other houses in the area with examples of good practices in saving on waste and electricity.

The inspector observed a nice rapport between the residents and the staff members. Staff evidenced a good knowledge of residents' interests, personalities and communication methods. Staff supported communication between the residents and the inspector without speaking on their behalf. Residents commented that staff were good to them and respected their choices and privacy. Some residents commented that they had preferred certain staff members and which projects and activities they preferred to do with different people. Residents commented that they felt safe with familiar staff members, and residents who had made a complaint in the service said they were happy that it was taken seriously and managed to their satisfaction.

There was a relaxed and homely atmosphere in the house. The inspector observed residents painting, enjoying their lunch and watching football on television. A resident spoke with the inspector about their love for animals and where a feeder was set up in the garden. Staff were exploring options for them to work with animals at a local pet farm. Another resident enjoyed gardening and the inspector was shown photos of them getting their supplies and planting and taking care of their gardening. A resident showed the inspector a paperback book of interesting life stories about their family, work, and the people they had met over the years. The

book consisted of short stories accompanied with old photographs which had been recreated by an illustrator. The resident was proud of their work and how staff helped them use their computer to write it up and get it printed.

The house had reopened to accommodate visitors who arrived during the day and the inspector observed them following suitable precautions in the house to keep everyone safe. Residents were looking forward to returning to community activities such as going to pubs, cafés, cinemas and shopping.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the safety and quality of the service being provided.

## Capacity and capability

The inspector found that the registered provider had measures in place to ensure that the service provided was resourced with a team of staff who were appropriately trained and familiar with the residents' needs. The person in charge and staff team commented that they felt appropriately supported by each other and by the provider-level management, and the inspector found evidence indicating that the service provider was continuously monitoring and enhancing the operation of the designated centre. The provider was also in the process of enhancing staffing resources to improve continuity of support for the service users.

The inspector reviewed a sample of how staff members were supervised by their line manager. Records of these one-to-one meetings covered meaningful topics such as job progression opportunities, requests for training and education, and how staff could be assisted to most effectively support the residents. One-to-one meetings also covered topics related to workplace wellbeing and staff developing their competencies, including where they may take on new responsibilities in their role.

The staff had a good rapport with the residents, and the inspector observed examples through the day of casual, friendly chat and joking, and the staff members displayed a ready knowledge of residents' interests, routines and personal projects. Staff supported the residents to communicate their comments to the inspector without speaking on their behalf.

At the time of inspection, the provider had a full complement of staffing resources, and aside from the person in charge, each house had their own assigned team without need for crossover. Some staff members were currently on long term leave, and the provider had arrangements to fill these absences to retain the required number and skill-mix of staff. Core staff members were available to work extra hours, and personnel were available to work relief shifts when required. Despite these two contingencies, the provider was frequently required to utilise the services of external agencies to provide personnel to a service in which staff familiarity was

identified as key to meeting residents' needs most effectively. In the three months prior to this inspection, 25 days had shifts covered by nine different people deployed from two agencies, 13 of which were shifts on which the person would be working alone with the residents. The inspector was advised that the provider was in the process of recruiting to their own relief panel to enhance that resource and be less reliant on agency personnel. The inspector also reviewed a concise handover document with which the core staff would provide key information on each resident to agency personnel, to reduce the impact on continuity. Some improvement was also required to the house rosters to ensure that agency and relief personnel were clearly identified, as was the location of the person in charge per shift.

The provider maintained a robust oversight structure of the operation of the designated centre. They had completed their annual and six-monthly audits of the service. In these they highlighted the achievement of the team in managing risks related to the COVID-19 pandemic, as well as delivering on the staff supervision routine and resident meaningful projects through the social restrictions. The team had been engaged remotely for news and updates related to the service. The provider identified areas which had fallen behind schedule or in which improvement of development was required. For all areas identified, a time bound plan of action was outlined to bring these aspects in line with regulation and provider policies.

### Regulation 15: Staffing

While the number and skill-mix of staff was retained, some improvement was required to improve staffing continuity in the event of absence of members of the core staff team. Some clarity was required on staffing rosters to provide a complete and accurate record of staff allocation.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff were trained and supervised appropriately for their respective roles and were supported to develop skills and progress in their careers.

Judgment: Compliant

### Regulation 23: Governance and management

Suitable governance and management structure were in effect. The designated centre was subject to regular provider audits which identified areas in need of

development and set out time bound actions to address same.
Judgment: Compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
Residents had contracts in place which outlined the terms, conditions and fees associated with this service.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Residents were supported to make a complaint about the service, and where residents had done so, they commented that they were satisfied with its management.
Judgment: Compliant
<b>Quality and safety</b>
<p>The inspector found this to be a designated centre which was homely, promoted and supported meaningful opportunities for its residents, and delivered support in a manner which was respectful of residents' choices, preferred routines and levels of independence. Health, personal and social support plans for residents' assessed needs were detailed and person-centred, with clear evidence on how residents were consulted and contributed to their own support planning. While the provider was in the process of upgrading the centre to enhance fire safety measures, otherwise the premises were suitable, accessible and comfortable.</p> <p>The residents in the house which the inspector visited in person had recently moved in from elsewhere. They commented that they liked the change and had the opportunity to decorate and personalise the house how they wished. The house was suitable in design and layout, with appropriate and accessible bathroom, garden and dining areas. The provider had recently commissioned a fire assessment of the premises and had a schedule of upgrades planned, including upgrading doors to contain flame and smoke, installing self-closing mechanisms on doors and installing thumb locks on external exits to eliminate the need for keys when exiting. High risk areas such as kitchen and laundry spaces had this door upgrade work done at the</p>



time of the inspection.

The premises was clean and kept in a good state of maintenance. The house was equipped with sufficient cleaning and sanitising equipment, and staff were observed following correct practice around hand hygiene and use of personal protective equipment. The residents were supported to receive their vaccine against COVID-19, and for people entering the house, staff carried out appropriate checks to keep themselves and the residents safe.

Residents were supported to pursue meaningful opportunities for recreation, employment, community participation and staying in contact with friends and family. Residents were supported to stay in contact with loved ones using video technology during the social lockdown. Where opportunities and interests in the community were restricted during the pandemic, the residents were supported to pursue other interests, exercise and hobbies which could be pursued effectively. Each resident had multiple personal goals and projects with a clear record on which of these were completed or in progress, complete with photographs of the residents enjoying their hobbies and work, alone or with the support of the staff team. Each resident had a keyworker with whom they set out these personal objectives and planned out the steps towards attaining them. Residents also had weekly house meetings in which they could plan and decide on outings, meals and activities for the week, share news and raise any concerns.

The inspector reviewed a sample of care and support plans to effectively deliver the health, social and personal goals of each resident. Plans were concise, detailed, and evidence-based, and staff displayed a good level of knowledge of each residents' support needs, preferences and personalities. On at least an annual basis, personal support plans were reviewed to assess that they were accurate, appropriately detailed and having the intended outcome. This was done with evidence of consultation with the resident, their keyworker and the relevant healthcare professionals.

### Regulation 11: Visits

The centre had returned to receiving visitors to the houses, with appropriate precautions to keep people safe during the ongoing pandemic.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to personalise their space. Residents were assessed for appropriate levels of support in managing their belongings and finances.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to pursue a range of meaningful and appropriate social, personal, work and life development objectives with keyworkers supporting these projects to completion.

Judgment: Compliant

### Regulation 17: Premises

The premises was suitable in design and layout for the number and assessed needs and accessibility of the residents.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The inspector was provided evidence on how residents were supported and consulted to relocate to a new house within the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The house was clean and sufficiently equipped to manage infection control risks.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had identified areas in which the designated centre required upgrades to improve fire containment measures, provide adequate zone

<p>compartmentalisation, and make evacuating the house more efficient.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 29: Medicines and pharmaceutical services</b></p>
<p>Medicines were prescribed, administered, stored and disposed of in line with good practices. Residents were assessed for capacity and independence in the management of their medications.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 5: Individual assessment and personal plan</b></p>
<p>Personal plans were clear, detailed and tailored to each person in the designated centre. Evidence of resident consultation was present in reviews of these plans, as was the input from the relevant healthcare professionals.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 6: Health care</b></p>
<p>The inspector found evidence indicating that residents were supported to attend their general practitioner and other health care professionals, receive clinical support and relevant health screenings, and receive their vaccination against COVID-19.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 9: Residents' rights</b></p>
<p>Residents were supported to make choices in their home and be consulted on matters which were meaningful to them. The inspector observed examples throughout the inspection of how residents' privacy and dignity was respected in the running of this service.</p>
<p>Judgment: Compliant</p>



## 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>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 15 OSV-0003753

Inspection ID: MON-0032979

Date of inspection: 18/06/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staff member on long term (maternity) leave is returning on 11/08/2021. This will dramatically reduce the need for relief staff in this designated centre. In the meantime, regular staff has been sourced from the relief panel to cover all types of leave.</p> <p>As of the 19/06/2021, Person In Charge has updated rosters showing staff on duty during the day and night including whether they are relief or agency and the agency company name.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A regional review has taken place of all Fire Containment measures in the region. A business case has been submitted to the Health Service Executive for funding to bring this regulation into full compliance. Once this has been approved, 8 additional fire doors, automatic door closures and thumb turn locks will then be installed in each house at this designated centre.</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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	11/08/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	19/06/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2021