Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 1
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	14 September 2023
Centre ID:	OSV-0004076
Fieldwork ID:	MON-0031938

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 bungalows next door to each other at the end of a small cu-de sac on the outskirts of a small town in Co. Kildare. The centre provides full-time residential service for seven adults with intellectual disabilities. One of the houses consists of five bedrooms, bathroom, toilet area , kitchen, sitting room, small hallway and small garden to the front. The other house consists of five bedrooms, two bathrooms, kitchen/dining room and two sitting rooms. This house has a garden to the back of the house. There is a car available to both houses. The person in charge divides their working hours between the two houses in this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Thursday 14 September 2023	09:45hrs to 16:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This announced inspection took place to inform a decision about the renewal of registration of the designated centre. From what residents told us and what the inspector observed, it was evident that residents were living in comfortable homes and were supported to have a good quality of life by a caring staff team.

The designated centre comprises two bungalows in a quiet cul de sac outside a town in Co. Kildare. The first bungalow is home to four residents who present with complex and changing healthcare needs. The house is spacious and comprises two sitting rooms, a large kitchen and dining area, a staff office and four resident bedrooms, one of which has an en-suite. There are two large accessible bathrooms available in the centre. On arrival, residents were going about their morning routines and getting ready to go out to a day care centre which had resumed since the last inspection. The inspector had the opportunity to speak with all of the residents, with each of them showing the inspector their bedrooms. Bedrooms were personalised to reflect residents' interests and were suitably equipped for personal needs. For example, two of the bedrooms had tracking hoists installed, while another had ample space to store an additional wheelchair and other equipment which the resident required. Residents told the inspector about the day care centre and activities they enjoyed there such as bingo, singing and having a meal. Another of the residents told the inspector that they "loved" living in the house. They spoke about where they had lived in an institutional setting when they were younger and how this house was "everything I wished for". Residents showed the inspector their person-centred support plans and photographs of different activities they had done and places they had visited. One of the residents had recently been supported to have a hotel stay with family by staff. There were activities in the house such as jigsaws, magazines and art supplies. Residents were observed chatting to staff and it was evident that they were comfortable and content in their company. All of the residents spoke highly of the staff team. One of them spoke about how staff supported them with their care routines and described them as "very kind".

The second house is home to two residents and is located directly across the road. The residents also attended a day service and the inspector met them on their return in the afternoon. One of the residents showed the inspector around the house. The house was decorated throughout with their artwork and framed jigsaws which they had completed. The second resident had transitioned into the house in 2022 and showed the inspector their room. They spoke about their family members and plans for an upcoming birthday. The resident had joined a local 'sheds ' initiative and reported that they loved going to it. Both residents spoke about the staff support and that they were happy in their home. The residents enjoyed tending to flowers in the garden and showed the inspector tomatoes they had grown over the summer.

Residents in both houses had completed questionnaires which had been sent out prior to the inspection taking place. These questionnaires look for feedback on key

areas of the service such as the physical premises, food, visitors, rights, complaints and activities. These indicated that residents were mostly satisfied with the services they were receiving. Residents reported to do bingo, writing and watching TV in the centre. Outside of their home, residents enjoyed going to the hairdressers, going to lunch, day trips and meeting families. Some residents attended a day service for a set number of days each week. Others reported that they enjoyed having a massage and going to mass. Residents meetings were taking place in both houses on a weekly basis. These included discussions about menu planning, activities and house-related issues. Complaints were also on the agenda and there was a poster on the wall showing the complaints officer. Residents told the inspector that they knew who to speak with in the centre if they had an concerns.

Staff in the centre had completed training in applying a human-rights based approach to health and social care. Two of the residents in the centre were part of a "People First" group within the organisation. They attended regular meetings and published a newsletter each quarter on their work. The provider was in the process of rolling out "Your Rights Your Choice" sessions with residents. The person in charge told the inspector that the staff team were learning about the Assisted Decision Making (Capacity) Act, 2015 and some residents were engaging with external services to plan for the future. It was evident that residents' choices were upheld in the centre and that staff advocated on behalf of residents relating to finances.

Residents were supported to maintain and develop relationships which were important to them and visits were welcome to the centre. One resident spoke about a friend who they used to live with and their plans to have them over to the house for afternoon tea. Another resident had recently had an overnight stay with family in a hotel.

In summary, this inspection found that the centre was well run and staffed with a team who were familiar to the residents. Residents were enjoying a good quality of life and all appeared to be content. The next two sections of the report present the inspection findings in relation to the governance and management arrangements in the centre and how these arrangements affected the quality and safety of the service being provided.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, some improvements were required in the areas of governance and management, risk management and staffing.

The provider had suitable arrangements in place to oversee and monitor the quality and safety of residents' care and support. There was a clearly defined management structure which identified lines of authority and accountability. The provider had a

number of committees in place to ensure governance over a number of service areas such as positive behaviour, infection prevention and control (IPC), restrictive practices and health and safety. There were emergency on-call arrangements in place for staff. The provider had carried out six-monthly unannounced provider visits in line with regulatory requirements. These were found to identify areas requiring improvement and quality improvement plans were in place and progressed. The annual review was carried out in line with requirements.

The person in charge was responsible for the day-to-day running of the centre. They had recently commenced in their role and were suitably qualified and experienced. There were a number of audits in place which were carried out at defined intervals on a number of service areas such as health and safety, finances, complaints, medication and individual audits of residents' care plans also took place. Staff meetings took place every second month and were resident-focused in nature. There was a set agenda in place which included sharing learning in relation to relevant findings of audits, incidents and accidents and risks in the centre. The person in charge met with other persons in charge in the region on a monthly basis and these forums were used to share learning across different designated centres.

Each of the houses had their own staff team in place. Staffing levels in one of the houses had increased at night-time to ensure the ongoing ability to meet residents' assessed needs. On the day of the inspection, there was a vacancy for a nursing staff and a social care worker. New staff had been recruited and were due to start in the weeks following the inspection. From a review of rosters and speaking with staff, there was a third support staff assigned to one house up to 5pm to ensure that residents engaged in meaningful activities and to facilitate appointments. Because this staff member was willing to work flexible hours, this enabled residents in the centre to be out each day. Residents in the second house had lower support needs and there were adequate staff in place to meet those assessed needs. Planned and actual rosters were in place. However, maintenance of these rosters required improvement to ensure that where agency or relief staff were on duty, that full names and their roles were clear.

Staff training and development was reviewed every quarter by the person in charge to ensure that staff remained up to date with their required courses in addition to identifying any new areas for learning. All staff had completed mandatory training. A small number of staff were due to complete refresher training in cardiopulmonary resuscitation (CPR) and epilepsy management. However, these were identified and booked for the months following inspection. Supervision sessions took place in line with the provider's policy.

The provider had developed a Statement of Purpose which met regulatory requirements. There was a complaints policy in place and easy-to-read information was evident in the centre for residents to identify the complaints officer. While there were no complaints logged at the time of the inspection, there was a clear system for logging and responding to these in a timely manner. Evidence of two compliments were on file to ensure that positive feedback was also recorded. Residents knew who to speak to if they had a complaint.

Registration Regulation 5: Application for registration or renewal of registration

The provider made an application for the renewal of the registration of the centre to the chief inspector which included all required information set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge. They had recently started in their role in the centre and was in the process of becoming familiar to the residents and the systems in place.

Judgment: Compliant

Regulation 15: Staffing

Maintenance of rosters required improvement to ensure that it was possible to see the full name of people who had completed vacant shifts.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had completed mandatory training in fire, safeguarding, manual handling, safe administration of medication and food safety. Staff had completed other training relevant to the residents living in the centre including dementia, training on feeding, eating, drinking and swallowing, transport and a number of IPC modules. Staff had also completed training in applying a human-rights based approach to health and social care. The person in charge demonstrated good monitoring and oversight systems to ensure that all staff remained up-to-date with their courses. Supervision took place regularly and a sample of records of these sessions indicated that sessions covered items such as training, leave etc.

Judgment: Compliant

Regulation 22: Insurance

The provider effected a contract of insurance against injury to residents and other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with lines of accountability and responsibility outlined. The provider had carried out an annual review and six-monthly unannounced visits. Oversight at centre level was maintained through a number of audits. There was evidence to indicate that audits were identifying areas requiring improvement and actions were tracked and progressed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which included all information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place which was also available in an easy-to-read format for residents. There was a nominated person within the organisation to deal with all complaints and to ensure that complaints were recorded and fully investigated. While there were no complaints on the day of the inspection, the person in charge was aware of the systems in place to document, report and manage a complaint where required.

Judgment: Compliant

Quality and safety

Residents' well-being and welfare was made by a good standard of evidence-based care and support. Residents were supported to have best possible health. They had regular access to a local general practitioner (GP) and a number of health and social care professionals. Records of each appointment attended were kept and regular audits of residents' care plans took place which included health indicators to ensure that all follow up tests or assessments were carried out. Residents had access to National Screening Programmes where they were eligible.

Residents were protected from abuse in the centre. The organisation had a number of policies in place which included safeguarding and protection of vulnerable adults, a policy on listening and responding to individuals who communicate distress through behaviours of concern. Staff were familiar with these policies and it was evident that where safeguarding concerns had arisen, these were reported, documented and investigated in line with national policy. Safeguarding was a standing agenda item on staff meetings. Residents who required support with personal and intimate care had clearly documented plans in place which respected their rights to privacy and dignity.

Residents had access to their personal belongings in the centre including their clothes and their belongings. Inventories of each residents' personal property was kept and regularly updated to ensure possessions were safeguarded and accounted for. Residents in the centre held patient private property accounts which was managed within the organisation. The practice on the day of the inspection was that residents' monies were collected every two weeks. However, staff noted that there had been occasions where the current arrangements in place to collect monies meant that residents were left short of money to pay for a service they regularly availed of. This was in the process of being changed by the provider in response to staff on the day of the inspection. Financial capacity assessments had been carried out. However, it was unclear how the judgments on residents' capacity had been made and what residents' support needs were.

The provider had effective fire safety management systems in place. Since the last inspection, hold-open devices had been installed on doors and wedges were not present. The provider had recently introduced a new monitoring system to ensure oversight of fire drills within the organisation. Fire drill reports were now completed online and viewed by the internal fire officer, which ensured clearer oversight and identification of areas of non compliance. There was evidence of actions being taken where it was required.

The provider had a risk management policy in place which met regulatory requirements. There were systems in place to identify, assess, manage and review risk including a system for responding to emergencies. There were location specific safety statements in both locations and risk registers. Risk assessments were regularly reviewed. However, documentation relating to risk required review to ensure that high risks identified for residents were reflected in the centres' risk

register, particularly those related to fire and falls. Adverse events were documented and reported and control measures put in place where they were required. Incidents and accidents were discussed at staff meetings to share learning.

Regulation 12: Personal possessions

There were systems in place to manage and safeguard residents' finances. However, improvement was required to ensure that residents were supported to manage their own financial affairs, and that they had timely access to and control of their money. For example, most residents did not have their own bank account and were required to request money from their accounts held in the organisation on a fortnightly basis, or if finances were required for a specific reason they could be accessed through the organisation's finance office during office hours. Staff had reported that a resident had recently "run short" to pay for a service which they received and enjoyed on a weekly basis and this had necessitated seeking funds more urgently. Staff had advocated for more frequent access to monies and the provider reported that time lines would revert back to weekly funds being released.

Capacity assessments had been carried out in relation to finances for each resident. However, it was unclear how these judgments were made on residents' abilities in relation to their finances. Where assessments indicated that a resident required support, it was not clear what level of support was required. For residents who had higher support needs, it was not evident that residents were supported to develop skills and experience in managing money in line with those support needs.

Judgment: Not compliant

Regulation 13: General welfare and development

Residents in the centre were well supported to engage in meaningful activities both in the house and in their day services. Residents were observed doing jigsaws, colouring, looking at magazines and all had attended a day service on the day of the inspection. Residents told the inspector about their upcoming plans and it was evident that they were supported to pursue activities of their choice. Staff supported residents to develop and maintain relationships with those important to them.

Judgment: Compliant

Regulation 17: Premises

Both of the houses in the designated centre were found to be in a good state of

repair and well suited to residents' assessed needs. They were nicely decorated and homely, with photographs and personal affects on display in both houses. There were adequate space and storage facilities and ample space for residents to spend time alone or in company with one another.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect of the designated centre which met regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to identify, assess and manage risks in the centre. The centre had a local safety statement for each house in addition to risk registers. There was evidence that these risk registers were reviewed and updated. However, the risk register for one of the houses required review to ensure that the risk ratings were reflective of risk in the centre, particularly relating to falls and fire. For example, there had been a number of falls which had taken place in the months prior to the inspection and residents' were assessed as being high risk and this level of risk was not reflected in the centre's risk register.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety management systems in place. Each house had fire fighting equipment, fire containment measures and emergency lighting in place. Personal emergency evacuation plans (PEEPs) were in place for all residents and regularly reviewed. A sample of fire drills for both houses indicated that these were regularly carried out and that reasonable evacuation times were achieved within the staffing complement by day and night.

Judgment: Compliant

Regulation 6: Health care

Residents in the designated centre were supported to have best possible health. Residents had access to a GP and had input from a number of health and social care professionals including occupational therapy, physiotherapy and relevant medical consultants. Where residents were eligible for national screening programmes, they were facilitated to avail of these programmes.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from abuse in the centre. Where safeguarding incidents had occured, there was evidence that these were appropriately identified, reported and followed up on in line with National Policy. Residents had received support from a psychologist where they required it and three of the residents who could communicate verbally told the inspector that they felt safe in their homes and knew who to speak with should they need to. Residents had personal and intimate care plans in place which were written in a manner that respected residents' rights to dignity and bodily integrity.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 1 OSV-0004076

Inspection ID: MON-0031938

Date of inspection: 14/09/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge has reviewed the format of how rosters are printed in the designated centre and will ensure going forward the maintenance of the roster is actual, stating the full name and title of staffing fulfilling shift including agency and relief staff.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The register provider ensures the residents receive their monies on a weekly basis and has implemented a system should a resident require additional monies outside of this timeframe this will be facilitated. The provider recognises this is a restriction attached to this practice. The senior leadership management team are reviewing this practice and working with financial institutions and will endeavour to ensure that residents having free access to their money in the future, in line with regulation. The register provider is currently reviewing the capacity assessments in line with the Assisted Decision Making (Capacity) Act 2015	
Regulation 26: Risk management	Substantially Compliant

procedures	
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The person in charge shall conduct a full review of the risk register to ensure the risk ratings correspondence with the risk assessments as identified in the short comings of this inspection. The person in charge will ensure a check is implemented in the audits to improve practices in the designated centre.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/12/2024
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	14/09/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	30/11/2023

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			