



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 29
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	17 August 2021
Centre ID:	OSV-0005878
Fieldwork ID:	MON-0026421

## About the designated centre

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

Community Living Area 29 is situated in the outskirts of a small town in Co. Kildare. The designated centre consists of a bungalow which has the capacity for three residents, male and female over the age of 18 years. At the time of inspection, there were two residents living in the centre. The residents in the designated centre have varying needs in relation to their moderate intellectual disability, diagnosis of Autism, mental health needs, mobility and physical disabilities. The bungalow is decorated to the residents' personal tastes and interests. Residents have their own sizeable bedroom, kitchen, sitting rooms and bathroom and is wheelchair accessible. The aim is to provide a home like environment and to encourage each individual to live to their full potential by encouraging choice, providing adequate resources to support each individuals to function at an independent level as possible. A suitable car is available at the location. Residents are supported by health care assistants, social care workers and the person in charge. Staff members provide security, company and support for each individual.

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

Number of residents on the date of inspection:	2
--	---

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 17 August 2021	10:00hrs to 16:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the two residents living in the centre had a good quality of life in which their rights and independence was promoted. However, it was noted that some upgrade works were required in relation to the fire containment arrangements. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations. The inspector observed that the residents were consulted with about the running of the centre and played an active role in decision making within the centre.

The centre comprised of a four bed roomed spacious bungalow which was located in a rural setting but a short drive away from a local town. The centre was registered to accommodate three residents. However, at the time of inspection there was only two residents living in the centre. The two residents had been living together for an extended period and were considered to get along well together. There were no plans for any further admissions to the centre at the time of inspection.

On this inspection, the inspector met with one of the two residents living in the centre. Conversations between the inspector and the resident took place from a two metre distance, with the inspector wearing the appropriate personal protective equipment. Warm interactions between the resident and staff caring for them was observed. The resident appeared in good form and comfortable in the company of staff. The resident indicated to the inspector that they were happy living in the centre and enjoyed the company of staff. It was evident that the resident was very proud of their home. In the morning, the resident was supported by staff to attend a physiotherapist appointment before returning to the centre to relax and watch their favourite programme on their tablet. Then in the afternoon the resident went out for lunch with two staff members. A staff member spoken with outlined that the COVID-19 restrictions had impacted upon parts of the resident's daily routine, including social interactions in the community. However, the resident was considered to have coped well overall. The other resident was attending their day service and engaged in community activities on the day of inspection. It was reported that they too were very happy living in the centre.

There was an atmosphere of friendliness in the centre. Numerous photos of each of the resident and their family members were on display. Various ornaments of the residents choosing were on display within the centre and in the garden area. A piece of art work completed by local transition year students specifically for one of the residents was on display. Staff were observed to interact with the resident who was present at the time of inspection in a caring, patient and respectful manner. For example, staff were overheard knocking before entering the resident's personal space and reassuring them about time lines for their day.

The centre was found to be comfortable, accessible and homely. It was spacious,

with a good sized kitchen come dining area. There was a separate sitting room. The residents had full access to all areas of the house. Each resident had their own bedroom which had been personalised to their own taste and interests. For example, one of the resident's bedrooms had various soft furnishings and decorations depicting the resident's love of machinery and farm equipment. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

There was a good sized and well maintained garden for the residents' use. Work had been completed in the garden in the preceding period. This included the installation of foot paths to make areas of the garden more wheel chair accessible. There was a large decking area with seating for outdoor dining. Raised flower beds with colourful planting and bird feeding tables were on display. A vintage tractor and wheel barrow with turf with planting was a focal point in the back garden. Both residents had been actively involved in the design and layout of the garden and in the acquisition of various ornaments and plants. Each of the residents had recently planted an apple tree which they were eagerly awaiting to bloom. It was noted that both residents enjoyed spending time in their garden for relaxation, but also watering and maintenance of the garden. Future plans to further develop the garden were proposed.

There was evidence that the residents were consulted and communicated with, about decisions regarding their care and the running of the house. A small team of staff were rostered to provide one-to-one care for the residents at all times. There was evidence of regular house meetings with the residents and daily one-to-one conversations with the residents in relation to their needs, preferences and choices for activities and meal choices. The provider had an advocacy group within the wider service which the residents could access if they so wished.

The inspector did not have an opportunity to meet with the relatives of either of the residents. However, relatives of each of the residents had completed a questionnaire for the inspector which indicated that they were very happy with the care and support that their loved ones were receiving. Numerous compliments were recorded in the centre from various family members. The provider had also consulted with relatives as part of the annual review of the quality and safety of the service. The results of this survey was overwhelmingly complementary of the service.

The residents were actively supported and encouraged to maintain connections with their friends and family through a variety of communication resources, including house visits, video and voice calls. Visiting to the centre was restricted in line with national guidance for COVID-19. Staff supported residents to make visits to their family and friends also. One of the residents enjoyed arts and crafts and made various wreaths and gifts for relatives and friends with the support of staff.

The residents were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting the residents' access to some activities in the community. However, with the lifting of restrictions, there was evidence that residents were re-engaging in various community activities where this was possible.

One of the residents was engaged in a formal day service programme whilst the other resident engaged in individual activities of their choosing from the centre. Examples of activities that the residents engaged in included, baking, drives to local scenic areas, visits to local farm, arts and crafts, bird watching, listening to music and watching television. The centre had a vehicle for use by the residents.

The residents were supported by a consistent team of staff. The full complement of staff were in place. It was noted that the majority of staff had been working with the residents for an extended period. The resident's needs and preferences were well known to two staff members met with, and the person in charge.

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

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs.

The centre was managed by a suitably qualified and experienced person. The person in charge held a certificate in management and had a background as a registered nurse in intellectual disabilities. She had more than 20 years experience. The person in charge had a good knowledge of the assessed needs and support requirements for each of the residents. She was in a full time position and was responsible for one other centre located nearby. She was found to have a good knowledge of the requirements of the regulations. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to a clinical nurse manager who in turn reported to the area director. The person in charge and clinical nurse manager held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. The person in charge had undertaken a number of other audits and checks in the centre on a regular basis. Examples of these included, quality and safety checks, audits of the resident's files, health and safety audit, fire safety and finance. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place which meant that the residents received consistent care from their care givers. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The person in charge had a good knowledge of the residents' care and support requirements.

Judgment: Compliant

#### Regulation 15: Staffing

The small staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place.

Judgment: Compliant

#### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. Staff had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

#### Regulation 23: Governance and management



There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which had been recently reviewed and contained all of the information required by the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The residents living in the centre, appeared to receive care and support which was of a good quality, person centred and promoted their rights. However, upgrade works were required in relation to the fire containment arrangements.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. Care plans and personal support plans reflected the assessed needs of each the resident and outlined the supports required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. There was evidence that person centred goals had been set for each resident and there was evidence that progress in achieving the goals set were being monitored. It was noted that the achievement of some goals had been impacted by national restrictions imposed by COVID-19. An annual personal plan review had been completed for each resident in line with the requirements of the regulations.

The health and safety of the resident, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual

risk assessments for each resident were in place. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the resident. This promoted opportunities for learning to improve services and prevent incidences. Overall, there were low levels of incidents in the centre.

Precautions were in place against the risk of fire. However, it was identified that fire doors throughout the centre required to be upgraded to the appropriate standard and that self closing hinges needed to be applied to doors. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. The inspector observed that all areas appeared clean and in a good state of repair. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Temperature checks for staff and the residents were undertaken at regular intervals. Disposable surgical face masks were being used by staff whilst in close contact with residents. An outbreak of COVID-19 had been confirmed in the centre in January 2021, affecting residents and staff. This had been appropriately managed.

## Regulation 17: Premises

The centre was found to be homely, suitably decorated and in a good state of repair. The centre was spacious with a good sized kitchen come dining area and sitting room area. Each resident had their own bedroom which had been personalised to their own taste. There was a good sized, well maintained and accessible garden surrounding the centre which included a decking and seating area for outdoor dining.

Judgment: Compliant

## Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

## Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 contingency plan was in place which was in line with the national guidance.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire doors throughout the centre required to be upgraded to the appropriate standard. There were no self closing hinges applied to doors in the centre.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the residents and outlined the supports required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

## Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. Health plans including nutrition assessments and plans were in place. There was evidence that the residents had regular visits to their general practitioner and other allied health professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. There were documented reactive strategies in place to guide staff in supporting the residents. Both residents were noted to be compatible and close friends. There were minimal behaviours that challenge presented by residents living in the centre.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. The provider had a safeguarding policy in place. Intimate care plans were in place for each of the residents which provided sufficient detail to guide staff in meeting the intimate care needs of the individual resident.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. Information on the National advocacy service was available for the residents' reference on the notice board in the kitchen. There was evidence of active consultations with the residents regarding their care and the running of the house. Accessible information on the residents' rights was available in the centre. There was a suitable complaint process in place but there had been no complaints recorded in the preceding period.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 29 OSV-0005878

Inspection ID: MON-0026421

Date of inspection: 17/08/2021

## 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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires</p> <p>A schedule has been devised within the organisation to install Fire doors and self-closures on all bedrooms and any door on the escape route. This process is well underway and carries an additional cost to the organisation of which we have sought approval for from the HSE.</p> <p>This work in progress will be completed over the next 6/12 and in place by 20/03/2022</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	20/03/2022