



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

Name of designated centre:	Community Living Area 15
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	04 July 2018
Centre ID:	OSV-0003753
Fieldwork ID:	MON-0021832

## 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; both houses are in Co. Kildare. The designated centre provides support to six female residents with varying needs. One of the houses is a large dormer bungalow in a rural setting. There are four bedrooms in the house, two upstairs with ensuite and two downstairs (one with ensuite). On the ground floor there is a sitting room, a conservatory, a kitchen cum dining room which opens out on to a landscaped garden. The other house is a large bungalow situated in a small cul de sac. There are five bedrooms with two ensuites. 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. There are care available for the use of residents in both houses. The person in charge shares her working hours between this designated centre and two other designated centres. There are two social care workers (full-time) and one facilitator employed (full-time) in one of the houses and in the other house, two cares staff (part-time) and one social care worker (full-time) employed.

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

Current registration end date:	31/01/2019
Number of residents on the date of inspection:	6

## How we inspect

To prepare for this inspection the inspector or 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
04 July 2018	09:00hrs to 18:30hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met with six residents on the day of the inspection and observed elements of their daily lives. The residents in this centre used verbal and non-verbal communication, so where appropriate their views were relayed through staff advocating on their behalf. Residents' views were also taken from HIQA questionnaires, residents' house meeting minutes, the designated centre's annual review and various other records that endeavoured to voice the resident's opinion.

One resident told the inspector that they was very happy living in the house and that they liked the people they were living with. A resident also commented that they were happy to have two dogs and enjoyed looking after them.

Two residents showed the inspectors around their bedrooms and appeared happy and proud to showing off their rooms including the different photographs, pictures and memorabilia they had in their rooms.

There were very positive comments from residents in the questionnaires regarding the staff and the care they provided.

The inspector observed that there was an atmosphere of friendliness in the centre and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken into account. However, the inspector found that an improvement relating to the workforce, which was required from the previous inspection in May 2017, had been not been implemented.

The inspector found that staff had the necessary competencies and skills to support the specific residents that live in the centre and have developed therapeutic relationship with residents. The inspectors observed kind, caring and respectful

interactions between staff and residents throughout the day.

The inspector saw that staffing arrangements included a number of extra hours allocated on Saturday and Wednesday to support the residents attend activities that promoted community inclusion, independence and the well being. However the inspector found in one area of the centre that staffing ratios did not enable flexibility to respond to residents' changing needs and the way they wished to live their lives.

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The person in charge informed the inspector that agency or relief staff well known to residents were used if required.

The inspector found evidence that all staff had received mandatory training to enable staff provide care that reflected up to date evidence-based practice. Staff who spoke with the inspector demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

Governance and management systems in place ensured that overall, the residents received positive outcomes in their lives and the delivery of a safe and quality service. The inspector found that there was an auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

There was an auditing information technology system in place which provided the person in charge with actions and time-lines arising from the six monthly and annual review. The system assisted the person in charge in ensuring that the operational management and administration of centre resulted in safe and effective service delivery.

The inspectors found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with the regional director and other persons in charge from the same organisation on a monthly basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. A new form of one to one staff supervisions meetings had commenced in the centre with staff informing the inspector that they found them to be very beneficial to their practice.

## Regulation 15: Staffing

The action from the last inspection in May 2017 was outstanding. Staffing arrangements in this designated centre need to be reviewed and improved to ensure better outcomes for residents. The inspector saw that there were times during the week and weekend whereby residents were not leaving the designated centre to pursue activities due to staff resourcing issues.

Judgment: Not compliant

### Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflects up-to-date, evidence-based practice.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had a directory of residents in place and it was maintained in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

An annual review had been completed in the centre which reflected the two six-monthly visits to the centre in the previous 12 months.

Judgment: Compliant

### Regulation 3: Statement of purpose

The service being delivered was in line with the designated centre's

current statement of purpose.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Overall all Schedule 5 policies and procedures were adopted, implemented and made available to staff. However, of the 21 policies reviewed, 10 were not reviewed within a 3 year period as required.

Judgment: Substantially compliant

#### Quality and safety

The inspector found the centre was well run and provided a warm and pleasant environment for residents. Overall, the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of each resident's needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality however, the inspector found that in relation to safety improvements were required.

The inspectors looked at a sample of personal plans and found that residents had up to date plans which reflected their assessed needs and were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied health care professionals and family members.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. Personal plans were made available to residents and were in an accessible format supporting the residents to better understand their plans.

Residents were supported to engage in goals that promoted community inclusion such as attending a local pottery classes, being members of local senior citizens groups and attending the local mass service on Saturday evenings. Local parishioners called to one of the houses on a weekly basis to join the residents in prayer and different religious services within the house.

A number of residents attended a local day service while other residents were provided a service within the centre which had been assessed and personalised to better meet their needs. Some of the goals identified for residents included social activities such as trips away to a hotel, attending music events and arranging dinner



parties for their family.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. In both houses residents were supported to grow and maintain fruit and vegetables in raised beds which were accessible to all. One resident attended a pottery course and had a number of their pottery pieces displayed through-out their house. In both houses the residents were supported to look after the welfare of their house pets.

Where appropriate, residents were involved in the running of their house through meaningful household roles and tasks which in turn promoted their independence. A number of residents were involved in tasks such as baking, shopping, recycling, laundry and watering the garden plants.

Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected however, improvements were required to further support staff around some intimate and personal care practices.

In one of the houses residents were supported to develop their knowledge, self-awareness understanding and skills required for self care and protection through accessible information promoting safeguarding however, the inspector found that the same information was not provided in the other house.

The house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the house. Overall, the physical environment of the house was clean and in good decorative and structural repair however, the inspector found that some repair and paint work was required in both houses.

The environment in the house provided appropriate stimulation and opportunity for the residents to rest, relax and engage in recreational activities. A new sensory room was being set up and the inspector saw evidence that the residents had been consulted and were involved in the development of this room.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that overall, there were good systems in place for the detection of fire. However, the inspector found that the building was not adequately subdivided with fire resistant construction such as fire doors and that further to this, a personal evacuation plan for one of the residents required further input.

Each resident's medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve residents' health and well-being. Medication was reviewed at regular specified intervals as documented in

residents' personal plans.

### Regulation 13: General welfare and development

In one of the centres houses, the inspector saw evidence that residents had opportunities to participate in activities however, not as often as they would liked or, that could be considered acceptable.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises met the needs of the residents and the design and layout promoted resident's safety, dignity, independence and well-being.

Judgment: Compliant

### Regulation 28: Fire precautions

One personal evacuation and escape plan had not been updated to include all the steps required to support the residents evacuate safely. However, on the day of inspection the person in charge added this information to the resident's evacuation plan.

The two premises did not have any fire doors and where there was glass in doors it was not fire resistant. There were plans in place to put seals on seven doors and change door glass to fire resistant glass however, there was no time-lines in place as to when this work would be completed.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Safe medical management practices were in place and were appropriately reviewed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

### Regulation 8: Protection

One of the actions from the last inspection May 2017 had not been fully completed. The inspector saw a copy of the local guidelines for personal and intimate care which had been drawn up in June 2017 however, these guidelines had not been included in residents plans for staff to view.

While there was accessible safeguarding information for some resident's in the centre to support them develop their knowledge and understanding in this area, it was not made available to all residents.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Community Living Area 15 OSV-0003753

Inspection ID: MON-0021832

Date of inspection: 04/07/2018

## 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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:	
We endeavor to ensure all residents needs are being met and to provide them with the opportunity to participate in activities in accordance with their interests, capacities and developmental needs. We are currently awaiting funding for the HSE for extra staffing.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	
All policies that were out of date are currently being reviewed by management.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development:	
We endeavor to ensure all residents needs are being met and to provide them with the opportunity to participate in activities in accordance with their interests, capacities and developmental needs. We are currently awaiting funding from the HSE for extra staffing.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	
Fire doors have been fitted into CLA 15.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	
The document that was not present in the personal care plans for residents has been put in place.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	We are currently not in a position to give a date for compliance as we are waiting on the HSE to give additional funding for staffing supports. The initial proposal for additional funding went into the HSE on the 16/08/17 following an inspection. This is regularly revisited for additional funding
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Yellow	We are currently not in a position to give a date for compliance as we are waiting on the HSE to give additional funding for staffing supports. The initial proposal for additional funding went into the HSE on the

				16/08/17 following an inspection. This is regularly revisited for additional funding
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31.07.18
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	This will be completed by Friday 19 <sup>th</sup> of October 2018
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	05.07.18
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	05.07.18