



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 23
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 January 2020
Centre ID:	OSV-0005245
Fieldwork ID:	MON-0025675

About the designated centre

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

This designated centre provides a full-time residential service and supports four adult residents with varying needs in relation to their intellectual disabilities and require a multi-disciplinary approach to care. This service provided dementia specific care in a very comfortable and relaxed community based setting. The centre is a dormer bungalow and consists of six bedrooms (one is a staff room and one is a multipurpose room). There is a kitchen, utility room, a sitting room and dining room alongside one bathroom and one w.c. Outside there is a large garden to the back and front of the house. The person in charge shares their time between this designated centre and another designated centre. There are two nurses, four social care workers and six care assistants employed in this centre. Transport is available to the centre to facilitate and promote community integration.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 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
Wednesday 8 January 2020	09:00hrs to 17:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet all four of the residents during different times of the day. The inspector reviewed the centre's annual report which included feedback collated from residents and their families. Where appropriate, residents' views were relayed through staff advocating on their behalf. As some residents were not in a position to communicate verbally with the inspector, observation was used to describe the interactions between staff and residents, the environment and the general atmosphere in the centre.

There was an atmosphere of friendliness, and the inspector observed that the residents' dignity, modesty and privacy was respected. Staff were kind and respectful towards the residents through positive, mindful and caring interactions. The inspector saw that the person in charge and staff communicated effectively with the residents and were focused on the resident when having these communications. The inspector observed that the residents appeared very comfortable in their home and relaxed in the company of staff.

On the day of inspection one resident attended day service however, the inspector met with them on their return and briefly talked with them about their move into their new home. The resident was tired after their days activity however, seemed very comfortable and relaxed in the company of staff supporting them. One resident was unwell during the whole day and was being cared for by the staff, two other residents were engaging in activities in the house including cooking, listening to music and participating in an art and craft activity. During the afternoon one of the residents went into the local village to pick up household items and there was a plan in place to go for a coffee in the new local cafe afterwards. The inspector was advised that there were often singing sessions in the house which included residents' favourite songs. Staff had created a music book with lyrics to make sure that everyone could participate in the sessions and get full enjoyment from the activity.

There was a lot of compliments and positive feedback from residents' families around the care and support provided to their family members. The inspector was advised that a resident who had recently passed was provided palliative care in the house. A high standard of end-of-life care was provided to the resident where they experienced comfort and dignity throughout their care. There was evidence to show that the resident's family acknowledged and appreciated the care and compassion shown to their family member through-out this time.

Capacity and capability

The inspector found that there were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. The service was led by a capable person in charge who was knowledgeable about the support needs of the residents. The inspector found that the provider had arrangements in place to assure itself that a safe service was being provided to residents. However, the inspector found that there had been a slight decrease in levels of compliance since the last inspection with improvements warranted to the overarching systems in place for monitoring and oversight of the service.

For the most part, governance systems in place provided assurances that service delivery was safe through ongoing auditing and monitoring of the centre's performance. Provider audits and unannounced visits were also taking place and ensured that overall, service delivery was safe and that a good quality service was provided to residents; the provider had ensured that an annual review of the quality and safety of care and support in the centre had been completed and that the residents and their representatives had been consulted as part of the review.

The person in charge was employed to be a person in charge for another designated centre alongside this centre since March 2019. The inspector found evidence to suggest that up until the end of December 2019, administration hours allocated to the person in charge was inadequate to fully ensure appropriate oversight and effective monitoring of the centre. However, on review of the roster the inspector saw that an extra 16 hours had been allocated (for administration and oversight tasks) to the person in charge (from the beginning of January 2020) to fully ensure the effective governance, operational management and administration of the designated centre.

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 area director and other persons in charge from the same organisations on a monthly basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for residents.

Furthermore, the inspector found that monthly dementia specific team meetings, led by the clinical nurse (for ageing care for people with intellectual disabilities) and occupational therapist, were taking place to ensure that the care and support provided to residents was person-centred and that an inclusive environment was promoted resulting in positive outcomes for residents.

The inspector saw that an internal transfer of a resident had taken place recently. The inspector found evidence to demonstrate that there had been a clear planned approach to the admission of the resident and they and their family were provided the opportunity to visit the centre in advance and meet a number of the staff. The inspector observed the resident to appear comfortable in their environment, relaxed in the company of staff and supported to express themselves through their personalised living space. Residents living in the centre were informed of the arrival

of the new resident in advance of them moving into the centre.

Overall, the education and training provided to staff enabled them to deliver care that reflected up-to-date, evidence-based practice. The inspector saw that for the most part staff training was up-to-date however, on the day of inspection the inspector found that some staff members had not completed refresher training in a number of areas.

The inspector reviewed the centre's actual and planned roster and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. There was a continuity of staffing so that attachments were not disrupted; many of the staff working in the centre had worked in it since it had opened.

Regulation 14: Persons in charge

The person in charge was familiar with the residents' needs and ensured that they were met in practice. There was evidence to demonstrate that the person charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

Since March 2019 the person in charge was employed to be a person in charge for another designated centre alongside this centre. The inspector found that up until the end of December 2019 the person in charge had not been afforded adequate protected time to carry out administrative tasks. However, on the day of inspection the inspector saw that this issue had recently been resolved.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

On the day of inspection the inspector found that not all staff training was up-to-date. However, staff who spoke with the inspector demonstrated good

understanding of the residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall the inspector found that governance and management systems were in place to ensure a safe service was provided to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centre's admissions process was in line with the centre's statement of purpose; There was evidence to demonstrate that the centre's admission process considered the wishes, needs and safety of a resident who recently moved into the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that incidents were notified in the required format and with the specified timeframes as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, was safe and which promoted their rights. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. As discussed above the inspector found that there had been a slight reduction in compliance since the last inspection and that this primarily related to monitoring and oversight matters however, the inspector found that in relation to quality and safety matters improvements were warranted to the recording and documentation surrounding residents needs, welfare and development.

Each resident was provided with a personal plan that reflected their assessed needs and outlined the supports required to maximise their personal development in accordance with their wishes, individual needs and choices. There was evidence to demonstrate that plans included consultation with the residents, relevant keyworker and where appropriate, allied health professionals and family members. However, on review of a sample of the residents' assessment of needs, the inspector found that a number of care plans had not been reviewed or updated within the specified timeframes stated in the plans.

The inspector found that overall, residents' chose goals which promoted community inclusion and social integration. Some of the goals included flower arranging, gardening, maintaining relationships with family and friends and nature walks in local woods and sensory gardens. Residents were provided with an accessible format of their plans which included photographs of residents part-taking and achieving their goals.

The inspector saw that residents were supported to choose goals that encouraged their independence and personal development. A review of one resident's plan demonstrated that their new goals promoted meaningful and valued social roles for the resident and that these were reflective of the nature and extent of the residents disability, assessed needs and wishes in accordance with their personal plan.

The inspector found that a resident who had recently moved into the designated centre had been provided with a comprehensive transition plan including an accessible format for the resident to better understand. Overall, the arrangements for the transition of the resident was carried out in consultation with the resident (including their family) and the transition occurred in a timely manner with planned supports in place. The transition ensured continuity of services for the resident; The resident was supported to continue their attendance at the day service they attended during their last place of residence.

The inspector saw that residents were supported to engage in a selection of meaningful, relaxing and creative activities in the centre (on location). There was a 'enhanced life activity' information and recording chart in place to ensure that a choice of activities, which were reflective of the residents assessed needs and wishes were available to residents. However, on review of a sample of

these charts alongside residents' daily progress notes, the inspector found minimum recordings of residents being provided with regular opportunities to feel part of the wider community, having maximum valuable input in their community and being supported to have proactive engagement with their community on a frequent basis.

The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. The house was decorated to meet the needs and wishes of the residents. Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them. The inspector saw that creative and innovated decorative ideas had been incorporated that specifically supported residents with dementia. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. However, the inspector found that improvements were warranted to ensure that the mobility and cognitive understanding of all residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans.

The inspector found that residents were supported to make decisions about their lives in a way which maximized their autonomy. Residents had access to the local advocacy services; the inspector was informed that one of the residents in the house was a member of a local residency group which they were supported to participate in on a regular basis and advocate for accessible pathways in a local parkland. Residents were consulted and made decisions regarding the services and supports they received and their views were actively and regularly sought during their weekly house meetings and through feedback relating the the centres annual review.

Regulation 13: General welfare and development

The inspector saw that residents were supported to engage in meaningful activities in the centre (on location). Furthermore, on review of a resident's recently updated personal plan the inspector found that a sample of planned social and personal goals included valued roles within the community.

However, on review of residents' daily progress notes and activity records, the inspector found that documental evidence to demonstrate residents involvement with their local community, on a regular basis, was lacking.

Judgment: Substantially compliant

Regulation 17: Premises

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. The physical environment of the house was clean and overall, in good decorative and structural repair.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector saw that where a resident had recently transition to the centre, they (and their family) were consulted and provided appropriate planned supports throughout the move.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the fire fighting equipment and fire alarm system were appropriately serviced and checked and that there were good systems in place for the prevention and detection of fire. However, a number of residents' personal evacuation and emergency plans required updating to include current supports in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident was provided with a personal plan which reflected the residents' assessed needs and outlined the supports required to maximise their personal development in accordance with their wishes, individual needs and choices. However, the inspector found that not all care plans were reviewed within

the stated specified timelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector observed that the centre was promoting the rights of the residents. This was being highlighted in the weekly resident meetings. Residents were being supported to understand their right to make a complaint on a regular basis. There was also information on how to access an independent advocate available to residents on the centres notice board. One resident was being supported to advocate for accessible pathways in a local woodland facility.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 23 OSV-0005245

Inspection ID: MON-0025675

Date of inspection: 08/01/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the residents wishes, age and the nature of his or her disability.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider shall ensure that effective fire safety management systems are in place. The registered provider shall make adequate arrangements for reviewing fire precautions.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The person in charge shall ensure that the individuals care plan is being updated by each keyworker and person in charge will audit these going forward and date will be recorded in management plan so can be reviewed when needed every 6months or sooner depending on their needs.

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	28/02/2020
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	28/02/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	27/03/2020

	as part of a continuous professional development programme.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/02/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	28/02/2020