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Community Living Area 1, OSV-0004076, 30 April 2019

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Office of the Chief Inspector

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

Name of designated centre:	Community Living Area 1
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	30 April 2019
Centre ID:	OSV-0004076
Fieldwork ID:	MON-0021102

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 can accommodate 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 her working hours between the two houses in this designated centre. The designated centre employs 4.5 social care workers, 3 support workers, one care assistant, 1 nurse, and one facilitator/supervisor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
30 April 2019	10:45hrs to 18:45hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met and briefly spoke with two of the residents in one house and three of the residents in the other house and throughout the day observed elements of their daily lives.

Where appropriate residents' views were relayed through staff advocating on their behalf. Residents' views were also taken from the designated centre's annual review and various other records that endeavoured to voice the residents' opinions.

One of the residents advised how they were supported to keep in contact with their family and talked about an upcoming special family event they were looking forward to attending. Some of the residents happily showed the inspector their bedrooms and it was evident that the residents had been consulted and involved in the layout and decoration of the room.

The inspector observed the residents either to be engaged in activities in the house and/or coming and going throughout the day to an array of community activities.

Residents appeared content and relaxed in their environment and the inspector observed that there was an atmosphere of friendliness in both houses and that the person in charge and staff were kind and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

Overall, 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 in to account. Care was delivered to a good standard however, to support the effective and efficient running of the centre and to reflect the practices in place, improvements were required to documentation and record keeping in both houses.

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance. Further to the annual and six monthly reviews there was a system in place for monthly audits to be carried out. These audits assist the person in charge ensure that the operational management and administration of centre result in a safe and effective service delivery however, on the day of the inspection the audits for the first quarter of 2019 did not clearly demonstrate oversight by the person in charge.

The inspector found evidence that staff had received mandatory training to

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

The person in charge had commenced in the role in February 2019. The inspector found that 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 qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. There were systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Regulation 14: Persons in charge

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that not all staff training in epilepsy, oxygen and food safety was in date and on the day of inspection there was no scheduled date in place for staff to complete this training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there was a suite of monthly audits taking place to support the person in charge monitor the quality and safety of the service being delivered. The audits had been completed by staff for the first three months in 2019 however,

they did not clearly demonstrate oversight by the person in charge.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The statement of purpose was in line with the service being delivered.
Judgment: Compliant
Regulation 31: Notification of incidents
Two notifications had not be submitted as per regulation requirements and as per evidence presented on the day of inspection: These included the NF39A for quarter four of 2018 and NF06 for an incident which occurred in November 2018. The NF06 was submitted the day after the inspection.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
Overall, there were appropriate systems in place for residents to make complaints; the complaints officer information and photograph was displayed in a communal area in the centre.
Judgment: Compliant
Quality and safety
Overall, the inspector found that the resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for the residents. Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. A sample of the health, personal and social care needs of the residents from both of the houses was assessed. A care plan and

personal support plan was in place for the residents which detailed their needs, capacities and interests which was based on the assessment. The residents' personal plans promoted meaningfulness and independence in their life and recognised the intrinsic value of the person by respecting their uniqueness. The residents were provided with an accessible format of their personal plans so they could better understand them.

There were processes in place to formally review resident's personal plans with the involvement of each resident, and where appropriate allied health professionals and family representatives. However, the inspector found that some improvements were required to ensure the effectiveness of personal plan reviews.

Community inclusion was promoted and residents were supported to be involved in their local community through attendance of activation services but also through other community activities. For example residents attended mobility clinics, concerts, the local swimming pool and art classes. Residents also participated in their community through dining out in local restaurants and cafés.

Residents were supported to engage in goals that promoted meaningfulness and independence in their lives. One resident had achieved their goal of improving their cooking skills and had created a healthy eating cookbook in the process. Another resident attended an art class and created art pieces to give to their family as gifts.

Overall, the design and layout of the centre was fit for purpose and reflected the layout as described in the centre's statement of purpose. Each of the houses were found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. Adaptations to one of the houses had been undertaken to meet the needs of one of the residents which supported and promoted their independence and dignity. Residents' individual bedrooms and communal areas had been personalised to each of the resident's tastes, likes and choice. Maintenance work had been planned for a bathroom update in one houses and in the other house a new relaxation room with sensory activities and equipment had been planned. The inspector was advised that the residents had been consulted and involved in these plans.

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 in the centre. However, one of the rear exit routes was blocked by a fallen fence on the day of inspection. This was subsequently removed. There was a fire assembly point identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each resident had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the resident. Staff who spoke with the inspectors were familiar with the fire evacuation procedures and had received appropriate training. Fire drills involving residents had been undertaken at regular intervals, including night time simulated fire drills.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector saw evidence that there was positive

communications between staff and residents which helped residents understand their own behaviour and how to behave in a manner that respects the rights of others and supports their development. However on the day of inspection the inspector found that improvements were required to the documentation that supports residents and guides staff practice around managing behaviours that challenge.

There were measures in place to keep residents safe and to protect them from abuse. There was an atmosphere of friendliness, and resident's dignity, modesty and privacy was observed to be respected. Staff members spoken with, were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. The picture and contact details for the designated officer was on display in the centre and staff had attended appropriate safeguarding training to support them in their practice.

Regulation 17: Premises

Overall, the centre was in good decorate and structural repair and where work was required the maintenance record demonstrated plans for this work to be completed.

Judgment: Compliant

Regulation 28: Fire precautions

The fire exit at the back of the house had two escape routes to the meeting point. On the day of inspection the inspector saw that one of the routes was blocked by a fallen fence however, the fence was removed during the inspection and due to the second available route (which was the primary route), the level of risk was at a minimum.

The main fire exit at the front door had a small steel ramp to allow easy access in and out of the door for residents who used wheelchairs however, the two other alternative fires exits had a lip on the door which did not allow for the same level of easy access.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of personal plans. The inspector found that one of the resident's personal plan review meeting had taken place in early March 2019. The plan included the residents' new goals and what actions were required however,

the inspector found gaps in the documentation; the section of the plan where it listed the person responsible to support the resident and the proposed dates of achievement, had not been completed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

In relation to positive behaviour support documents the inspector found that one resident's support plan required updating and another resident required their support plan to be developed and put in place.

On the day of the inspection the person in charge advised the inspector that they had contacted the appropriate professionals enquiring about the updates and a meeting regarding one of the resident's support plans had been organised for the following week.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were safeguarded because staff understand their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the registered provided supported residents to know and exercise their rights however, on the day of inspection some improvements were required. However, on the day of inspection, the inspector found documents in both the kitchen and sitting room, which contained personal identifiable information belonging to the residents, had not been stored in a locked and secure cupboard.

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Living Area 1 OSV-0004076

Inspection ID: MON-0021102

Date of inspection: 01/05/2019

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The staff members whose training was out-of-date on the day of the inspection have been scheduled to attend training.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge will ensure going forward that all audits are reviewed, signed and dated by her.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The notification referred to in the report was submitted on the day following the inspection.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The alternative fire exits referred to in the report will have ramps installed to ensure easy access.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person Centred Support Plan has been reviewed and updated to reflect the person responsible for supporting the resident to achieve their goals and the dates when goals were reached recorded.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The positive behavioural support strategies have been updated in the resident's care plan.</p> <p>A meeting took place with the positive behavioural support team for the second resident and an interim plan was put in place until a full plan is developed.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All personal identifiable information belonging to the residents are now stored in a locked and secure cupboard.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/06/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Substantially Compliant	Yellow	01/05/2019

	following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	21/06/2019
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	10/05/2019
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/06/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	02/05/2019