



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

Name of designated centre:	Community Living Area 5
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	25 July 2018
Centre ID:	OSV-0004079
Fieldwork ID:	MON-0021864

## 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 next to each other; both houses are in a small town in Co. Kildare. The designated centre provides support to 3 female residents with varying needs pertaining to intellectual disability, significant hearing impairment and autism. One of the houses is a bungalow with four bedrooms, one of which is being used as a staff office and staff overnight room. There is a sitting room, a kitchen cum dining room and a small outdoor area to the back and a garden and patio area to the front. The other house is also a bungalow with four bedrooms one of which is used as a staff office and staff overnight room. There is one ensuite and one bathroom. There is a kitchen cum dining room and a sitting room. There is a large garden to the rear and side of the house with an outdoor patio and seating area. There are cars available for the use of residents in both houses. The person in charge works full time at this designated centre. There are three social care workers (part-time), two support workers (part-time) and three day service staff (part-time) employed in one of the houses and in the other house, there are three social care workers (part-time) and two support workers (part-time) employed.

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

Current registration end date:	04/02/2019
Number of residents on the date of inspection:	3

## 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
25 July 2018	09:45hrs to 17:45hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met with three 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, the designated centre's annual review and various other records that endeavoured to voice the residents' opinion.

Two of the residents sat with the inspector over a cup of tea and showed photographs and talked about different activities they enjoyed such as gardening, artwork and helping out in their community.

One of the residents showed the inspector around their bedroom and walk-in wardrobe and appeared happy and proud showing off the rooms and how they had participated in the design and layout of the rooms.

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

One resident commented that if they were unhappy they could talk to their staff and that they would feel comfortable and safe in doing so; they told inspectors that they trusted their staff.

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.

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. There was a continuity of staffing so that attachments were not disrupted. The

person in charge informed the inspector that where agency or relief staff were required, the same staff members were requested.

The inspector saw that staff mandatory training was up to date and that staff who spoke with the inspector demonstrated a good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

Performance conversation meetings to support staff perform their duties to the best of their ability took place and demonstrated evidence of good reflective practice carried out by staff. The staff advised the inspector that they found these meetings to be beneficial to their practice. Staff informed the inspector that they felt supported by the person in charge and management and that they could approach them at any time in relation to concerns or matters that arose.

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. 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 in the centre resulted in safe and effective service delivery.

The inspector 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 improved outcomes for residents.

### Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the resident.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected 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, 5 were not reviewed within a 3 year period as required.

Judgment: Substantially compliant

## Quality and safety

The inspector found that the residents' 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 residents. 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.

Residents had up to date care and personal plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, allied health care professionals and family members where appropriate. The residents' plans reflected the continued assessed needs of the resident and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. Two residents attended a local day service and one resident was engaged in a New Directions type programme that provided person-centred support which was tailored to meet individual need, promote community inclusion and independence.

Residents were supported to engage in goals that promoted community inclusion such as participating in local tidy town work, working in a local rescue dog centre, selling items they made at a local community market and attending local art and craft courses. Residents also enjoyed community social activities such as holidays around Ireland, shopping trips and dining in nearby restaurants, pubs and cafés.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. One of the resident's goals included starting their own hand-craft business. The same resident had recently been accepted on to a course which would support them achieve this goal. Another resident was a member of the local tenancy advocacy group and organised and held meetings in their house for the group.

Residents were encouraged and supported around active decision making and social inclusion. One resident had been involved in organising a charity events to raise monies for a local charity of their choice. Another resident was involved in an up-cycling gardening project which provided positive links between the residents and a local business. One resident was supported to participate in the recruitment process of their own staff, including interviewing the staff.

Residents were assisted to exercise their right to experience a full range of relationships including community links and personal relationships. One resident was supported to initiate and maintain a long distance family relationships involving letter writing and photo updates.

Creative ways were used to ensure residents had accessible, tailored and inclusive methods of communication that empowered their decision making and prevented social isolation. Residents were given information in a style that they could understand and that enabled them to make informed choices. Staff communicated effectively with residents and were focused on the resident when having these communications. All staff had been trained in a therapeutic manual sign system to



enhance communication requirements for one particular resident.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. The inspector saw evidence that there was clear, correct and positive communications which helped residents understand their own behaviour and how to behave in a manner that respects the rights of others and supports their development. Systems were in place to ensure that where behaviour support practices were used that they were clearly documented and reviewed by appropriate professionals.

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.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. 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 there were some improvements required in this area.

The inspector found that there were good 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. The audit and inspection requirements set out in the safety statement included monthly, weekly and daily checks ensuring precautions implemented reflected current best practice.

### Regulation 10: Communication

Residents were assisted and supported at all times to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents were actively supported and encouraged to connect with and feel

included in their local community.
Judgment: Compliant
<b>Regulation 17: Premises</b>
Overall, the designated centre was in good structural repair however, the gutters and fascia boards on both houses had excessive paint peeling off them. A number of rooms in both houses required paint work, with one house requiring paint work to scuffing on doors and door frames.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
There were systems in place for the prevention and detection of fire. Audits ensured that precautions implemented, reflected current best practice.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
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
<b>Regulation 8: Protection</b>
The residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.
Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	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 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Community Living Area 5 OSV-0004079

Inspection ID: MON-0021864

Date of inspection: 25/07/2018

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The five policies referred to in the inspection report will be reviewed in line with the regulation.</p> <p> </p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The paintwork as outlined in the report will be completed.</p> <p> </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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2018
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	31/10/2018