



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

Issued by the Chief Inspector

| | |
|----------------------------|--------------------------|
| Name of designated centre: | Community Living Area 17 |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 04 March 2022 |
| Centre ID: | OSV-0002717 |
| Fieldwork ID: | MON-0033287 |

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 a detached bungalow in a residential estate in a small village in Co. Kildare. The centre accommodates two male residents aged between 18-65 years with an intellectual disability. The bungalow consists of a kitchen with dining area, a sitting room, three bedrooms one of which is en-suite and two bathrooms. There is a garden to the back of the house and there are two vehicles available to residents in this house. The person in charge works full-time in this house. There is one social care worker, two care assistants and one facilitator employed in this centre.

The following information outlines some additional data on this centre.

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 |
|---------------------|----------------------|-------------|------|
| Friday 4 March 2022 | 09:45hrs to 16:15hrs | Erin Clarke | Lead |

What residents told us and what inspectors observed

This report outlines the finding of an unannounced inspection of this designated centre. The designated centre comprises of a detached bungalow in a residential estate in a small village in Co. Kildare for two residents.

This inspection aimed to monitor the centres' ongoing levels of compliance with the regulations. Due to the nature of the residents' needs that the inspector met and greeted during the inspection, they could not verbally communicate their feedback about the service. The inspector, therefore, carried out observations of the premises and the residents' daily routines. Overall, it was observed and noted that residents received a good standard of care and support from staff in the centre. However, elements of residents' supports, including care planning processes and management of risks, needed strengthening to ensure full compliance with the regulations.

On arrival, the centre was clean, pleasant, bright, and welcoming. The entrance hall was supplied with hand sanitizer and arrangements were in place for temperature checking of all staff and visitors. Following a walk-through of the centre, the inspector noticed photographs of some of the residents as well as artwork created by residents displayed on the walls. Residents had their own rooms, which were furnished according to their personal preferences. Residents were observed using their bedrooms and living rooms for relaxation and occupation purposes.

The provider made a number of improvements to the centre since the last inspection in January 2021, including a revamped kitchen. The inspector also observed other pleasant areas of the premises outside had been created. A large gazebo and decking area had been installed, off from the door leading outside. The inspector was informed that this area had been used for visitors when visiting restrictions were in place. Staff had ensured this was an inviting additional communal space for residents and their visitors with the presence of heated radiators and chairs. The garden itself, contained raised bed containers that were used to grow flowers and vegetables. Staff told the inspector that residents enjoyed using this space and one resident in particular was a keen gardener.

Both residents were engaged in a New Directions-style programme from their home that provided individualised supports to meet residents' personal needs while also encouraging community involvement and independence. By availing of home-based day service supports, residents could live the lives they wanted to live based on their own wishes, needs, and aspirations. There was evidence that residents were supported in their local community and had developed many links through their interests. These included being a member of a golf club, going to the local pub, visits to local attractions and attending local events. Residents were encouraged and supported to engage in household tasks as a way of promoting their independence and one resident in particular enjoyed being involved in meal preparation.

Staff members on duty were seen to engage with residents in a respectful manner.

Both residents were in bed when the inspector arrived to the house, and it was observed that residents could get up at a time that suited them and their routines. At various times during the day, both residents left the house to go out with staff in the car. The inspector learned that there was a high degree of difficulty for one resident to leave the centre over a number of years unless with a certain staff member. While it was seen that every effort was being made to facilitate this strong preference, it was apparent that the measure was unsustainable and there was a lack of alternative strategies being trialled currently to support the resident.

As part of the provider's self-monitoring system, it was identified that residents' goal planning required improvement. This included details of specific goals that had been identified for residents to achieve in keeping with a person-centred planning process. The inspector found that such goals were generally reviewed after being actioned but, it was seen that, while some goals had been updated, some goals identified during 2020 and 2021 still had not progressed. While it was acknowledged that COVID-19 impacted the ability of these goals to be progressed, the reviews carried out had not given sufficient consideration to amending these goals accordingly.

An annual review of the service's quality and safety had been completed for 2021. Consultation with residents and their family representatives had occurred to ensure that they had a say in driving improvement in the centre. A high level of satisfaction was expressed with regard to the service provided in this centre. The residents' representatives particularly highlighted the individualised, person-centred approach that guided the support provided to their family members. They also indicated satisfaction with the attitude and approach of staff and the level of communication. One family member stated, "I am very grateful for all the care and kindness X has received over the years and all the staff, especially during the COVID-19 pandemic".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The designated centre had last been inspected in January 2021, where a good level of compliance was found across the regulations reviewed. Overall, this inspection found evidence of good individualised supports being provided to residents. However, it was also noticeable that more regulatory actions were identified on this inspection when compared to the previous inspection. These are primarily related to the quality and safety regulations discussed in the next section of the report.

The inspector found that this centre overall had adequate governance and management levels in place. A local manager and area director supported a capable person in charge who oversaw the service. On a monthly basis, the person in charge

met with the area director and other persons in charge from the same organisation to share information, reflect on procedures, and identify ways to enhance resident outcomes. These meetings, for example, examined findings from other centres' inspections, operational processes, and infection, prevention and control issues on a regular basis. However, there were some improvements found by the inspector to provide a consistent service of high standards. For example, the inspector found that internal auditing mechanisms in place in the designated centre had failed to identify areas of non-compliance with the regulations.

During this inspection, it was seen that the current staffing levels were slightly below what the statement of purpose stated. However, this was not seen to have a negative impact on residents. The staffing arrangements in place were found to be adequately supporting residents' assessed needs during this inspection. The inspector requested an updated statement of purpose be submitted to the authority that accurately reflected the staffing supports required in the designated centre. From the staff rosters that were being maintained in the centre, it was noted that there was a core staff team in place to support residents, which promoted a consistency of care and familiarity with the residents.

Staff were provided with training appropriate to their roles, such as fire safety, safeguarding, positive behaviour support and infection prevention control. In response to difficulties in facilitating face-to-face training during the health pandemic, the provider extended the time frame of some training courses from two to three years. However, it was unclear from reviewing the documentation in the centre when this protocol would cease in line with lifting restrictions. There was evidence of regular team meetings taking place in the centre along with one-to-one supervision meetings with staff members in line with organisational policy.

The person in charge maintained a record of all notifications which had been submitted to the chief inspector. The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For example, the quarterly notifications were being submitted as per the regulatory requirement.

Regulation 15: Staffing

There were clear lines of accountability at the individual, team and organisational level so that staff working in the centre were aware of their responsibilities and to who they were accountable to. There were sufficient staff on duty during the inspection to ensure residents' needs were met on a consistent basis. Staffing arrangements at the centre broadly reflected what was outlined in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. There was evidence available to demonstrate that all staff members had completed training identified as mandatory by the provider. Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place, which consisted of an experienced person in charge who worked on a full-time basis in the organisation and who was supported in their role by a senior management team. The centre was also monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2021, which provided for consultation with residents and their families. The provider had also ensured six-monthly provider-led audits for the centre had been completed for the previous year and were available for review during the course of the inspection. The inspector found that internal auditing mechanisms in place in the designated centre had failed to identify areas of non-compliance with the regulations and required review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the chief inspector as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that overall, the centre provided a homely and pleasant environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. However, the inspector found that improvements were warranted to a number of quality and safety regulations, particularly risk management, protection against infection, and residents' personal plans.

The inspector observed that the premises had the required fire safety devices such as fire extinguishers, fire blankets, a fire alarm, and emergency lighting. External contractors serviced such systems on a regular basis to ensure that they were in good operating order. However, some improvement was required in the record-keeping of service certificates within the centre as required by Schedule 4 of the regulations. On the walk-around of the centre, the inspector observed that fire containment had also been built into the house to minimise the spread of fire and smoke while also providing a safe evacuation route. On examining the emergency exits, the provider was required to review the use of keys in exit doors and put in place a more effective open and close device to enhance evacuation procedures in the centre.

As required by the regulations, each resident had their own individual person-centred plan, which are intended to set out the needs of residents and provide guidance for staff in supporting these needs. The inspector examined the personal plans and discovered that they were guided by relevant assessments and overall contained a good degree of information on meeting assessed needs requirements. As part of the provider's auditing functions, it was self-identified in September 2021 that improvements were required to the social goal planning process as the proposed goals had not worked to date, with a completion date of 31 October 2021. The inspector found that not all plans had been reviewed and updated at the time of the inspection. For instance, one plan still stated that goals had not been recommenced due to restrictions at a time when restrictions had been lifted. In addition, the inspector found varying levels of quality when it came to the care plans; while the review dates of care plans indicated they had been reviewed, the content contained within the plans in places contradicted this.

There was evidence that the provider was providing appropriate healthcare for each resident with evidence of regular and timely access to general practitioners, other medical specialists and allied health professionals as required and relevant to their age profile. The provider promoted the rights of residents in relation to making choices around their care and support. The inspector saw that the provider had implemented a consent process for the COVID-19 vaccination programme for residents. Where a resident had refused medical treatments or services, the resident's personal plans clearly recorded the refusal or the follow-up that had taken place.

Residents were also being supported with their medicines where necessary with appropriate documentation and storage facilities available in the centre. The inspector observed a staff member administer medicine to a resident and found that medicines were administered safely in line with best practice guidance. A review of PRN documentation (as required medicines) demonstrated a good level of recording

completed by staff of residents' response to the medicine, time lapse between doses and desired effect of medicines. In addition, reviews and audits of PRN medicines identified any potential contraindications relating to COVID-19 related illnesses. The inspector noted that the medicines management system required some improvement in reviewing expiry dates on already opened medicines.

In addition to supporting needs, it was also noted that active efforts were being made to protect residents from COVID-19 and other healthcare-acquired infections. During the inspection, it was seen that infection prevention and control measures mainly were followed, including regular cleaning and temperature checking. The inspector observed some good hand hygiene practices and appropriate mask-wearing in line with national guidance, but this was not constantly applied and was brought to the attention of the person in charge when they arrived at the centre.

As part of a risk management process, it was seen that systems were in operation for any accidents or incidents occurring in the designated centre to be recorded and reviewed. In addition, risks related to fire and other matters such as COVID-19 were contained within the centre's risk register, while individual residents had risk assessments in place covering various areas such as their behaviour. However, when reviewing such records, the inspector noted there was an absence of the risks that were apparent during the inspection, which given their nature, potentially posed a risk to the residents living in this centre. These incidents had the prospect of affecting residents' quality of life and infringing upon privacy and safeguarding measures. For instance, while there was evidence of multi-disciplinary input and strategies from 2016 regarding a resident's reluctance to leave the centre, it was not evident that this had been reviewed in recent years. There was no guidance available for staff on how best to support the resident with their behaviour. As a result, the inspector was not assured that these incidents had been sufficiently considered from a risk management perspective.

Regulation 17: Premises

The centre was seen to be generally well-maintained, well-furnished, clean and homelike while offering residents plenty of space in terms of communal areas, individual bedrooms and separate bathrooms.

The provider and staff had also ensured the exterior premises was a functioning and accessible space for residents to use and engage in activities if they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had not ensured that effective systems were in place for the

ongoing review and identification of risk within the centre. There was an awareness of identified privacy, dignity and safeguarding risks within the centre that had not been addressed within an individualised and/or centre risk register. Control measures to mitigate the risk of some of these concerns were unclear and had not been observed during the course of the inspection, which were discussed with the person in charge.

Judgment: Not compliant

Regulation 27: Protection against infection

Overall, there were good measures in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. These included colour-coded cleaning systems, good practices observed in donning and doffing of PPE and shared learning relating to infection prevention and control matters. However, some areas of improvement were identified to ensure that procedures consistent with the standards for preventing and controlling healthcare-associated infections were fully adhered to. These included:

- Improved adherence of mask-wearing in line with published guidance.
- The presence of non-single use hand towels in shared bathrooms.
- Build up mould in one shower area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector observed fire safety measures located in the designated centre, including detection systems, emergency lights, alarms, fire fighting equipment and signage. All staff had received training and refresher training in fire safety. All residents had personal emergency evacuation plans in place, which were updated following fire drills.

The inspector noted that improvements were required to ensure that all fire exit doors could be accessed at all times.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall, safe and appropriate measures were in place in relation to medicines

management; however, some improvement was required in the review of expiry dates for opened medicines. Staff were knowledgeable and competent to administer medication, with all staff medicine administration training up to date. Suitable storage was provided in a locked medicines press. Residents' medicines were regularly reviewed by the prescriber, and the date of these reviews were documented in the medicines' prescription record.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which had multi-disciplinary input and were subject to a person-centred planning process. Priority goals were identified, and while progress with some goals had been made, some goals identified in 2020 and 2021 had been impacted due to COVID-19, but reviews of such goals had not given sufficient consideration to altering these goals. Furthermore, the inspector found that one of the residents' plans required a full review to ensure that it corresponded to the resident's current needs.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence that residents accessed public health initiatives such as the national screening programmes, as dictated by their needs. Each resident had access to a general practitioner of their choice and were supported to access allied health professionals. Where a resident had refused medical treatments or services, the person in charge informed the inspector that the resident's choice was taken into account and refusals were documented and brought to the resident's medical practitioner's attention.

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 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |

Compliance Plan for Community Living Area 17 OSV-0002717

Inspection ID: MON-0033287

Date of inspection: 04/03/2022

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Internal Auditing mechanisms were reviewed in the first quarter of the year, in an effort to ensure a more comprehensive review of the regulations. This is an ongoing process and will be repeated as necessary.</p> <p>We have agreed for the Nurse Practice Coordinator to facilitate a refresher session on the auditing process and the need for triangulation.</p> | |
| Regulation 26: Risk management procedures | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A full review involving the multi-disciplinary team is scheduled for the 25/05/2022 to review any works carried out to date, the rational for discontinuing the intervention and future planning in relation to one of the resident's reluctance to travel in the car except with one particular staff member.</p> <p>A meeting took place with the behaviour support therapist on 11/5/2022 to complete a risk assessment that is suitable and applicable to the risk within the designated centre with regard to one resident being undressed in communal areas of the designated centre.</p> | |

| | |
|--|-------------------------|
| | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Staff will follow all Public Health Guidance. Single use towels are now in place in shared bathrooms. Remedial works will be carried out in the bathroom. A system for reporting/tracking maintenance requests is established to provide oversight of any outstanding issues.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The back door has now been fitted with a thumb-lock.</p> | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Any creams and ointments are now labeled upon opening with disposal date clearly identified.</p> | |
| 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:</p> | |

A support meeting has taken place with the PCSP (Person Centered Support Plan) coordinator to refresh knowledge and review goals. PCSP's are currently being reviewed and updated. The Person in Charge will oversee the review and update of each PCSP going forward.

The Person in Charge will carry out a full review of the residents care plans. This review will ensure all relevant information is captured, accurate and fully up-to-date to reflect residents' current needs. In addition, following this review an auditor external to the centre will audit the effectiveness of the care plans.

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 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 | 30/07/2022 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Not Compliant | Orange | 30/06/2022 |
| Regulation 27 | The registered provider shall ensure that residents who may | Substantially Compliant | Yellow | 30/06/2022 |

| | | | | |
|---------------------|---|-------------------------|--------|------------|
| | be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | | | |
| Regulation 28(2)(c) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 22/04/2022 |
| Regulation 29(4)(c) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant | Substantially Compliant | Yellow | 05/03/2022 |

| | | | | |
|---------------------|--|-------------------------|--------|------------|
| | national legislation or guidance. | | | |
| Regulation 05(4)(b) | The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes. | Substantially Compliant | Yellow | 30/06/2022 |