



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

Issued by the Chief Inspector

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| Name of designated centre: | Community Living Area V - Esker Gate |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Laois |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 29 July 2021 |
| Centre ID: | OSV-0005775 |
| Fieldwork ID: | MON-0025860 |

About the designated centre

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

Community Living Area V - Esker Gate is a designated centre operated by Muiríosa Foundation. It provides a community residential service for up to three adults with a disability. The designated centre is a detached bungalow which comprises of three individual resident bedrooms, an office/staff sleepover room, a sitting room, a large kitchen-dining area, a living room and a shared bathroom. There is a well maintained garden to the rear of the premises. The designated centre is located in a small town in County Laois close to local shops and amenities. The staff team consists of social care workers. The core staff team is supported by the person in charge. Access to nursing support is also available when required.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 3 |
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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 |
|-----------------------|---------------------|--------------|------|
| Thursday 29 July 2021 | 10:00 am to 4:20 pm | Conan O'Hara | Lead |

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from the sitting room of the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff and management over the course of this inspection.

The inspector had the opportunity to meet with the three residents of the designated centre during the course of the inspection, albeit this time was limited. From what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care in the designated centre.

On arrival to the centre, the inspector was welcomed by two of the residents. The third resident was availing of day services. The residents proudly showed the inspector their bedrooms which were decorated in line with their tastes with pictures of people important in their lives, cards from a recent birthday and things important to them including comic books and soccer.

The two residents joined the inspector in the kitchen for a cup of tea. One resident spoke of their life in the centre and areas of interest including local history, newspapers and soccer. The second resident communicated through facial expressions and movement and appeared content in their home. In the afternoon, the third resident returned home from their day service and discussed their interest in gardening and cars with the inspector. The three residents planned to go shopping with support from staff in the evening and were observed preparing a shopping list. Staff were observed as being very responsive to the residents. All of the interactions observed were caring and person centred. It was evident that the residents and staff were comfortable in each others company. Overall, it was observed that the resident was very well cared for and appeared content in their home.

In addition, the three residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported them. The questionnaires also highlighted the negative impact COVID-19 restrictions had on the residents' daily lives and involvement in local groups including the men's shed and Special Olympics.

The designated centre is a detached bungalow which comprises of three individual bedrooms, an office/staff sleepover room, a sitting room, a living room and a kitchen-dining area. Overall, the centre was well maintained and decorated in a

homely manner. However, some improvement was required in one resident's bedroom as there were areas of scratched paint and flooring which required attention. This had been self-identified by the provider and plans were in place to address same.

In summary, based on what the resident communicated with the inspector and what was observed, it was evident that residents received a good quality of care. However, there are some areas for improvement including premises and assessment of need. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

A review of a sample of staffing rosters demonstrated that there was sufficient staffing levels and skill-mix to meet the residents' needs. There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

The inspector reviewed a sample of staff training records and found that the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users. All staff had supervision with the person in charge. The inspector reviewed a sample of the supervision records which demonstrated that the staff team were appropriately supervised.

Regulation 14: Persons in charge

The person in charge worked in a full-time role and was suitably qualified and experienced. The person in charge also had responsibility for three other designated centres and was supported in their role by delegating duties to staff members in the centre.

Judgment: Compliant

Regulation 15: Staffing

The residents in this centre were supported by a suitably qualified and experienced staff team in line with their assessed needs and as identified on the statement of purpose. There was an established staff team in place which ensured continuity of care and support to residents. The person in charge maintained a planned and actual roster. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. The staff team had up-to-date training. A review of a sample of staff training records demonstrated that the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users.

The staff team in this centre took part in formal supervision. The person in charge had a supervision schedule in place and the inspector reviewed a sample of the supervision records which demonstrated that the staff team were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There

was evidence of regular quality assurance audits taking place to ensure the service provide was safe, effectively monitored and appropriate to residents' needs. The audits included an annual review and six-monthly unannounced audits of the quality of the care and support provided. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which accurately described the service provided by the designated centre and contained all of the information as required by Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided safe, appropriate care and support to the residents. However, improvements were required in the assessment of need and premises.

Each resident had an up-to-date personal plan which guided the staff team in supporting the resident with their health, personal and social care needs. The personal plans were informed by person-centred planning. The residents had clearly identified person-centred goals and there was evidence of regular review and progression in achieving residents goals. However, some improvement was required as it was not evident, on the day of inspection, that there was a comprehensive assessment of the resident's healthcare needs.

There were positive behaviour supports available to residents to manage their behaviour if required. The centre promoted a restraint-free environment and no

restrictive practices were in use in the centre on the day of the inspection.

There were systems in place for safeguarding residents. The inspector reviewed a sample of incidents which demonstrated that incidents were reviewed and appropriately responded to. Staff spoken with were clear on what to do in the event of a concern or allegation. The residents were observed to appear comfortable and content in their home.

The previous inspection found that improvement was required in the management of risks associated with safe evacuation in the event of a fire. This had been addressed. There were systems in place for the management of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk assessments outlined the controls in place to mitigate and reduce the risks.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place in the centre.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents, if required. There was infection control guidance and protocols for staff to implement while working in the centre including regular cleaning schedules and temperature checks. Personal protective equipment (PPE), including hand sanitisers and masks, were available and were observed in use in the centre on the day of the inspection. The centre had access to support from Public Health.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. The designated centre is a detached bungalow located in a small estate. There was a well maintained garden to the rear of the centre with a small vegetable patch in the corner. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display. However, areas of scratched paintwork and flooring required attention in one bedroom. This had been self-identified by the provider.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The risk register was up-to-date and outlined the controls in place to mitigate the risks. Each resident had number of individual risk assessments on file so as to promote their overall safety and wellbeing, where required. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The premises were observed to be clean and the inspector observed a cleaning schedule in place. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for the detection, containment and extinguishing of fires. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place which demonstrated the centre could be safely evacuated. In addition, each resident had an up-to-date personal evacuation plan in place which outlined how to support residents to safely evacuate in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date personal plan for their health, personal and social care needs. The inspector reviewed residents' personal plans and found them to be person-centred. The inspector reviewed a number of residents' personal plans and found that care plans were in place in line with residents' assessed needs. However, it was not evident that each resident had an comprehensive assessment of the residents' health needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and positive behaviour support was available to residents, as required. Residents were facilitated to access health and social care professionals as needed.

The centre promoted a restraint-free environment and no restrictive practices were in use in the centre on the day of the inspection.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had systems to keep residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Staff were found to be knowledgeable in relation to keeping residents safe and reporting allegations of abuse. Residents were observed to appear relaxed and content in their home.

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 | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Community Living Area V - Esker Gate OSV-0005775

Inspection ID: MON-0025860

Date of inspection: 29/07/2021

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 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: Painting of the bedroom will be carried out and flooring will be reviewed to ensure it is suitable for purpose or replaced. | |
| 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: All residents will have a completed assessment tool (HURST) to identify Health care needs to ensure a comprehensive approach to their Personal Plan. | |

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 | 01/12/2021 |
| 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 | 30/09/2021 |