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## Community Living Area Laurel Cross, OSV-0007799, 29 June 2021

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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area Laurel Cross
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	29 June 2021
Centre ID:	OSV-0007799
Fieldwork ID:	MON-0030885

## About the designated centre

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

This centre is located in Co. Laois and consists of two units. One unit can accommodate up to five individuals of mixed gender, the other unit accommodates three female residents. Ashtrees is a large 6 bedroom house, One of the bedrooms is used as a staff sleep over room and another one is within a self-contained apartment like area adjoining the residence. The bedroom in the apartment has an ensuite bathroom and has its own living area, this area has internal access to the rest of the residence. There are two main bathrooms, one with a bath and the other has a shower. There is a kitchen dining area and a communal living room area. There is a separate utility area to the kitchen. There is ample parking available.

Moneycross is a large 4 bedroom house. One of the bedrooms is uses as a staff sleepover room. Two bedrooms have ensuites. There are two bathrooms, one of which is a large assisted bathroom. There is a communal sitting room, a large kitchen/dining/living area to the rear of the house, with a beautiful view of the countryside from the dining room area. There is a separate utility room. Moneycross is surrounded by large garden. There is ample parking available  
The staff team comprises social care workers/facilitators.

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

Number of residents on the date of inspection:	7
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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
Tuesday 29 June 2021	9:30 am to 5:30 pm	Sinead Whitely	Lead
Tuesday 29 June 2021	9:30 am to 5:30 pm	Leslie Alcock	Support

## What residents told us and what inspectors observed

Inspectors were greeted initially by the person in charge and one of the residents upon arrival who appeared happy to talk to the inspectors and tell us about their plans for that week. The inspectors met with a total of six residents on the day of inspection. Inspectors endeavoured to determine the residents views of the service provided through speaking with residents, observing where they lived, observing care practices, speaking with staff and reviewing residents documentation.

The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day. Adherence to public health guidance was maintained at all times.

In general, the inspectors found that residents appeared very happy, relaxed and comfortable living in the centre. Despite COVID-19 restrictions, residents continued to enjoy some personalised activation schedules considering day services had not resumed yet for those who attended it. Prior to COVID-19, residents had good access to their community and some attended day service, employment, shopping, beauty treatments and trips to the local restaurants. Some of these activities had resumed.

Inspectors also observed respectful and meaningful interactions between staff and residents during the day. Following a COVID-19 outbreak earlier this year, some of the regular staff have not been able to return to the centre yet but the residents appeared comfortable and content with the current staff team. The inspectors observed staff informing the residents what staff would be on duty for the rest of the week and the resident had access to the staff rota to refer back to when required. The inspectors spoke to some of the residents who indicated they were happy in the centre and that they liked the food and confirmed having regular contact with their family.

The residents appeared to be compatible living together and incidents of peer to peer safeguarding incidents were minimal. The inspectors also observed residents playing cards in one of the residents room which was communicated as a regular occurrence. There were no restrictive practices reported or observed in the designated centre which was evident when the inspectors observed practices throughout the centre.

The centre comprised of two houses. They were located some distance from each other. Both houses were large, comfortable, homely and well maintained. All residents had their own bedrooms which were personalised to suit their preferences and had space to store their personal belongings. The houses had large communal

areas where the inspectors observed some residents relaxing, doing table top activities and watching television.

The residents were supported to have regular contact with their family and as result, each resident had an tablet device and the staff showed the residents how to use the device to help them to maintain contact with their families. One resident enjoyed taking photographs. The staff reported that all the residents do their own laundry in one of the houses and there was a dedicated laundry room in this house.

In summary, based on what the resident's communicated with the inspectors and what was observed, it was evident that the resident's received a good quality of care and support. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. Some improvements were required to ensure that the service provided was safe at all times and to promote higher levels of compliance with the regulations. This was observed in areas such as; fire safety, medication management and notification of incidents.

## Capacity and capability

Overall, the inspectors found that the registered provider demonstrated the capacity and capability to support the residents living in the designated centre. There were management systems in place to effectively monitor the quality and safety of the care and support being delivered to the residents. On the day of inspection, there were sufficient numbers of staff to support the residents assessed needs.

There was a defined governance structure in place within the centre with clear lines of accountability. The centre was managed by a suitably qualified and experienced person in charge, who was supported in their role by a full-time team leader and reported to a service area manager. The management team had a regular presence in the centre and staff and residents were familiar with the person in charge. The provider had carried out regular quality assurance audits including an annual review of the care and support in the centre and six monthly unannounced visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The inspectors reviewed a sample of the staff roster which demonstrated that there was an appropriate number and skill mix of staff to meet the residents needs at the time of this inspection. The residents were supported by a team of social care workers and had access to nursing support when required. Staff members were observed by the inspector to be warm, caring, and respectful in all interactions with the individuals in the centre.

There were systems in place for identifying and facilitating the training and development needs of the staff team. All staff in the centre had completed training

in line with residents needs and were in receipt of support and supervision provided by the team leader who in turn received support and supervision from the person in charge. Staff communicated that they were knowledgeable in relation to their responsibilities and residents' care and support needs.

### Regulation 15: Staffing

The inspectors reviewed the staff rota in place which was reflective of the staff on duty. There was appropriate skill mix and numbers of staff to meet the assessed needs of residents. The staff were familiar with the residents needs and seen to interact with the residents in a warm, respectful and dignified manner. The provider ensured continuity of care through the use of an established staff team and regular relief staff to cover any gaps in the rota when required. This was particularly challenging for the provider following an outbreak of Covid-19 earlier in the year which resulted in a number of staff members yet to return to work. It was communicated and evidenced that there were regular staff meetings.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including refresher training. The team leader completed a regular review of the training needs of staff and scheduled refresher training when required. The inspectors observed that the training provided was in line with the needs of the residents. There was also evidence that regular one to one supervision of staff was taking place as per the provider's policy.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured there was a clear governance structure within the centre which ensured that residents received a service which met their needs. There was a full time person in charge who shared their role with one other designated centre. There was also a full time team leader in the centre who reported to the person in charge. Clear lines of accountability and responsibilities were in place. All audits and reviews as required by the regulations had been completed and actions identified were being addressed to improve the overall quality and safety of care.

Time was spent with the residents to ensure that they understood the management structure, given recent changes. Weekly meetings took place with the person in charge, team leader and regional manager and these were facilitated online during COVID-19 lockdown periods. The inspectors noted a regular management presence and a robust on call management system in place for outside of regular working hours.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of documentation, including adverse incidents, indicated that not all notifiable incidents occurring in the centre were appropriately notified to the Chief Inspector required by the regulations.

Judgment: Substantially compliant

### Quality and safety

Overall, the inspectors found that the centre provided comfortable homes and person centred care to the residents. The management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. However, there was some improvement required in relation to medication and fire safety.

The inspectors reviewed a sample of residents personal care plans and they had an up-to-date assessment of need which appropriately identified residents health, personal and social care needs. The assessments informed the residents personal support plans which were up-to-date and suitably guided the staff team in supporting the resident with their assessed health, personal and social care needs. The residents had clearly identified person-centred goals and there was evidence of regular review and progression in achieving residents goals.

Overall, the designated centre was decorated in a homely manner. The residents bedrooms were decorated in line with their preferences and pictures of the residents were located throughout the centre.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks. The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The residents had a personal

emergency evacuation plans (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. However, measures in place within one premises in the designated centre required review as they did not ensure adequate containment in the event of a fire.

There was also a clear record system in place to check medications. However, some errors were noted in the medication prescription in relation to the physical form of the medication (liquid or tablet), and the maximum dosage of one particular medication for one resident had not been signed by the residents general practitioner (GP).

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. Personal protective equipment (PPE), including hand sanitizers and masks, were available and were observed in use in the centre on the day of the inspection.

### Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of residents; it presented as a warm and homely environment decorated in accordance with the resident personal needs and interests and it was well maintained. The designated centre comprised of two houses which were located some distance from each other. The provider had ensured the provision of all requirements set out in Schedule 6 including adequate storage, and adequate social, recreational, kitchen, bathroom and dining facilities.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted residents' safety and were subject to regular review. There was an up to date risk register for the centre and any potential risks observed by the inspectors during the walk around were included in the risk management system. There was a system in place for recording incidents and accidents. The inspectors reviewed and noted the centre had good lone working arrangements with a buddy system in place for both houses. Residents had individualised risk documentation in place including assessments for the risk of falls and absence management plans.

Emergency procedures were in place for in the event of adverse incidents such as fire, electrical failures, water failures, flooding and gas leaks.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19 in residential care facilities. A cleaning schedule was in place and the centre appeared visibly clean. An up to date COVID-19 preparedness and service planning response plan which was in line with the national guidance with centre specific policies and protocols was in place. The staff had completed the relevant up to date training. The centre had an outbreak earlier this year which they managed well as they had access to an isolation unit. There was also individual risk assessments and plans in place for the residents which included various isolation plans in the event of another outbreak.

Judgment: Compliant

### Regulation 28: Fire precautions

In general, fire safety systems were in place which included guidance for staff on the safe evacuation of each residents in the event of an emergency. Adequate precautions were observed including the presence of fire fighting equipment, emergency lighting, and records of regular evacuation drills which simulated both day and night time conditions.

A fire officer regularly attended the centre and additional measures were in place to support a resident with a hearing impairment in the event of a fire. However, measures in place within one premises in the designated centre required review as they did not ensure adequate containment in the event of a fire.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

In general, there was a safe medication management system in place. The medication was appropriately stored and locked in clean and secure storage facility. The resident's had regular prescription reviews and all medicines observed in the

medication storage facility were in date. Staff had completed training in medication managements and had carried out self administration of medication assessments with all the residents.

There was also a clear record system in place to check medications. However, some errors were noted in the medication prescription in relation to the physical form of the medication (liquid or tablet), and the maximum dosage of one particular medication for one resident had not been signed by the residents general practitioner (GP).

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place which clearly outlined their care requirements and how they preferred their needs to be. There was a key working system in place. Key workers were responsible for maintaining documentation and ensuring that documentation accurately reflected the residents most current needs. Residents also had passport style care plans in place with important information for in the event of transfer to hospital. Residents all had communication care plans in place and specific tools were used to review non verbal communication cues.

Staff completed specific personal care planning training with the organisation. Residents personal goals were regularly discussed at staff team meetings. Some residents goals included trips away, online courses, lifestyle changes, and family visits. Inspectors observed pictures of some residents achieving their goals and taking part in individual and group activities.

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

# Compliance Plan for Community Living Area Laurel Cross OSV-0007799

Inspection ID: MON-0030885

Date of inspection: 29/06/2021

## 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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Provider will ensure all relevant incidents are notified on all quarterly reports and completed same for Quarter 2 2021.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Remedial Work has been completed. <ul style="list-style-type: none"> <li>• New Automatic Door Closers have been put in place.</li> <li>• Smoke Strips have been repaired.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All Kardex' and PRN Protocols have been reviewed and updated.	

## 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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2021
Regulation 29(4)(b)	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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	05/07/2021

Regulation 31(3)(d)	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 injury to a resident not required to be notified under paragraph (1)(d).	Substantially Compliant	Yellow	31/07/2021
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