Community Living Area 9, OSV-0004081, 27 September 2018

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Community Living Area 9
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	27 September 2018
Centre ID:	OSV-0004081
Fieldwork ID:	MON-0021866

About the designated centre

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

The provider had a statement of purpose in place that outlined a community based person centred service. The service provided residential care for adults with intellectual disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
27 September 2018	09:00hrs to 17:00hrs	Conor Brady	Lead

Views of people who use the service

The inspector had the opportunity to meet with four residents living in this designated centre. The residents spoken with presented as very happy in their homes and proudly showed the inspector around their house. Residents were observed playing music and singing which they told the inspector they loved doing. One resident who won two medals in the Special Olympics showed their medals and discussed their achievements with the inspector.

Residents views were also captured in the completed resident questionnaires given to the inspector. In reviewing same all residents were highly complimentary of the service provided.

Based on discussions, observations and documentation reviewed the resident's views on this service were very positive.

Capacity and capability

The provider had governance and management systems in place within the designated centre to monitor the safe delivery of care and support. Overall the local governance was found to operate to a good standard in this centre.

The residents were found to be very well cared for and placed at the centre of decision making regarding their care and support.

Management and auditing systems were in place. The person in charge demonstrated very good awareness of key areas and had checks in place to ensure the provision of service was good. Provider audits and unannounced visits were also taking place and records of same were reviewed.

Staff numbers and skill mix reviewed were found to be meeting the needs of residents. Rosters, supervision and performance appraisal records were completed by the person in charge.

There were some areas of improvement required in one location regarding cleanliness of the centre and the recording practices regarding resident's finances needed to be clearer. In addition, one location in this centre was not secured by a sufficiently long term lease which required attention from the provider to ensure residents had more security of tenure in their home. A timed plan was requested in this regard to be submitted to HIQA following this inspection.

Regulation 14: Persons in charge

A competent and qualified person in charge was in place who worked full time.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate staff number and skill mix in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions procedures and contracts were found to be in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose reviewed had removed one location (that was planned to close) that at the time of inspection was still operating as part of the designated centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents were notified to HIQA appropriately

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was in place and a system to manage complaints and compliments was reviewed.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were found to be in place and signed off as read and understood by staff members.

Judgment: Compliant

Regulation 21: Records

Financial record keeping in respect of resident's monies required improvement.

Judgment: Not compliant

Regulation 23: Governance and management

Overall governance and management was found to be of a good standard however some improvements were required in oversight in one part of the designated centre and at provider level regarding lease arrangements.

Judgment: Not compliant

Quality and safety

Overall a good quality service was found to be delivered to the residents in this centre. Residents told the inspector they were very happy and it was clear good efforts were being made to ensure the standard of care provision was delivered to a good standard.

Residents had a good quality of life in this centre. There were high levels of social activation, holidays and social excursions. Residents were found to be well supported, safeguarded and cared for in this centre.

Resident's health and social care needs were found to be promoted in the centre. There were good levels of communication and consultation with residents.

Risk management and monitoring systems were in place. Accidents, incidents and

near misses were responded to and control measures were found to be in place where required.

The standard of service inspected was in the majority found to be very good.

Oversight of residents finances required some improvement in terms of record keeping with some of the practices in place not found to be appropriately robust regarding the tracking of monies coming in and out of the centre. In addition, one location (that was omitted from the renewal application) was not found to be cleaned and maintained to the same high standard as the other location on the date of inspection. For example, floors, tables, sitting room, kitchen and bathrooms were not observed to have been cleaned.

Regulation 10: Communication

Resident's communication and consultation needs were being met.

Judgment: Compliant

Regulation 11: Visits

Visits were welcome from resident's families and friends and their was appropriate space.

Judgment: Compliant

Regulation 13: General welfare and development

Residents welfare and development was well catered for.

Judgment: Compliant

Regulation 17: Premises

The premises were suitable to meet residents needs however one premises did not have an appropriate lease in place and was not suitably clean.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management policies and procedures were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Fire monitoring equipment, systems and evacuations were evident in this centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management practices were reviewed and found to in line with requirements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal planning was in place, accurate and found to be of a good standard.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were promoted and supported in this centre.

Judgment: Compliant

Regulation 8: Protection

Residents were appropriately safeguarded in the centre.
Judgment: Compliant
Regulation 9: Residents' rights
Residents rights were found to be upheld and promoted in this centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 9 OSV-0004081

Inspection ID: MON-0021866

Date of inspection: 27/09/2018

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 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: A statement of purpose is completed for CLA 9 to reflect information on Cribbens lane's as part of the designated centre.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Financial records are checked and signed weekly by PIC 08/10/18 Financial record keeping revised at staff team house meeting (full attendance) Individual risk assessments on supporting service users to manage their finances.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider nominee had liaised with registration in relation to the non-renewal of the lease agreement. An application to vary was sent to registration on the 25/07/18 , it was identified by registration that the changes within the application to vary was also identified within the application to renew and a decision was made that all changes were being processed through the application to renew. A new house was identified for the individuals whom reside in CLA 9 however due to a unforeseen circumstances in another designated center this house was no longer available. Capital assistance scheme funding has been secure to acquire new property in Rathangan. A status update and timed plan has been sent to the lead inspector	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: There is an agreement with the property owner to continue rent lease until the 7/02/19, Capital assistance scheme funding has been secure to acquire new property in Rathangan. A status update and timed plan has been sent to the lead inspector Transition plans are in place for the two individuals. The PIC audits cleaning standard and cleaning schedules on visits 2 – 3 times a week This issue has been addressed with all staff on the 08/10/18	

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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Yellow	08/10/2018
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Not Compliant	Yellow	08/10/2018
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.	Not Compliant	Yellow	07/02/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/09/2018