



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area V - Esker Gate
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	10 January 2024
Centre ID:	OSV-0005775
Fieldwork ID:	MON-0035082

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.

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 (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
Wednesday 10 January 2024	08:30hrs to 15:00hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

The inspection was unannounced and there were three residents living in the centre on the day of the inspection. The three residents have lived in this centre for a number of years. The centre is comprised of a single story bungalow, located in a large settled community on the edge of a town in the midlands. The centre has easy access to a number of amenities such as shops, Cafés, pubs and other forms of entertainment. The centre has access to one car during weekdays and often the staff can utilise a day service car at weekends should this be required to facilitate visits or activities.

The inspection commenced early to allow the inspector to meet with the residents prior to attending day services. Upon arrival two residents were up and ready to go to day services. The third resident was completing his morning routine. There was one staff member on duty and the inspector also got to speak with a second staff member later in the afternoon. The inspection was facilitated by the person in charge who was present throughout the day.

The inspector met and spoke with all three residents. Generally the residents were all able to communicate verbally and they spoke very highly about the service they were receiving. One resident did talk about wanting to move services to be closer to their home town, the provider was aware of this and was appropriately engaging with the resident.

There was a very relaxed atmosphere in the house as the residents prepared for their day services. One resident engaged in some banter with the staff member, they asked for assistance with preparing their morning cup of tea. One resident was eager to show the inspector his new coffee machine that he had received as a Christmas present. The resident spoke about their day services, about what they had done at Christmas and what they liked about living in the centre. One resident spoke about visitors and going visiting family, they explained that this wasn't an issue at all and there were no problems organising this. In general residents went to see family outside of the centre and some residents had spent time with family during the Christmas holidays.

From speaking with the residents, talking to staff and reviewing records it was evident that residents enjoyed a good quality of life both inside and outside the centre. One resident had a keen interest in Liverpool football club, they had attended a match to celebrate an important birthday. They also attended a local pub on a regular basis to watch matches generally. One resident had went on a trip to Belfast recently and had stayed overnight. A resident had also attended a family holiday in recent times and the centre had facilitated this. There was a local recreation club that some residents attended- this club organised parties for occasions such as Christmas. A resident was also involved with Special Olympics.

One resident showed the inspector around the centre and was keen for the

inspector to see their room that was newly decorated. The resident had a keen interest in building things and there was evidence that staff facilitated this interest. The resident also had an interest in gardening and staff had ensured this interest was explored and the resident was assisted in developing the garden area last year. The resident said that they were happy and they liked their staff team.

A staff member reported that residents could order their favourite take-away as a treat but that in general all residents liked eating the meals that were prepared for them. There was evidence of fresh fruit, vegetables and meat in the centre. A staff member was observed to be preparing fresh nutritious food prior to the inspection ending.

Staff were observed to engage with residents in a very respectful manner. The person in charge and a staff member had a keen knowledge of the residents needs but also showed a caring and genuine interest in their welfare. The person in charge ensured that he residents were aware of the complaints policy and wanted residents to utilise this if any issue couldn't be resolved locally and informally.

The next two sections of the report outline 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 residents lives

Capacity and capability

This inspection was carried out to monitor compliance with the Regulations. This centre has a good history of compliance with the regulations and issues identified at the last inspection had largely been addressed.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge worked full time and was also responsible for two other designated centres. The person in charge was not on the roster but their own roster was available and it was clear the time that was spent in the centre. They demonstrated clear knowledge of the service and residents and it was clearly observed that the residents were aware of their role and engaged easily with the person in charge.

The provider had a statement of purpose available at reception. The provider had reviewed the statement of purpose within the last year and it was in line with schedule 1 of the Regulations.

The training records available within the centre were reviewed. The provider needed to provide absolute clarity to the centre as to what it designated as mandatory training. The provider further needed to strengthen its oversight processes pertaining to confirmation of training undertaken by agency staff. The provider

needed to evidence that agency staff completed mandatory training for the centre and further needed to demonstrate that where training was centre specific, that this was in place.

The provider had addressed issues as identified with the roster at the last inspection, however the provider needed to ensure that it kept records of the names of agency staff that worked in the centre on specific dates especially when they were lone working.

The provider had completed an annual review for 2022. The review looked at various aspects of quality and safety within the centre. The review also sought the views of residents, their representatives and these views were very positive about the care offered to the residents.

The provider had also carried out a recent unannounced visit to the centre and there was evidence to show this was happening on a six monthly basis as required under the regulations. There was evidence of regular team meetings and the person in charge had a schedule of supervision of staff in line with the providers policy.

The provider was presently managing one open complaint with another concluded but needed to be finalised. There was clear evidence that complaints were managed within the providers policy and there was an environment where complaints were welcomed and seen as a way to promote change and provide a better service.

Regulation 14: Persons in charge

The person in charge worked full-time in the role and was person in charge for a number of designated centres. They had the required experience and qualifications for the role. There was evidence that they attended at this centre on a weekly basis at least.

Judgment: Compliant

Regulation 15: Staffing

There was a core staff team of four that were all experienced and knew the residents well. There were a number of shifts per week that were covered by agency staff. The person in charge endeavoured to ensure that all agency staff were familiar with the centre and the residents. There were still concerns with the planned and actual rota. It was unclear from reviewing the past rota's what agency staff was on duty as the roster on occasion didn't facilitate the recording of this. The person in charge recognised the issue and was implementing procedures to ensure it didn't happen going forward.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff were supervised in line with the providers policy. There was some confusion as to what mandatory training was relevant to this particular centre. The person in charge was able to confirm and evidence that the core staff team had received mandatory training in areas such as Safeguarding and Fire Safety but there was no comprehensive list of what was the actual mandatory training expected in this centre by the provider.

The centre utilised agency staff and at times they were lone working. The provider was unable to confirm that all agency staff had completed the same level of training as core staff and what if any training had been provided in relation to the house fire alarm for example.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was clear evidence that the provider put in place a defined management structure and lines of accountability were clear. The provider had also ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents. There was regular auditing of the service by the provider and also locally by the person in charge. The person in charge had completed an annual review for 2022 and had completed most of the work for the 2023 review.

There were regular team meetings and the person in charge also attended some of these. The minutes of the meetings showed that there were comprehensive discussions about the service and residents and that staff could raise concerns as appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available within the centre and it had been reviewed and updated in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints policy. There was a total of four complaints since the last inspection. One complaint was unresolved and remained in progress. There was clear written evidence of the providers efforts to resolve the issues that were subject of complaints. The provider needed to ensure that prior to closing off complaints that the person was satisfied with the outcome or advised of the next steps of escalation.

Judgment: Compliant

Quality and safety

The inspector found that residents were generally supported to enjoy a good quality of life and that staff showed a keen interest in their care and well-being. However, some improvements were required in regards to infection prevention and control.

The residents were all active and their respective health needs were at a lower level. The residents had been offered both COVID-19 and the Flu vaccines and all had accepted.

The inspector reviewed the care plan and personal plan for one resident. It was evident from the review that the plan was under regular review and had appropriate input and oversight by both the keyworker, manager and appropriate professionals. The personal plan was also recent and had been reviewed appropriately. The goals for the particular resident were in some respects repetitive and very much centred around the designated centre. The person in charge was open to discussion around this and could explain how there were plans to further develop the personal plan in 2024. There were tentative plans that the resident might take a trip to a campsite in 2024 after experiencing camping in the garden in 2023.

There was a comprehensive risk management policy in place with associated risk assessments. The person in charge was acutely conscious about actively managing the risks in the centre and ensuring that the controls in place were reasonable and proportionate.

There were no restricted practices in operation in the centre. The service strived to ensure that the centre remained restriction free in so far as possible. The person in charge had assessments completed to allow two of the residents spend time alone in the centre and this allowed staff to dedicate time to a particular resident as

needed.

The provider had a comprehensive fire prevention system in place and was monitoring this system appropriately in line with the providers own policies and procedures.

The centre was generally clean and tidy and staff were observed to be following the guidelines as set out by the provider. There were some issues with storage of mops, minor issues with the premises and ensuring that protocols around the storage of food in the fridge and freezer were fully followed in line with the providers own policies and procedures.

Overall the residents appeared to be enjoying a good quality of life, they reported that they were happy and that their choices were respected. One resident was offered the services of an advocate and overall the staff team appeared to work closely with day services to ensure residents were happy and content.

Regulation 11: Visits

There were no restrictions on visits within the centre. The person in charge and one resident were able to discuss visiting within the service. The residents were all active and took the opportunity to visit family during holiday periods or to meet important people in their lives outside of the centre. The centre had a sitting room in which visitors could be hosted should the residents want this.

Judgment: Compliant

Regulation 12: Personal possessions

The residents had individual bedrooms and all the rooms contained adequate storage for their clothes and personal belongings. The provider offered assistance to those residents that needed help managing their finances. The financial records for one resident were reviewed. The provider ensured that the finances for the resident were managed in line with its own policy. The provider ensured that all expenditure had corresponding receipts and was recorded on their computer system. The person in charge had clear systems of oversight on the management of resident finances.

Judgment: Compliant

Regulation 17: Premises

The designated centre was generally clean and well presented. There was ample space both internally and externally to ensure that residents had both private space and also spaces to be social or complete activities. The designated centre had a fully accessible bathroom and also all exits were wheelchair accessible.

The provider ensured that broken furniture was replaced in a timely manner and had taken steps to ensure that a resident's bedroom was redecorated in line with their wishes but also to accommodate and alleviate certain known behaviours.

Judgment: Compliant

Regulation 18: Food and nutrition

The registered provider had ensured that there was choice around meal types and times. There was adequate storage and food provisions within the centre on the day of the inspection. One resident was able to describe their favourite food and what they were having for dinner that evening. A staff member was observed to be preparing fresh vegetables for an evening meal and residents were able to assist with the preparation should they so wish.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge operated a risk register as well as individual risk assessments for identified risks within the service. The risk assessments contained the measures and actions in place to control the risks identified.

The centre had an emergency plan and there was clear evidence contained in minutes of staff meetings that the risks were identified and discussed. There was also a system in place to ensure that agency staff were made aware of the risks within the centre when they came on shift.

The identified risks within the centre were reviewed in a timely manner and there was evidence that a senior manager had oversight of the risks and had signed the relevant assessments.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was generally clean and tidy, however there were areas that the provider needed to address. The storage of mop buckets continued to be an issue with four mop buckets and six mops stored in a communal living room. The provider was not following in full its own policy in relation to washing the flat mops heads separately. There was evidence that the dryer's filter needed to be cleaned. The fridge needed a higher level of cleaning and sorting and the providers own checks of the fridge and freezer had not been completed in a number of weeks. The window sill in the main kitchen was significantly chipped and was not conducive to infection prevention protocols.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had an effective fire safety management system in place. The staff team had received fire training. The inspector reviewed the three residents individual evacuation plans. These plans were clear, individual and had recently been reviewed.

The fire equipment within the centre had been serviced in line with the providers recommendations. The provider was carrying out the appropriate tests on a weekly basis of emergency lighting. There were regular fire drills at various different times and when the residents were in bed. These drills all showed that the residents could be evacuated from the centre to a place of safety within a short period of time.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had a comprehensive assessment completed of their needs and personal plans were developed from these assessments. The inspector reviewed in detail the personal plan for one resident. There was clear evidence that this plan was reviewed and updated on a regular basis. The key worker ensured that various aspects of the plan were progressed. There was also evidence that staff from the 'day services' had access to the plan and inputted to it as required. There was further written evidence that the person in charge had oversight of the plan and had a clear knowledge of the needs of the resident. The minutes of team meetings showed that information about each resident was shared between staff in a timely manner.

Judgment: Compliant

Regulation 8: Protection

There had been some safeguarding concerns in this centre previously. There were no safeguarding plans in place presently. There was clear written evidence that the provider had and continued to ensure that the residents were assisted and supported to develop knowledge and understanding of the issues pertaining to safeguarding. This was evident in the minutes of meetings and also during direct work between the residents and their respective key workers. A staff member confirmed that they had received training in the area of safeguarding and they were aware of issues that they needed to be conscious about while working in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with on a regular basis through weekly house meetings. Residents were observed to exercise choice and control over various daily activities and staff were observed to be very respectful towards residents. There was evidence that residents were encouraged to raise concerns in an environment whereby management and staff wanted to find positive solutions and change where appropriate. There was evidence that some staff had completed human rights based training.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0035082

Date of inspection: 10/01/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Rosters will clearly show all staff including agency staff. Full names for all shifts, day and sleepover planned and worked will be reflected on rosters.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The PIC will ensure that all Muiriosa staff working in this designated centre will complete mandatory training as identified and per Muiriosa policy. To be completed by: 31/12/24 • The PIC will ensure that all agency staff working in this designated centre will have training relevant to their role. To be completed by: 30/06/24 • The PIC will ensure that training records for agency staff working in this designated centre are provided by the relevant Agency. To be completed by: 30/04/24 • The PIC will ensure that local induction for agency staff working in this designated centre will be completed. This will include review of training completed. To be completed by: 30/06/24 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The PIC has sourced suitable storage for mops and mop buckets and awaits delivery of the unit. To be completed by: 30/04/24 • The PIC will ensure that all staff will be advised of procedues for washing flat mops heads as per organisational Policy To be completed by: 30/04/24 • The PIC will ensure that a system will be implemented for cleaning <ul style="list-style-type: none"> a) The filter in the tumble dryer b) The fridge and freezer To be completed by: 14/02/24 • The PIC will ensure that the window sill in the main kitchen will be repaired to comply with Infection control standards. To be completed by: 29/02/24 	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	06/02/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	26/03/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Substantially Compliant	Yellow	29/02/2024

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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