



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 18
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2021
Centre ID:	OSV-0002724
Fieldwork ID:	MON-0032982

About the designated centre

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

This Designated Centre is a large two-story town house located in Mountmellick, Co. Laois. The centre provides a residential service for 3 adults with intellectual disabilities. The care needs at this designated centre are to support the residents with varying needs in relation to their intellectual disabilities and who may require a multidisciplinary approach. Residents have their own bedrooms with ensuite bathrooms, located downstairs. There is a kitchen, sitting room and one bathroom. There is a courtyard and a back garden which the residents can freely access. Both staff bedrooms are upstairs, one bedroom has an ensuite facility. The aim is to provide a home like environment and to encourage the residents to live to their full potential by encouraging choice, providing adequate resources to function at an independent level as possible for the residents. Staff members provide support and companionship for the residents. Utilising community facilities, membership of community groups and community involvement is encouraged and promoted to support each resident to have a valued role in their local community. There is strong emphasis on personal choice and person centred planning. Strong family links have developed and family involvement is encouraged at all times.

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 - 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
Wednesday 16 June 2021	10:00 am to 2:30 pm	Conor Brady	Lead
Wednesday 16 June 2021	10:00 am to 2:30 pm	Sarah Cronin	Lead

What residents told us and what inspectors observed

This centre is a two-storey terraced house which is located on the main street of the town. It is a spacious home which comprises of a sitting room, kitchen area and three en suite bedrooms on the ground floor. Upstairs comprises of a bathroom, an office space and a kitchen area which are also used as staff sleepover rooms. There was an accessible courtyard space outside the kitchen which had been decorated by one of the residents as part of their person centred plan. To the rear of the property was a beautiful garden which had a bird table, hanging baskets and a raised flower bed. One of the residents told inspectors that they loved birds and feeding them on the bird table. Staff showed inspectors a pallet which residents had painted and this was to be used as a decoration on the back wall of the garden. Another resident was growing strawberries and herbs in a poly tunnel. There were photographs of the residents throughout the house engaging in activities together over the previous years which created a homely and familial atmosphere.

When the inspectors arrived to the centre, all of the residents were eating breakfast together in the kitchen. Each resident was well presented and appeared well cared for. They were appropriately supported by a professional and caring staff team. Two of the residents used verbal communication while the third resident communicated using a range of different methods of communication to interact. All of the residents greeted the inspectors and indicated that they were happy for the inspectors to be in their home for the day. Inspectors found it to be a warm, clean, and welcoming environment. Residents had personalised their home to their individual tastes and told inspector they were very happy in the centre and with the staff who supported them.

Over the course of the inspection, one of the residents showed the inspectors their I-pad. They showed them photos of them doing activities which they enjoyed and some music videos which they liked to watch. Another resident was knitting and told the inspector that they liked living there and that it "was great". Another resident was observed doing exercises on a cycling machine. Interactions between staff and residents were observed to be warm, caring, respectful and it was clear residents enjoyed being in the company of staff. All residents completed a questionnaire with the support of staff prior to the inspection. These indicated that residents were very happy with the service and liked living in the centre.

Residents were involved in the day-to-day running of the home and weekly residents meetings took place. Residents had been part of local retirement groups and community initiatives such as the tidy towns committee. Unfortunately these ceased due to the COVID-19 pandemic and this had a significant impact on these resident's lives. However, the staff team in this centre were supporting residents by doing a number of activities and continued to nurture and support their relationships with their families through use of WhatsApp calls and window visits. Inspectors found that this was very important for the residents in this centre. Two residents told the inspectors it was their birthdays and they had plans to have their cakes made in the

local bakery. Residents were very connected to the fabric of their local community which they hoped would again recommence following the pandemic.

In summary, inspectors found that this was a well managed centre which was delivering very good standard of care and support to the residents living there. Residents were enjoying a good quality of life, notwithstanding the challenges posed by COVID-19 and they were very well supported by the staff team. The next two sections of the report present the findings of this inspection in relation to 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

Inspectors found that the registered provider and the person in charge (PIC) had clear systems and processes in place to ensure and promote the safety and quality of the service in line with the residents' assessed needs and expressed preferences. Person-centredness and working in consultation with residents were clear features of the service and this was evident in interactions, observations and documentation reviewed on the day of inspection.

The centre was managed by a suitably qualified person who had a good knowledge of each of the residents and their needs. The person in charge was full time in the centre and had responsibility for the day-to-day running of the centre. The person in charge reported to a local manager who in turn reported to by a regional director. The PIC received supervision every twelve weeks and attended a senior management meeting monthly.

The provider had completed an annual review of the quality of safety of the service and unannounced visits to the service on a six monthly basis, as required by the regulations. The annual review included the voices and views of residents and their families. This indicated that residents and families were all happy with the care which they received. The provider used an internal scoring system for services as part of these reviews to enable centres track their performance and progress on each area. Actions identified were clearly documented and on the day of inspection, all of the actions had been completed. In addition to the required reviews, there were a number of audits carried out locally to continue to monitor and improve the service.

Staff meetings were held and these were resident focussed with set agenda items each month. Supervision arrangements had significantly improved since the last inspection with all staff receiving supervision from the PIC quarterly. A review of supervision notes indicated that sessions were structured and had clear actions which were time bound. Staff reported to inspectors that they felt well supported in their roles by the person in charge.

The staff team were found to have the right skills, qualifications and experience to

meet the residents' assessed needs. The provider had increased the number of staff on duty for day and night shifts since the last inspection. The actual and planned rosters were well maintained and showed that where relief staff were required, the same two staff covered these shifts. The PIC told inspectors that this was to promote continuity of care for the residents. In order to inform residents what staff members were on duty each day and night, there was a photo staff rota up in the kitchen area.

Staff had completed mandatory courses in fire safety, safeguarding, the safe administration of medication (including oxygen and buccal midazolam), risk management and food safety. They had completed relevant training relating to COVID-19 such as using personal protective equipment (PPE) and hand hygiene. Two staff required an update in first aid. First aid training was particularly important in this centre in order to manage the potential risk of choking and/ or aspiration for two of the residents. The person in charge had dates for this training to take place. In the interim, they were striving to ensure that there was one staff who had first aid training on each shift. The PIC had ensured that staff had received specific training on the management of feeding, eating, drinking and swallowing difficulties including practical training on thickening fluids and modified diets to further manage this risk.

Inspectors found staff to be very knowledgeable in relation to the needs of the residents in addition to their preferences and goals. They spoke with inspectors about risk management, safeguarding and lines of reporting and it was clear they knew residents very well

A record of all incidents occurring in the centre was maintained and notified to the Chief Inspector within time-lines of the regulations where it was required.

In summary, the high levels of compliance found on this inspection were reflective of good systems of governance and management and demonstrate the providers capacity and capability to provide a quality and safe service for the residents living in the centre.

Regulation 14: Persons in charge

The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre. The person in charge had robust systems of oversight in place and worked as part of the team so was well known to the residents and was very accessible to them. The person in charge demonstrated huge improvements in this service since the previous inspection and had a very clear and resident focused approach to the management of this centre. Overall the centre was found to be very well managed.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. Actual and planned rosters were well maintained and indicated that the same relief staff were used in order to promote continuity of care for residents. Staff spoken with were very knowledgeable regarding residents care and support needs and were at all times observed by inspectors providing good person centre care to residents.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff had completed mandatory courses in fire safety, safeguarding, the safe administration of medication (including oxygen and buccal midazolam), risk management and food safety. They had completed relevant training relating to COVID-19 such as PPE and hand hygiene. Where staff required an update (e.g. in first aid), there was a date shown to inspectors for this to occur. Supervision took place every 12 weeks and had a clear structure and agenda to guide discussions. Actions were time bound. Staff who inspectors met with were observed to be very competent and knowledgeable relating to residents, their roles in supporting residents and in their lines of responsibility.

Judgment: Compliant

Regulation 23: Governance and management

The provider had good governance and management structures in place to ensure that residents were in receipt of a safe and quality service. Annual and six monthly reviews were undertaken as required by the regulations and actions had been achieved and within target timelines.

The provider was found to have responded to previous inspection findings by making substantive improvements in the areas of staffing, staff training and development and fire safety in particular.

Oversight arrangements in this service were found to be very clear and accountable and most importantly were found to be delivering a good service to the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all of the information required by Schedule 1 of the regulations and had been reviewed as required.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable incidents were notified to the Chief Inspector within required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place and evidence of a complaints and compliments log was reviewed. There were no open complaints on the day of inspection.

Judgment: Compliant

Quality and safety

Residents in this centre were found to be living in a centre which was striving to provide them with a good quality of life. As stated above, the centre demonstrated person-centredness in all aspects of care , documentation and interactions throughout the inspection.

The premises was well maintained and decorated in line with residents preferences. It was warm, clean and accessible to residents, with all of the accommodation at ground floor level. The water pressure at the back of the house was low and the PIC reported that they were awaiting a replacement pipe at the time of inspection. The garden and courtyard were well suited to residents needs and beautifully maintained

and decorated.

Resident welfare and development was very well provided for in this centre. Each resident had a clear and updated person centred support plan in place and the person in charge and staff team had gone to great effort over the pandemic to support the residents in difficult circumstances. Residents had been part of local retirement groups and community initiatives such as the tidy towns committee and they enjoyed regular trips to the hairdressers, going out for meals and playing bocce. Unfortunately these ceased due to the COVID-19 pandemic and this had a significant impact on these resident's lives. However, the staff team in this centre were supporting residents by doing a number of new activities and continued to nurture and support their relationships with their families through use of WhatsApp calls and window visits. Inspectors found that this was very important for the residents in this centre. Two residents told the inspectors it was their birthdays and they had plans to have their cakes made in the local bakery. Residents were very connected to the fabric of their local community which they hoped would again recommence following the pandemic.

All residents presented with changing healthcare needs and it was evident that they were being supported to enjoy the best possible health. Residents had access to a range of health and social care professionals and there was evidence of input into care plans by these professionals as appropriate. Multidisciplinary team meetings were held for residents who required input on particular aspects of their care. All of the residents care needs were reviewed at least annually and all care plans were in place and up to date. Staff demonstrated good knowledge of residents needs, particularly relating to managing their eating, drinking and swallowing difficulties and moving and handling.

Residents were found to be safe and well protected in this centre. Inspectors reviewed the centres' policies and procedures on safeguarding and found that they were in place, up to date and clearly understood by staff. Staff were able to speak with inspectors about the different types of abuse, how they would report, record and manage allegations/disclosures. Inspectors found evidence of this being implemented in practice which demonstrated the provider and staff teams' commitment to the safety of residents being the paramount consideration at all times. Residents told the inspectors they felt safe in this centre and presented as being very well cared for.

The centre had a safety statement, risk management policy and very clear centre specific risk management procedures in practice. Inspectors found a robust approach to risk management was evident with risks such as fire safety, resident aspiration/choking, safe resident moving and handling and resident slips, trips and falls all found to be identified, assessed and managed in this centre. Staff members knew the areas of risk very well and were aware of the control measures in place to mitigate risks to residents. The accident and incident logs and risk register were reviewed by inspectors and found to be updated and reviewed by the person in charge regularly. Discussion with management and staff indicated that there were good oversight systems in place to respond to and manage risks. Inspectors observed staff following care plans and working within the parameters of risk

assessments reviewed. For example, in the safe moving and handling of residents transitioning, resident hoisting and supporting residents identified as risk of aspiration. Staff performance in all of these areas were found to be of a very high standard with the residents needs at the forefront of all interactions observed.

Inspectors found that the registered provider had safe and appropriate systems in place for the prevention and detection of fire. At the time of the last inspection, residents were using an upstairs space which did not allow for safe evacuation of residents. This was now used by staff only. Monitoring and detection systems were in place and serviced regularly. Fire fighting equipment, extinguishers, fire containment measures and emergency lighting systems were all found to be in place. Fire evacuation procedures were fully understood by staff and evacuation times had vastly improved since the previous inspection.

The provider had appropriate systems and practices in place for infection prevention and control. On arrival, a temperature check was carried out on inspectors. Inspectors noted that the centre maintained a visitors log and had questionnaires for visitors to the centre, in line with public health guidance. The centre was clean and well maintained. There was hand sanitiser throughout the centre. Personal protective equipment (PPE) was suitably disposed of in a shed out the back of the house. A COVID-19 folder was reviewed which contained up to date guidance on the management of COVID in addition to temperature logs for residents and staff. Staff had been trained in swabbing for COVID-19 in the event that resident required a test. At the time of the inspection, all residents were fully vaccinated and a number of the staff team were awaiting their second vaccine.

In summary, management and staff in this centre were working hard to ensure that residents continued to experience a good quality of life in difficult circumstances caused by the COVID-19 pandemic. Residents were found to be enjoying a good quality of life and they were very well supported by a professional and caring staff team. Their voices were at the forefront of all of their care.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests. Prior to the COVID-19 pandemic, residents were members of active retirement groups, community initiatives and tidy towns groups, they enjoyed eating out, going to the local shops and hairdressers and playing bocce. Unfortunately, a lot of activation had ceased. However the staff team in this centre were supporting residents by doing a range of activities such as art and gardening projects, exercise programmes, socially distant visits music, knitting and going for rural walks gathering fruit. They were hopeful that these activities and engagement with the community could recommence soon.

Judgment: Compliant

Regulation 17: Premises

As outlined above, the centre is a two storey townhouse on a main street. Inspectors found the premises clean, warm, homely and well maintained. It was furnished and decorated to a high standard. Each of the 3 residents had their own en suite bedroom. These were all on the ground floor and accessible and suitable for their physical needs. One resident had an assisted bath with a full hoist system. Another resident made use of this on occasion with the other residents permission.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had a safety statement, risk management policy and very clear centre specific risk management procedures in practice. Inspectors found a robust approach to risk management was evident with risks such as fire safety, resident aspiration/choking, safe resident moving and handling and resident slips, trips and falls all found to be very well identified, assessed and managed in this centre. Staff members knew the areas of risk very well and more importantly were aware of the control measures in place to mitigate risks to residents. The accident and incident logs and the risk register were reviewed and were found to be updated and reviewed by the person in charge regularly. Discussion with management and staff indicated that there were good oversight systems in place to respond to and manage risks.

Inspectors spoke with staff about identified risks in the centre and how these risks were being managed. Staff were clear regarding the main risks for both individuals and the centre and could outline the control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

On arrival, a temperature check was carried out on inspectors. Inspectors noted that the centre maintained a visitors log and had questionnaires for visitors to the centre, in line with public health guidance. The centre was clean and well maintained. There was hand sanitiser throughout the centre. Personal protective equipment (PPE) was suitably disposed of in a shed out the back of the house. A COVID-19 folder was reviewed which contained up to date guidance on the management of COVID in addition to temperature logs for residents and staff. Staff had been trained in swabbing for COVID-19 in the event that resident required a test. At the time of the

inspection, all residents were fully vaccinated.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was found to have safe and appropriate systems in place regarding fire safety. Monitoring and detection systems were in place and serviced regularly. Fire fighting equipment, extinguishers, fire containment measures and emergency lighting systems were all found to be in place. Fire evacuation procedures were fully understood by staff and evacuation times had vastly improved since the previous inspection. The provider had placed a second fire assembly point at the back of the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents all had up to date person centred plans. One of the plans reviewed contained a large number of photographs of the resident engaging in activities of their choosing as part of their plan. The garden was decorated by one of the residents as part of one of their goals. Person centred practice was evident throughout the inspection and residents looked forward to resuming some of the activities they previously enjoyed when COVID-19 restrictions lifted further. Families relationships were supported and nurtured and one of the residents looked forward to having visits once again.

Judgment: Compliant

Regulation 6: Health care

All residents presented with changing healthcare needs and it was evident that they were being supported to enjoy the best possible health. Residents had access to a range of health and social care professionals and there was evidence of input into care plans by these professionals as appropriate. Multidisciplinary team meetings were held for residents who required input on particular aspects of their care. All of the residents care needs were reviewed at least annually and all care plans were in place and up to date.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be safe and well protected in this centre. Inspectors reviewed the centres policies and procedures on safeguarding and found that they were in place, up to date and clearly understood by staff. Most importantly these policies were being fully implemented in practice. Staff clearly understood the key principles of safeguarding and were able to speak with inspectors about the different types of abuse, how they would report, record and manage allegations/disclosures. Inspectors found evidence of this being implemented in practice which demonstrated the provider and staff teams' commitment to the safety needs of residents being the paramount consideration at all times. Residents told the inspectors they felt safe in this centre and presented as being very well cared for.

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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant