



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 9
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	07 August 2024
Centre ID:	OSV-0004081
Fieldwork ID:	MON-0036214

About the designated centre

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

This designated centre provides a full-time residential service to four adult females who have an intellectual disability. The designated centre is situated on the outskirts of a small village in Co. Kildare. The centre is a bungalow which has been decorated to resident's personal tastes and interest. The designated centre consists of a kitchen, a store room, a utility room, two sitting rooms, and five bedrooms two of which are ensuite. There is a bathroom downstairs and shower room upstairs. The person in charge works full-time and divides their time between this and another designated centre. Residents are supported 24 hours a day seven days a week by a team of social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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 7 August 2024	09:10hrs to 16:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, residents were in receipt of a good quality of care and support in this centre. This inspection was carried out to assess the provider's regulatory compliance, and to inform a recommendation to renew the registration of the designated centre. The findings were positive, with all regulations reviewed found to be compliant during the inspection.

In Community Living Area nine full-time residential care is provided for up to four adult residents with an intellectual disability. There were four ladies living in the centre on the day of the inspection. The house is located on the outskirts of a small town in Co. Kildare and there are two vehicles to support residents to access places and activities of their choosing. The house consists of six bedrooms, four of which are resident bedrooms. Two resident bedrooms have en suite bathrooms and there is a bathroom upstairs and one downstairs. There is a large kitchen come dining room, two sitting rooms and a sun room. There is a large garden to the front and back of the property. On arrival to the house the first thing the inspector noticed was the colourful flower pots in the front garden. Funding had been secured to complete works to the garden and two residents told the inspector of social services about their involvement in these works including, planting, watering and looking after the flowers and plants.

During the inspection, the inspector had the opportunity to meet and speak with the four residents living in the centre, two staff and the person in charge about the quality and safety of care and support in the centre. The inspector also reviewed documentation about how care and support is provided for residents and about how the provider ensures oversight and monitors the quality of care and support in this centre. Residents communicated their wishes and preferences verbally and by using gestures and body language. Staff were observed by the inspector to be very familiar with residents' communication preferences and to take the time to listen to them and to respond appropriately. Throughout this inspection, warm, kind, and caring interactions were observed between residents and staff.

On arrival there was a warm, friendly and welcoming atmosphere in the house. The inspector had an opportunity to sit and spend time with the four residents while they were having or relaxing after breakfast. They spoke about what it was like to live in the centre and how they liked to spend their time. Three residents showed the inspector their person-centred plans. They spoke about their goals, hobbies and interests. They discussed the steps they had taken to achieve their goals and spoke about the ones that were in progress at the time of the inspection. Some of the goals they had achieved so far this year included, cooking and baking, art classes, visiting relatives in different parts of the country, going on holidays and hotel breaks, going to a spa for treatments, attending local festivals, going to shows and music events, their achievements while taking part in Special Olympics events, attending local festivals, taking part in social farming, and planning parties. They

showed the inspector pictures of them taking part in activities and achieving their goals. Three residents spoke with the inspector about how important their relationships were with their families and friends. They spoke about meeting and speaking with their family and friends regularly.

One resident attended day services five days a week and the other three residents were busy taking part in activities they enjoyed and attending community groups. There was staff available during the day to support residents to attend their appointments and activities. Residents spoke about some of the things they liked to do with staff such as going shopping, to the hairdressers, out for coffee and meals and going to the local hairdressers and beauticians. During the inspection one resident went to day services, one resident went horse riding and two residents went to the cinema and then out for a meal.

One resident spoke with the inspector about the work they had done as part of a number of community and advocacy groups. As part of one group they were working to highlight the importance of accessibility in their local area and as part of another group, they had attended the Oireachtas. They had also represented a national association and presented at a conference about residents' rights. They continued to represent their peers on a local advocacy group which they had been a member of for many years. One of their goals for 2024 was to review accessibility in local spas and swimming pools. They had visited a number of them and were planning to present their findings in a newsletter to be shared with their peers living in designated centres operated by the registered provider.

Two residents spoke with the inspector about the complaints process which was on display in the kitchen and discussed regularly at resident meetings. The inspector reviewed a sample of the minutes of five of these five meetings and agenda items included activity and menu planning, upcoming events, safeguarding, rights, fire safety and advocacy. There was information on display in their home on areas such as rights, complaints, the availability of independent advocacy services, fire safety, infection prevention and control (IPC) and advocacy. Residents spoke with the inspector about the decisions and choices they were making on a daily basis in relation to where they wanted to go, how they would like to spend their time, and when and what they would like to eat and drink. During the inspection residents were observed to helping themselves to food and drinks and to ask for staff support if they needed it. They spoke to the inspector about taking part in the upkeep of their home and they told the inspector, "I like to help in the house", "I clean the counters and clean my room" and "I do the dusting".

Each of the four residents completed, or were assisted to complete questionnaires on "what it is like to live in your home", which had been sent to them in advance of the inspection. In these questionnaires residents indicated they were happy with their house, access to activities, staff supports, and their opportunities to have their say. Examples of comments they included in the questionnaires about their home were, "I love my home", "I love my garden", "I am very happy here", "I like my medals being displayed on the wall and family photos in the frame in my bedroom" and "I love my bedroom and the en suite". They also included comments about staff and their housemates such as, "I love the girls and the staff in the house", "staff

always help when i need", "staff are very nice and I can talk to anyone here", "everybody in my home are very good to me, especially my keyworkers", "I am getting on very well with everyone in the house" and "is a nice place to live, I love my home and staff and housemates are very nice to me".

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and annual reviews. In the latest annual review a family representative included the following comment, "... is safe and in good hands". Residents included positive feedback and they areas where they would like to see improvements. For example they identified that they wanted improvements in their dining room and one resident said they wanted a bigger bedroom. As a result of this feedback the kitchen floor had been replaced and one resident had moved to a bigger bedroom and had been involved in decorating it.

In summary, residents told the inspector they were busy and had things to look forward to. They said they were supported to to make choices around how and they wished to spend their time, what and when they would like to eat and drink, and to what extent they wished to take part in the upkeep of their home and garden. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required.

The next two sections of this report will present 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 service being provided.

Capacity and capability

The findings of this inspection were that residents were in receipt of a good quality of care and support. Residents told the inspector they were involved in the day-to-day running of their home and taking part in activities they enjoy. The provider was identifying areas of good practice and areas where improvements were required in their audits and reviews.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was also responsible for another designated centre and was sharing their time equally between the two centres. Residents and staff told the inspector the person in charge was present in the centre regularly. There was also an on-call service available to residents and staff out-of-hours. The person in charge reported to and received support from an assigned person participating in the management of the designated centre (PPIM).

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions

with staff the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. Each of the regulations reviewed during this inspection were found to be compliant. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

The centre was fully staffed in line with the statement of purpose. However, two staff were on unplanned leave. The provider was ensuring continuity of care and support for resident while they were off. This is discussed further under Regulation 15, Staffing.

Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision, annual performance development reviews, training, and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider with the application to renew the registration of the designated centre and found that they had submitted the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time and was also identified as person in charge of another designated centre operated by the registered provider. From a review of Schedule 2 information submitted in advance of the inspection, the inspector found that the person in charge had the qualifications and experience to meet the requirements of Regulation 14. During the inspection the inspector reviewed the systems they had for oversight and monitoring in this centre and found that they were effective in identifying areas of good practice and areas where improvements were required.

Residents were observed to be very familiar with the person in charge and appeared comfortable and content in their presence. Staff members who spoke with the inspector was also complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role.

The centre was fully staffed in line with the statement of purpose at the time of the inspection. However, there were two staff on unplanned leave at the time of the inspection. Through discussions with staff and a review of rosters it was evident that every effort was being made to ensure continuity of care and support for residents while they were off duty. The inspector reviewed planned and actual rosters for June and July 2024 and found that they were well maintained. The rosters showed that a required shifts were covered by regular staff completing additional hours, one regular agency staff or regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and certificates of training for nine regular and three relief staff. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, food safety, manual handling, IPC, and safe administration of medicines. Staff had also completed additional trainings in line with residents' assessed needs such as autism awareness and epilepsy and rescue medication training.

Staff had not completed training on applying a human rights-based approach in health and social care, but plans were in place for them to complete it in the months after the inspection. 100% of staff had completed an introduction to the Assisted Decision Making (Capacity) Act 2015.

The inspector reviewed supervision records for seven staff. The agenda for each was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as roles and responsibilities, safeguarding residents, residents' rights, staff workload, team dynamics, incidents and accidents, resilience, well-being and training and development.

Staff meetings had been held bi-monthly in 2024. The minutes of these meetings were reviewed by the inspector and agenda items were resident focused and varied. Examples of agenda items included, safeguarding, incident review and learning, residents' support needs and goals, complaints and compliments, risk, health and safety, maintenance, provider visits, the findings of audits and the required actions for follow-up, policies, procedures and guidelines, and fire safety.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that the records set out in the regulations were available for review by the inspector during the inspection. Throughout the inspection the records reviewed were found to be well-maintained, accurate and up-to-date.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the management structure was in line with that defined in the statement of purpose. From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and through discussions with staff, there were clearly identified lines of authority and accountability amongst the team.

The person in charge was meeting with their peers and the PPIM monthly and the inspector reviewed the minutes from these meetings for 2024. There were opportunities to discuss service developments, to share learning, and to review restrictive practices at these meetings. Health and safety committee meeting minutes for 2024 were also reviewed. Discussion were held on areas such as, IPC, fire safety, transport, incidents and accidents and staff training and development.

The provider's last three six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the lived experience of residents in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required.

The person in charge completes monthly reviews and trending of incidents and accidents and they and the staff team complete monthly audits in areas such as,

<p>residents' finances, medicines management, healthcare and residents' access to allied health professionals, care planning, residents person-centred plans. These audits and the action plans were reviewed for 2024 and found to be self-identifying areas where improvements were required and to detail the required actions to bring about these improvements.</p>
<p>Judgment: Compliant</p>
<p>Regulation 24: Admissions and contract for the provision of services</p>
<p>The provider's admissions policy was available and reviewed by the inspector. It clearly described the admissions policies and procedures.</p> <p>A resident had been admitted to the centre since the last inspection and the inspector spoke with them about their transition and reviewed their transition plan. From a review of this plan, it was evident that their admission was completed in line with provider's policy and the admissions procedure outlined in the statement of purpose for this centre. Consideration was given to the impact of their transition for residents living in the centre. The inspector reviewed a compatibility assessment which showed that there was no identified risk for sharing with the residents already living in the centre. There had been a formal review of the resident's transition at regular intervals throughout their first 12 months living in the centre.</p> <p>The inspector reviewed the four residents' contacts of care and found that they contained the information required by the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The statement of purpose was available and reviewed in the centre. It contained the required information and had been updated in line with the timeframe identified in the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>The provider's complaints procedures were also available in the statement of purpose and residents' guide. In addition, an easy-to-read document on managing complaints was available in the centre. There was a nominated complaints officer</p>

and their picture was available and on display in the centre.

The inspector spoke with two residents about what they would do if they had any worries or concerns. They said they would speak to any member of the staff team. The complaints process was also discussed at resident's meetings.

The inspector reviewed three complaints made by residents just prior to the inspection. These complaints were being investigated at the time of the inspection through the provider's complaints and safeguarding procedures. Residents were supported by staff to make their complaints and they had met with a number of managers to discuss them. The person in charge was keeping them up-to-date in relation to the actions being taken on foot of their complaints and they and the staff team were providing ongoing support for them during the process.

Judgment: Compliant

Quality and safety

Overall, residents told the inspector they had opportunities to take part in activities they enjoy and they were part of their local community. They spoke about their involvement in the day-to-day running of their home and about making decisions about how and where they wished to spend their time. They also spoke about how they were supported to develop and maintain friendships and to spend time with their families and friends. Residents lived in a warm, clean and comfortable home.

The inspector reviewed each resident's assessment of need and personal plan and found that these documents positively described their needs, likes, dislikes and preferences. They had their health care needs assessed and care plans were developed and reviewed as required. They were accessing health and social care professionals and vaccination and national screening programmes in line with their wishes and assessed needs.

Residents, staff and visitors were protected by the fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies. Staff had completed training in fire prevention and residents were supported to become aware of fire safety procedures. Fire equipment was serviced and maintained and fire safety checks were completed regularly and this was recorded.

Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required. Three residents had raised complaints which had led to the implementation of both the provider's complaints and safeguarding processes and this will be discussed further under Regulation 8.

Regulation 13: General welfare and development

Three residents sat with the inspector to review their person centred plans (PCP). They showed the inspector their goals and the steps they had taken to achieve them, including pictures of them attending concerts and events. They spoke about the involvement of their family and keyworkers in developing and reviewing their goals and their PCP. They discussed their hobbies, interests, and passions. They also spoke about their skills and talents, hopes, wishes and dreams. In addition, residents referred to their access to activities in the questionnaires they completed prior to the inspection and included comments such as, "I love going out at the weekends with the staff to concerts, shopping and festivals", "I love going to the day centre every day", "I love grocery shopping", "I love going out with staff members and my housemates", "I love going on holidays with my family and staff members as well" and "I love going to horse riding, art classes, and farming".

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the premises with the person in charge during the inspection. The house was found to be clean, homely and well maintained. A number of works had been completed to the premises which had resulted in the house appearing more comfortable, and homely. It had also reduced a health and safety risk. These works included the installation of an additional fire exit and ramp, the replacement of the kitchen floor, the refurbishment of the main bathroom which had been converted to a wet room, and painting in a number of areas in the house.

The provider had ensured that the premises was designed and laid out to specifically meet the needs of each resident. There was a driveway and well maintained garden at the front of the house and a well-maintained garden at the back of the house. Residents had access to a number of communal and private spaces in their home. They had access to storage for their personal items and each residents' bedroom was decorated in line with their preferences. They had their favourite items on display including family photos, their own artwork, photos of them attending concerts and events and their medals and certificates of achievement.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and reviewed in the centre. It was found to contain the required information as set out in the regulations.
Judgment: Compliant
Regulation 28: Fire precautions
<p>The inspector found that each resident had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency, both day and night. The inspector observed the emergency evacuation procedures on display in the hallway.</p> <p>The fire alarm was regularly activated and checked, and documentation relating to this was maintained, available and reviewed. The inspector viewed service and maintenance records for emergency lighting, the alarm system and fire fighting equipment for 2024 and found that they had all been serviced and maintained in line with regulatory requirements. There were also records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were reviewed by the inspector for 2024.</p> <p>The inspector reviewed the records for three fire drills which had been completed in 2024. These had been completed at different times, specifically at times when the most residents and least staff were present. 100% of staff had completed fire safety training.</p>
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
<p>The inspector found through the review of each residents' information that there were appropriate systems for assessing their health and social care needs. There were detailed assessments of need and personal plans in place.</p> <p>Care plans were created and reviewed regularly. They captured residents' needs and preferences and gave clear directions on how to support them best in line with their wishes and preferences.</p>
Judgment: Compliant
Regulation 6: Health care

The inspector reviewed each residents' assessment of need and personal plans and found that their health care needs were assessed. Health care plans were developed and reviewed as required.

They were accessing health and social care professionals in line with their assessed needs. A record of their appointments was maintained and residents were being supported to access the relevant vaccination and national screening programmes in line with their wishes and preferences.

Judgment: Compliant

Regulation 8: Protection

There had been five allegations of abuse notified to the Chief Inspector since the last inspection. The preliminary screenings including feedback from the Health Service Executive (HSE) safeguarding and protection team and safeguarding plans for these allegations were reviewed during the inspection.

Three residents had retrospectively highlighted a number of concerns which had not been recognised or reported as allegations of psychological abuse at the time. Staff had not recognised the possible impact for residents of an alleged interaction which occurred in the centre. Once the provider became aware of residents' concerns they responded and were following up using their complaints and safeguarding procedures. They had taken a number of immediate steps to ensure residents' safety and had developed safeguarding plans with a number of additional control measures. Residents had been supported and had met formally by a number of managers and the inspector reviewed documents which showed they had formally met with the person in charge on three occasions for wellbeing checks where they were also updated about their complaints. Staff had also played a safeguarding video for residents and safeguarding was an agenda item at residents' and keyworker meetings.

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. In addition, the designated officer had attended a recent staff meeting and provided staff with a safeguarding workshop to refresh their knowledge on how to recognise and report safeguarding concerns. The person in charge had also met with each staff member reporting for duty to gain insight on their knowledge base around safeguarding procedures and showed them the documentation that needed to be filled out. The staff induction form for the house had also been updated and now contained a detailed section on staff's roles and responsibilities should there be an allegation or suspicion of abuse. The inspector spoke with the person in charge and one staff member and they were each aware of their roles and responsibilities.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant