



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area D
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	30 May 2022
Centre ID:	OSV-0004086
Fieldwork ID:	MON-0028614

About the designated centre

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

This designated centre is run by Muiriosa Foundation and can provide residential care for up to ten male and female adults, who are over the age of 18 years and who have an intellectual disability. The service provided is to support residents who are aging, to continue to positively engage in their community and to actively retire. The centre comprises of two houses located a few kilometres from each other in a town in Co. Laois and both houses can each accommodate five residents. One of the houses comprises of two small semi-detached bungalows converted into a single dwelling, providing individual bedrooms, a large kitchen dining room and sitting room. The other house is a large bungalow with individual bedrooms, kitchen, dining room, and large sitting room. Both houses have outdoor garden spaces for residents to use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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
Monday 30 May 2022	09:50hrs to 16:20hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that provided residents with an individualised service, where due consideration was given to how the centre was operated in accordance with residents' assessed needs, capacities and interests.

This centre comprised of two houses and both houses were visited by the inspector as part of this inspection and both were located within a few kilometres from each other in a town in Co. Laois. Each resident had their own bedroom, shared bathrooms, communal use of kitchen and dining areas and sitting rooms. Well-maintained garden areas were available to residents in both houses and each house was tastefully decorated, spacious and provided residents with a homely and comfortable living environment. In accordance with the changing needs of these residents, the person in charge told the inspector of planned upgrade works to a bathroom area and she had also identified some re-decoration works, which were also planned to be addressed in the coming months.

Upon the inspector's arrival to the first house, she was greeted by the person in charge and brought to the main entrance for temperature checking and hand hygiene. Four residents lived in this house and there was a calm and relaxed atmosphere here, where staff were supporting residents with their morning routines. Staff told the inspector that these residents had lived together for a number of years and got on very well together. Later that morning, the inspector had the opportunity to meet with some of these residents, with one getting ready to head out for the afternoon with the support of staff. Another resident, showed the inspector their display of sports medals that they had acquired over the years from their involvement in Special Olympics. This resident also had a keen interest in jewellery, proudly showed these to the inspector and had a locked cabinet in their bedroom to safely store their pieces. This resident had recently celebrated a milestone birthday and their peer, who also met with the inspector, spoke of how they had enjoyed celebrating this occasion in a local function hall. There was a very friendly rapport between these residents and they enjoyed taking part in activities as a group and also independently.

The second house was home to five residents, some of whom were attending day services, while others were finishing off their lunch by the time the inspector arrived. There was also a very relaxed atmosphere in this house, with some residents relaxing in the dining room while listening to mass celebrations. One of these residents spoke with the inspector about the various personal goals they had identified with their key-worker staff. This resident showed the inspector a record that they maintained of the goals they hoped to achieve, which also contained photographs of events they had attended and detailed their plans over the coming months. This resident told of how they were looking forward to an upcoming holiday and of how they were supported to access their local community, independent of staff support, and were very happy that these arrangements had been put in place for them to safely do so. This resident also informed the inspector of their interest in

knitting and of how they donated knitted pieces to a local hospital for newborn babies. They were very proud of their bedroom, which was spacious in size and had ample areas for them to display multiple items of interest, including, photographs and other personal items. They had their own arm chair and television in their bedroom and told the inspector that this allowed them to spend recreational time on their own bedroom, if they wished to do so.

Continuity of care was an important aspect of the service provided to these residents, with many staff having supported these residents for a number of years. Staff and residents knew each other well and residents appeared very comfortable in the company of the staff who were on duty. The quality of social care provided in this centre was largely attributed to the centre's staffing and transport arrangements, which resulted in residents having multiple opportunities to get out to do the things they enjoyed doing. Of the staff who spoke with the inspector, they spoke confidently about the specific care and support needs that residents had, and over the course of this inspection, interactions between residents and staff were observed to be respectful, friendly and kind.

The findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was an announced inspection to assess the provider's overall compliance with the regulations and was facilitated by the person in charge. Overall, the inspector found this was a well-run and well-managed centre that provided residents with a safe and good quality of service. Although the provider was found to be in compliance with most of the regulations inspections against, some minor improvement was required to aspects risk management.

The person in charge held a full-time role and was regularly present in both houses, which provided her with the opportunity to frequently meet with her staff team and to engage with the residents. She was knowledgeable of each resident's assessed need and of the operational needs of the service delivered to them. She provided support to her staff team through her regular presence at the centre and had regular meetings with them, which provided staff with an opportunity to raise any concerns they had in relation to residents' care and support. In addition to attending management meetings, she also maintained regular contact with her line manager to review any operational issues relating to this centre.

Due to the age profile and changing needs of these residents, the provider was continually reviewing this centre' staffing arrangement to ensure it provided staffing levels in accordance with residents' assessed needs. For instance, in response to the increased support needs of some residents, additional nursing support was recently made available to this centre. In addition to this, the provider had also revised the night time staffing arrangements in one house, to ensure a safe and suitable

number of staff were available at night in that house to support those residents. Should this centre require additional staffing resources, relief staff who were familiar with this service, were available to support residents, as and when required. Effective staff training arrangements were in place, which meant that staff were provided with the training they required appropriate to their role and they also received regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and transport. There was a defined management structure in place, which supported the person in charge in managing the centre. For example, along with her staff team, she was also supported by her line manager in the running and oversight of this centre. To ensure this centre was effectively monitored, the provider was conducting six monthly provider-led visits in line with the requirements of the regulations. In addition to this, the person in charge was also regularly reviewing integral aspects of the service and implementing improvements, as and when required.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was in the process of submitting an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present in the centre to meet with her staff team and with the residents. She had good knowledge of each resident's assessed needs and of the operational needs of the service delivered to them. She was responsible for another designated centre operated by this provider and current governance and management arrangements gave her the capacity to ensure that this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

Robust systems were in place to ensure that a sufficient number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. For example, following a review of residents' needs, the provider had recently provided additional nursing support to this centre in accordance with changes to residents'

care and support needs. Consistency of care was promoted, with many staff having supported these residents for a number of years. This had a positive impact for residents as it ensured they were always supported and care for by staff who knew them and their assessed needs very well.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured each staff member had access to the training they required appropriate to their role held within this centre. The person charge had good oversight of where refresher training was required and scheduled accordingly for this. In addition, each staff member was subject to regular supervision from their line manager, which had a positive impact in terms of staff development within the organisation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, transport and equipment. Effective internal communication systems were in place, ensuring staff were maintained informed of any changes occurring within the organisation and with regards to residents' care and welfare. For example, the person in charge held regular meetings with staff to review resident specific care and was also in regular contact with her line manager to review operational matters. Six monthly provider-led visits were occurring to monitor the quality and safety at this centre and at the time of this inspection, the provider was in the process of reviewing this monitoring system to ensure its overall effectiveness in identifying specific improvements required within this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in this centre and for the purpose of the application to renew registration, the provider was in the process of updating this document at the time of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, response and monitoring of incidents occurring within this centre, also ensuring notification to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

The provider had ensured that robust systems were in place to provide residents with the type of service that they required, in accordance with their assessed needs.

Effective systems were in place to re-assess residents' needs, as and when required, and determine any changes that may be required to their personal plans. This was consistently overseen by key-workers and the person in charge, which resulted in clear documentation being available to staff to guide them on the level of support that residents required. A good example of this was identified by the inspector where following a recent fall at the centre, this resident's falls assessment and personal plan had been updated to guide staff on how best to support this resident to reduce the likelihood of further falls occurring. Due to the age profile and changing needs of these residents, the person in charge also told the inspector of the on-going monitoring of residents' healthcare status through daily observation and staff handover, which was integral in prompting further re-assessment, if required. This had a positive impact for residents and it meant timely review of their care interventions and also allowed the provider to be confident in knowing that they were providing residents with the care and support they required.

Since the last inspection, the provider had improved the fire evacuation time of residents from the centre and records of these were reviewed by the inspector. Fire drills were regularly occurring and the outcome and evacuation time frames of these was overseen by the person in charge. Fire safety systems were in place, including, fire detection and containment arrangements, all staff had up-to-date training in fire safety, emergency lighting was in place and regular fire safety checks were occurring. Although there was a fire procedure available in each house, upon review, the inspector observed where these would benefit from additional review to give better clarity on the specific response required by staff, in the event of a fire. This was brought to the attention of the person in charge, who was rectifying this by close of the inspection. Fire safety was regularly discussed with residents and two of the residents confidently told the inspector how they would evacuate the centre,

if required.

Incidents occurring in this centre were regularly trended by the person in charge, which had a positive impact on identifying specific risks in this centre. For example, these trends had previously identified an increase in the number of falls and safeguarding related incidents occurring. In response to this, specific control measures were put in place by the provider, which to date, had resulted in a significant decline in the number of similar incidents occurring. Positive risk-taking was promoted in this centre, with one resident accessing the community independent of staff support. Appropriate safety measures were put in place to allow this resident to safely do so and this resident explained to the inspector what they would do, should they require staff support while out and about in the community. Although there was a good response to risk in this centre, where the person in charge was continually monitoring centre specific risks, some improvement was required to ensure she had appropriate risk assessments available to her to support her in this monitoring process.

Where residents held responsibility for their own medicines, they were appropriately risk assessed and adequate storage arrangements and staff support was made available for them to safely do so. Staff had received appropriate training in the safe administration of medicines and where medication errors occurred, these were reported to the person in charge to review. Of the medication records reviewed by the inspector, these were found to be legible and well-maintained.

Regulation 13: General welfare and development

The provider had ensured each resident was provided with the care and support that they required with regards to their general welfare and development. These residents were facilitated with opportunities for social activities, to access day services if they wished and provided with support for recreation. Activities were planned in consultation with residents, giving due consideration to their interests and capacities and were encouraged to maintain links with their local community.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses located within a few kilometres from each other. The design and layout of each house provided residents with a spacious living environment that was comfortably furnished and well-maintained. Prior to this inspection, the provider had identified where some upgrade and re-decoration works were required and action plans were in place to commence these works. Each resident had their own bedroom, which was decorated in accordance with their own

personal taste and ample storage was provided to them to store their personal items and clothing. Multiple communal areas were available to residents, which allowed them to spend time with, or independent of their peers. Well-maintained garden areas were also available in both houses for residents to use as they wished.

Judgment: Compliant

Regulation 26: Risk management procedures

The timely identification of risk in this centre was largely influenced by the regular presence of the person in charge in the centre, staff handover and with regards to the incident report system in place. Where risk was identified, it was responded to quickly to better the safety and quality of care. For example, previous trending of incidents by the person in charge had identified an increase in the number of falls occurring in one house. Effective and timely measures were subsequently put in place, which resulted in a significant decline in the number of falls in that particular house.

Although centre specific risks were being regularly monitored, the inspector observed where some improvement was required to this aspect of risk management. For example, although the person in charge was very aware and effectively monitoring risks pertaining to this centre's staffing arrangement, safeguarding arrangements and in relation to residents' changing care and support needs, there was no supporting risk assessment in place to support her in the monitoring of these areas of the service.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety arrangements in place, including, fire detection and containment arrangements, emergency lighting was in place, staff were conducting fire safety checks and all staff had received up-to-date training in fire safety. Each resident had a personal evacuation plan, which clearly guided staff on the level of support they required to evacuate the centre. Since the last inspection, the provider had made improvements with regards to fire drill evacuation times and records reviewed by the inspector identified that staff could support these residents to evacuate the centre in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe prescribing, administration and storage of medicines. Residents were supported to take responsibility for their own medicines and appropriate arrangements were put in place to support residents to safely do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had robust systems in place for the assessment of residents' needs and personal plans were then developed to guide staff on the specific supports that residents required. Due to the age profile of the residents who lived in this centre, the provider was particularly responsive to the changing needs of residents and ensured the involvement of multi-disciplinary review in re-assessment, as and when required. The identification and achievement towards residents' personal goals was an important aspect of residents' care in this centre and residents were supported to be involved in this process and had identified staff members available to them to work towards their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents had access to their care and support that they required. For example, many residents had assessed health care needs in areas such as neurological care, nutritional care, dementia and with regards to their mobility. These assessed needs were well-known to the staff providing direct care to these residents and timely review of these assessed needs was occurring. In response to some assessed health care needs that these residents had, the provider had recently increased the level of nursing support available to these residents. In addition, residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

For residents requiring positive behavioural support, the provider had ensured these residents were received the support they required with regards to this aspect of their care. Behavioural support plans were in place, which guided staff on reactive and proactive strategies that these residents responded well to. In addition, where the use of chemical restraint was prescribed, there was clear guidance available to staff to direct them on how to appropriately administer this care intervention.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. Where safeguarding interventions were required in response to incidents in this centre, the provider had sought the input of a designated officer for safeguarding, developed safeguarding plans and communicated these to staff. This had resulted in an overall decline in the number of safeguarding related incidents occurring, which had an impact on improving the safety of service delivered to these residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured residents' rights were maintained and that they were fully involved in decisions surrounding their care and with regards to how this centre operated to support them. Staff promoted residents' independence, were respectful of residents' wishes and all efforts were made to provide residents with the resources and support they required to live as they wished.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area D OSV-0004086

Inspection ID: MON-0028614

Date of inspection: 30/05/2022

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessment and management plans have been developed to support person in charge to monitor areas such as; Staffing and skill mix, Changing needs of service users and Safeguarding.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	09/06/2022