



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area V
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	27 August 2024
Centre ID:	OSV-0005775
Fieldwork ID:	MON-0044647

About the designated centre

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

Community Living Area V is a designated centre operated by Muiríosa Foundation. It provides a community residential service for up to three adults with a disability. The designated centre is a detached bungalow which comprises of three individual resident bedrooms, an office/staff sleepover room, a sitting room, a large kitchen-dining area, a living room and a shared bathroom. There is a well maintained garden to the rear of the premises. The designated centre is located in a small town in County Laois close to local shops and amenities. The staff team consists of social care workers. The core staff team is supported by the person in charge. Access to nursing support is also available when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 27 August 2024	09:55hrs to 15:20hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an short announced inspection to assess the provider's compliance with the regulations and following an application to the Chief Inspector of Social Services to renew registration of the centre. The inspection was facilitated by the person in charge. The inspector also had the opportunity to meet with two staff members and with the three residents who were living in the centre.

The findings from this inspection indicated generally good compliance with the regulations reviewed and the provider had largely implemented the compliance plan submitted following the last inspection of 10 January 2024.

The inspector met and spoke with the three residents during the morning of inspection. Residents chatted openly with the inspector as they got ready to attend their individual day services. All residents were in good form and spoke about how they liked living in the centre, got on well with one another, knew the staff well and had choices in their daily lives. They spoke about enjoying a range of activities, recent events and outings while some spoke about looking forward to going on holidays later in the year. They mentioned that there was one staff member on duty at night time and in the morning time but that an additional staff member was available in the evenings and at weekends to support them in attending activities of their choice. They advised that the centre had its own vehicle and that they had access to a second vehicle at the weekends which they used to attend activities and go on day trips. Residents also spoke about enjoying attending their respective day services and one resident told the inspector how they had a part-time job through their day service. Residents mentioned how they got out and about in the evenings and at weekends and had recently enjoyed attending local agricultural shows. One resident continued to be involved in the special Olympics and regularly partook in a variety of sporting events, others attended monthly discos and social club, some attended football matches and others regularly enjoyed day trips to places of specific interest to them. Some residents enjoyed spending time at home relaxing in the evening time, watching their favourite programmes on the television, or watching DVD's, reading the newspapers and helping out with meal preparation, shopping and household tasks including laundry and cleaning. Residents also mentioned how they liked to visit the local shop, bars and restaurants or get an occasional take away meal.

One of the residents was happy to show the inspector around the house which was found to be comfortable and furnished in a homely style. It was found to be well maintained and visibly clean throughout. Residents had their own bedrooms, one had an en suite shower room and two residents shared a bathroom. Residents had access to a variety of communal spaces including a large kitchen, dining, sitting room and sun room. There was adequate personal storage space and televisions provided in each bedroom. Bedrooms were personalised and decorated in line with individual preferences. The resident was familiar with the fire evacuation procedures and confirmed that they had been involved in regular fire drills. All areas of the

house were accessible, corridors were clear of obstructions and residents had access to the gardens and outdoor areas. There was a paved area to the rear and lawn area to the front of the house. The resident spoke about enjoying gardening activities and outlined their involvement in the works in progress to the front garden area. The resident also enjoyed mowing the grass and showed the inspector the shed where the garden tools and lawn mower were stored.

Visiting to the centre was facilitated in line with national guidance. There were no visiting restrictions in place and there was adequate space for residents to meet with visitors in private if they wished. Residents spoken with advised that they regularly visited family members, one resident had recently been away on a hotel break with a family member and was planning a trip abroad with family later in the year.

From conversations with staff and residents, observations made while in the centre, and information reviewed during the inspection, it was evident that service users lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted. The person in charge outlined how they continued to support a resident who wished to live on their own. The documentation reviewed by the inspector showed that the provider was appropriately engaging with the resident, their family, members of the multidisciplinary team, local authority and health service executive in order to support the resident achieve this goal.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. There was evidence of good practice in many areas. The issues identified in the compliance plan from the previous inspection had largely been addressed, however, further oversight was required to some records required to be kept in relation to staff training, fire drills and personal plans.

The person in charge worked full-time and was also responsible for two other designated centres. The person in charge had a regular presence in the centre, demonstrated clear knowledge of the service and knew the residents well. They were supported in their role by the staff team and area director. There were on-call arrangements in place for out of hours.

There were stable staffing arrangements in place with core staff members having worked in the centre over a sustained time period. There were no staff vacancies at

the time of inspection, however, some shifts were covered by regular agency and relief staff. The roster reviewed showed a regular staff pattern and a separate roster was available for the additional support staff in the evenings and at weekends.

The inspector reviewed the staff training records which showed that all core staff members had completed mandatory training, however, there was still no training records available for review for relief and agency staff employed as identified at the previous inspection. The person in charge did confirm that all agency and relief staff had completed induction training on site which had included the workings of the fire alarm system and emergency evacuation procedures for individual residents.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users families. Improvements identified as a result of the review had been addressed. The provider continued to complete six-monthly reviews of the service. The most recent review was completed in May 2024. Actions identified in relation to medicines management, infection prevention and control and resident's finances had been completed.

The local management team continued to regularly review areas such as incidents, health and safety, infection, prevention and control and medication management. The results of recent audits reviewed generally indicated satisfactory compliance. Regular team meetings were taking place at which the results of audits and actions required were discussed.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. They showed a willingness to ensuring on-going compliance with the regulations and a commitment to ensuring further improvements to the service.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels at the time of inspection were in line with that set out in the statement of purpose and met the support needs of service users. There was normally one staff member on duty during the morning, afternoon and evening time. There was one staff on sleepover duty at night-time. Additional staff support hours were included in the roster for evenings and at weekends. The person in charge confirmed that these hours were flexible depending on the support needs of individual residents and to ensure that residents had choice in partaking in and attending their preferred activities. The roster reviewed for the week beginning the 23 August 2024 was reflective of staff on duty. Issues identified in relation to the roster from the previous inspection had been addressed.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had clearly set out the mandatory training requirements for all staff who worked in the centre. Training records reviewed indicated that all core staff members had completed mandatory training and further training updates were planned. However, there were still no training records available for review for agency and relief staff employed as identified at the previous inspection. This action is included under Regulation 21: Records.

Judgment: Compliant

Regulation 21: Records

Some improvements were required to records required to be maintained and available for inspection by the Chief Inspector.

Records in relation to staff training as specified in Schedule 2 were not available for all staff.

Records of each fire practice/drill carried out in the centre were not available for review as specified in Schedule 4. The person in charge confirmed that fire drills had been completed of a night-time scenario evacuation, however, records were not available for review.

Records required to be kept as specified in Schedule 3 in respect of each resident were not always up-to-date. For example, records maintained on the new computerised documentation system did not always include the date of the most recent review of residents personal plans. The person in charge advised that the system only reflected a date of review where a change had been made to the plan.
Judgment: Substantially compliant
Regulation 23: Governance and management
<p>There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was generally well managed.</p> <p>The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with service users and their representatives.</p> <p>The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents.</p> <p>Further oversight was required to some records required to be kept in relation to staff training, fire drills and personal plans and this action is included under Regulation 21: Records.</p>
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose recently submitted with the application to renew registration was reviewed by the inspector. It was found to contain the prescribed information as set out in schedule 1 of the regulations.
Judgment: Compliant
Quality and safety
The inspector found that the care and support that residents received from the staff team was of a good quality, staff strived to ensure that residents were safe and well supported. The provider had adequate resources in place to ensure that residents

got out and engaged in activities that they enjoyed on a regular basis. Improvements required to some infection, prevention and control practices identified at the last inspection had been addressed.

The person in charge advised that residents records were now being maintained and updated on a computerised documentation system. The system was still relatively new and some records were still being maintained on a paper based file system. The inspector reviewed two residents files. There were recently updated comprehensive assessments of the health, personal and social care needs completed. A range of risk assessments had been completed and care and support plans were in place for all identified issues including specific health-care needs. While the person in charge advised that all support plans were regularly reviewed and up dated as required, the date of review was not always reflected on the computerised record of plans. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services. Residents had been supported to avail of vaccination programmes.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. The inspector was satisfied that a number of safeguarding incidents notified to the Chief Inspector since the previous inspection had been managed appropriately in line with safeguarding policy. Where safeguarding risks had been identified, staff continued to implement the recommendations of the safeguarding plans in place.

There were systems in place for the management and review risk in the centre including a risk management policy, systems for fire safety management and infection, prevention and control procedures. The person in charge had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection, prevention and control and medication management. Identified risks including safeguarding were regularly discussed with staff at regular scheduled meetings. The management and staff team continued to promote a restraint free environment and there were no restrictive practices in use. Risk assessments had been completed to support two of the residents spend time alone in the centre. All residents had been involved in completing fire drills and the person in charge reported that all residents responded quickly and there had been no issues in evacuating the building.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual needs. The house was found to well maintained, visibly clean, furnished and decorated in a homely style. There a variety of shared communal living spaces available and an adequate number of toilets and shower facilities.

The design of the house and garden promoted accessibility with suitable ramps provided at the front and rear entrance doors.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and was reflective of risk in the centre.

The centre had an emergency plan in place and all residents had a recently updated personal emergency evacuation plan in place. There were systems in place to ensure that all staff including agency staff were aware of emergency procedures.

Fire drill records reviewed indicated that all residents could be evacuated safely in the event of fire, however, as discussed earlier, records of all fire practice/drills carried out in the centre including those that had been completed simulating a night-time scenario were not available for review. This action is included under Regulation 21: Records.

Incidents were reviewed regularly by the local management team. There were regular reviews of health and safety as well as infection, prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with with the standards for the prevention and control of healthcare-associated infections. Issues identified at the

previous inspection had been addressed. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour coded cleaning system and a documented cleaning programme being implemented. The building, environment and equipment were visibly clean and well maintained. Suitable storage facilities were provided for the storage of cleaning equipment and appropriate arrangements were now in place for the laundering of mop heads and cleaning cloths.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and care plans were developed, where required. Some improvements were required to the documentation maintained on the computerised system to ensure that there was evidence that risk assessments and support care plans were regularly reviewed and updated as required. This action is included under Regulation 21: Records.

Personal plans were developed in consultation with residents, family members and staff. The inspector noted that individual goals were clearly set out for 2024. Each resident's personal goals were also documented in an easy-to-read format. There were systems in place to discuss, review and record regular progress on achievement of individual goals. The inspector noted that some of the goals set out for 2024 had already been achieved while others were plans in progress.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of two residents' files indicated that residents had been reviewed by the GP, cardiologist, neurologist, psychologist, chiropodist, audiologist and dentist. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of them requiring hospital admission.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer. Where safeguarding risks had been identified, staff continued to implement the recommendations of the safeguarding plans in place. Residents spoken with advised that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The local management team and staff were committed to promoting the rights of service users. Some staff had completed training on promoting human rights and the person in charge advised that they were scheduled to attend further training. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. There was evidence of ongoing consultation with residents, residents spoken with confirmed that they were consulted with and had choices in their daily lives. The residents had access to information in a suitable accessible format, as well as access to the Internet and newspapers. All residents had individual televisions in their bedrooms and could choose to watch their preferred programmes. Residents advised that they could attend religious services if they wished and some times attended local church services. Residents also mentioned that they were registered to vote and two residents had voted in recent elections. Residents were supported to access advocacy services and one resident had recently availed of the national advocacy service. Another resident was a member of the organisations residents rights forum, attended meetings and could raise any issues of concern.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area V OSV-0005775

Inspection ID: MON-0044647

Date of inspection: 27/08/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	
Regulation 21(1)(a) The agency provider whom we utilise for agency staff have assured us they will have an app available shortly that will provide an up to date record of all training that is accessible to Muiriosa managers. We have also advised the agency provider of our mandatory training requirements.	
Regulation 21(1)(b) When updating the electronic version of Care plans for residents each care plan will be edited to ensure the date corresponds and reflects the date of review and not just the next evaluation date.	
Regulation 21(1)(c) All staff will receive follow up training to ensure Fire records are recorded and completed on the new electronic system and the full reports are available with details for review .	

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 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/10/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/09/2024
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for	Substantially Compliant	Yellow	31/10/2024

	inspection by the chief inspector.			
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