

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area A
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	08 February 2022
Centre ID:	OSV-0004084
Fieldwork ID:	MON-0027530

About the designated centre

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

In this centre a full-time and part time residential service is provided to a maximum of nine adults at any one time. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Three houses make up the centre. All are located in or close to a major midlands town. Residents have on-site day services each day and transport is available to facilitate day service activities. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory support. One resident lives on their own. Another of the houses accommodates three residents and the third house can accommodate up to five residents. Each resident has their own bedroom. There are communal dining and other living arrangements. Each house has a garden. The houses are a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of an experienced person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 8 February 2022	09:30hrs to 18:00hrs	Ivan Cormican	Lead
Wednesday 9 February 2022	09:00hrs to 12:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and both their wellbeing and welfare were actively promoted. Residents were supported to be active members of their communities and they were out and about on a daily basis attending local sporting events, shopping and also preparing for the special Olympics. The majority of residents who met with the inspector enjoyed living in the centre, however, one resident clearly explained that they did not enjoy living in this centre. This issue had been raised on the previous inspection and although the provider had sought to rectify this issue, the resident remained unhappy with the living arrangement on the day of inspection.

The inspector met with eight residents and seven staff members including an area manager and the person in charge who facilitated the inspection. Overall, the inspector found that there were very pleasant interactions between residents and staff members and there was a general warm and homely atmosphere in each of the three houses which made up the designated centre.

The inspector spoke directly with five residents on the days of inspection, with four residents clearly voicing their satisfaction with the service and staff who supported them. Two of the residents showed the inspector their individual bedrooms which they were very proud of. One resident's family had a history of involvement with horses and this resident's bedroom was decorated with pictures of them attending equestrian events. This resident was also supported to attend a local equestrian centre where they were training with the hope of attending the special Olympics.

The inspector sat and spoke with a resident for a period of time on the day of inspection. A staff member who knew the resident well also attended to assist with communication. This resident clearly explained that they did not like living in the centre and that they had felt this way for some time. They explained that staff were nice; however, they did not 'get on' with a fellow resident and they wished to move to a new centre. The resident explained that they regularly meet with a senior manager and also a senior member of the multidisciplinary team to discuss this issue; however, it has not been resolved to their satisfaction. Although the resident stated that they did not like living in this centre, they did indicate that they had a good quality of life and that they were facilitated to pursue their interests as the provider had assigned additional staff to assist them accessing their local community on a daily basis. The inspector found that even though this resident was supported in line with their needs, this issue directly impacted on their right to live where they wished.

Residents enjoyed a good social life and they were sufficient staff members on duty to assist them to engage in leisure interests at a time of their choosing. As mentioned above residents went horse riding, attended assisted paid employment and were out and about for coffee, meals and regularly visited areas of interest in nearby towns and counties. The inspector also observed staff discussing with

residents how they would like to spend their day and they also attended regular regular house meetings where they made decisions in regards to the running and operation of their home.

The premises in all three houses was homely in nature and one resident enjoyed having their own home which they had decorated with pictures of them attending sporting events. Residents had ample areas in which to relax in all three houses and there was a general homely and welcoming atmosphere in each. Although the houses were homely, there was issues in regards to maintenance in two. For example, one house had extensive moss and cracks on an section of footpath which presented as a slip and trip hazard. The kitchen counter and doors were also worn and chipped in another house which detracted from the presentation of the centre and also presented as an infection prevention and control hazard as these aspects of the kitchen could not be effectively cleaned or disinfected.

Overall, the centre was a pleasant place in which to live, residents generally enjoyed a good quality of life and they were actively involved in the own communities. However, several areas for improvement were highlighted in areas such as social care, safeguarding and behavioural support with significant improvements required in regards to a resident's right and also in regards to infection prevention and control. These issues will be discussed in the subsequent sections of this report.

Capacity and capability

The inspector found that the oversight arrangements promoted the general wellbeing and welfare of residents. Although there was evidence of regular reviews of the care which was offered, issues in regards to infection prevention and control were highlighted on this inspection. An action from the previous inspection was also not fully addressed which did impact on a resident's rights to choose where they lived.

On the previous inspection of this centre, a resident outlined their unhappiness in regards to living in this centre. The provider was very responsive to this issue and met with them on a weekly basis to keep them updated. The provider added additional resources to the centre by increasing the staffing arrangements and giving the resident more freedom when wishing to engage in their interests. A senior manager from within the organisation also explained that they regularly met with an external funding body to highlight the resident's wishes for change; however, this remained an issue on this inspection which did impact on this resident's right to choose where they lived.

This was an announced inspection to assist in making a decision in regards to the provider's application to renew the registration of this centre. Prior to this inspection, the provider had submitted all documentation, as required. Following a

review of this documentation, some adjustments were required to the centre's statement of purpose, application to renew and associated floor plans. Assurances were given that these documents would be submitted subsequent to the inspection.

The inspection was facilitated by the person in charge and additional support was also offered by a person who participated in the management of the centre. Both managers were found to have a good understanding of the resident's individual care needs and of the resources and services which were in place to meet these needs. The person in charge attended the centre on a daily basis and staff members who met the inspector stated that they felt supported in their role by the person in charge.

The provider had completed all required reviews and audits as stated in the regulations and a detailed internal auditing process was also in place in areas such as resident's finances, medications, fire safety and personal planning. This oversight assisted in ensuring that many areas of care which were inspected were generally maintained to a good standard. However, improvements were required to auditing systems as they failed to highlight significant issues in regards to infection prevention and control which were found on this inspection.

Overall, the inspector found the oversight arrangements ensured that residents' welfare was actively promoted. However, lack of progress in regards to supporting a resident's right to live where they wished and also the infection prevention and control issues which were found on this inspection did impact on the overall quality and safety of care which was provided.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew the registration of this centre within the required timelines. Upon review, some adjustments were required in regards to the application itself, statement of purpose and the floor plans of the designated centre. The provider recognised that adjustments to these documents were required and assurances were given that these documents would be submitted subsequent to the inspection.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents were supported by a familiar staff team. The inspector was unable to review Schedule 2 files due to technical issues on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider failed to ensure that infection prevention and control arrangements were maintained to a good standard at all times. An issue in regards to supporting a resident's wishes to move from this centre had not been progressed since the last inspection of this centre which impacted on their right to live where they wished.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that many areas of care were maintained to a good standard and that residents were actively involved in their own communities; however, improvements were required in regards to several areas of care including supporting a resident's rights and infection prevention and control.

Due to COVID 19, the provider was supporting a resident to self isolate in their own bedroom on the day of inspection. The inspector attended this aspect of the designated centre on the final day of inspection. The provider had enhanced infection prevention and control (IPC) measures in place with staff wearing full personal protective equipment (PPE) and donning and doffing areas available. Sign and symptom checks for the disease were also occurring and enhanced general cleaning was in place. However, significant improvements were required in regards to this aspect of care in this centre. For example, there were shared bathroom arrangements in place; however, cleaning and IPC measures were not robust in between residents using these facilities. There was only one mop handle and one mop bucket available for staff to use and there was some uncertainty in regards to

the colour coded mop head system on the day of inspection. The bathroom also contained items such as a shower chair, waste basket and toilet role holder and there was no system or cleaning schedule in place to ensure that these items were cleaned and sanitised in between use. The provider had also produced an standing operating procedure for the centre in regards to recommended cleaning products, but the provider was unable to demonstrate that these products were available for use on the day of inspection. Furthermore, the location of the centre's doffing station required review as it was not in line with the one-way-system for entering and leaving the centre. In addition to these issues, another house in the centre had worn and chipped kitchen counter tops and doors, rusted hand rails and drill holes in bathroom tiles which prevented all items from being effectively cleaned and sanitised.

Residents enjoyed a good quality of life and they were out and about in their communities on a daily basis. Residents were observed coming and going throughout the inspection and an integrated approach was offered whereby residents could choose to have their day service from home or attend a separate service. As mentioned earlier, residents were supported to attend supported paid employment and also to pursue personal interests in horse riding. The provider had a process to assist residents to achieve personal goals and a resident was assisted with a goal to get a hand held electronic device. Although this was a positive aspect of care, some improvements were required as there was no evidence that their other goals such as having days out and going on a train were actively progressed.

There were was one active safeguarding plan in place on the day of inspection which was recently reviewed. No further incidents had occurred since its implementation and the person in charge had a good understanding of the issue which caused the concern. As mentioned earlier, the centre appeared like a pleasant place in which to live. In two of the houses visited, residents appeared happy and content and they stated that they liked their home and staff which supported them. In the remaining home there was a documented compatibility issue and as mentioned earlier, a resident wished to move from this aspect of the centre. This resident also raised an issue with the inspector which the provider had taken seriously and implemented their safeguarding procedures following the conclusion of the inspection. The was also guidance in place for a specific resident to support them with allegations of abuse, however, this document required review to ensure that it was aligned to general safeguarding procedures in the centre. Some additional improvements were also required as the provider was unable to demonstrate how residents were supported in the area of self care and protection.

The provider had fire arrangements in place such as fire doors, alarm system, emergency lighting and evacuation procedures. The provider had ensured that all fire equipment was serviced as required and staff were completing regular fire drills with residents. Some improvements were required as the provider failed to demonstrate that fire doors would close in all areas of the designated centre, should a fire occur. Further clarity was also required in regards to fire zones in areas of the centre.

Residents had full access to their personal possessions and they were also supported to manage their finances. The inspector observed staff members discussions with residents their preferences for the day and a casual approach was taken in regards to residents' meetings which suited their individual needs. Although residents were actively involved in decisions about their care and also the running and operation of their home, one resident was not happy living in this centre and as mentioned previously this had a direct impact upon their rights.

Overall, there were many areas of care which were generally maintained to a good standard and residents had ample opportunity to get involved in their respective communities. However, issues in relation to a resident's rights and also to implementation of effective infection prevention and control procedures did impact on the overall quality and safety of care which was provided.

Regulation 12: Personal possessions

Residents had access to the personal possessions and there were systems in place to support them with managing their finances.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had integrated services and they were also supported to seek out paid employment if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

Generally, the premises were maintained to a good standard; however, the exterior paths of one house in the centre were cracked and covered in moss which presented as a slip and trip hazard.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had risk assessments in place in regards to issues such as fire safety and COVID 19. Additional risk assessments were also devised on the days of inspection in regards to safeguarding.

Judgment: Compliant

Regulation 27: Protection against infection

The provider failed to ensure robust infection prevention and control arrangements were in place throughout the designated centre.

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were required as the provider failed to demonstrate that fire doors would close in all areas of the designated centre, should a fire occur. Further clarity was also required in one house as fire zones were not easily identifiable on the displayed fire procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider failed to demonstrate that a resident was supported to achieve their personal goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were no restrictive practices in place and there were a number of plans in place to support behaviours of concern. However, one of these plans required further clarity. For example, the plan detailed that behaviours of concern could be likely to occur under certain circumstances; however, these circumstances were not detailed in the plan. The plan also explained that a number of protocols were in place to reduce the likelihood of behaviours occurring, again these were not in place. Also, there was no guidance in place to guide staff when behaviours of

concern were escalating. Management of the centre and staff mentioned the use of distraction techniques and the use of a quotation to reduce stress which were effective in supporting this resident with their behaviours but these were not included in the associated support plan.

Judgment: Substantially compliant

Regulation 8: Protection

A document to support a resident with their safeguarding concerns required review to ensure that it was aligned to general safeguarding procedures in the centre. Some additional improvements were also required as the provider was unable to demonstrate how residents were supported in the area of self care and protection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

A resident had clearly highlighted their unhappiness at living in this centre, this issue was previously highlighted and had not been resolved at the time of this inspection which did impact on this resident's right to choose where they lived.

Judgment: Not 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 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Community Living Area A OSV-0004084

Inspection ID: MON-0027530

Date of inspection: 08/02/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will ensure that infection protection and control arrangements are maintained in line with regulations. Contingency plans are currently in place and up to date.</p> <p>The provider will continue to engage with the HSE with regards to the allocation of funding to meet one residents wish to move from the designated center. PIC, PPIM and Senior Psychologist will continue to engage with the resident in the interim.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A prioritised refurbishment plan is in place and under review.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p>	

The provider will ensure that there are robust infection prevention and control arrangements in place throughout the designated center.

Contingency plans and Cleaning schedules with emphasis on IPC have been prioritized and are currently active.

Regulation 27 is a Standing Agenda Item for Staff Team Meetings.

All staff have the relevant IPC training up to date.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider will ensure that fire doors will close in all areas within the residence identified, with current door closing mechanisms to be replaced with free swing door closures connected back to the fire alarm system. Fire zones are now displayed in each area in the designated center and staff are familiar with same.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Provider will ensure that residents are supported to achieve their personal goals. The PIC and keyworker with the staff team are developing person centred support plans in place for each resident in the designated centre and consultation with their families is ongoing. The PIC will review goals and personal plans on a 3 monthly bases to ensure that all goals are being achieved in the appropriate timeframe.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Provider will ensure that the behavioral support plans in place are active and that all staff are aware of pro and reactive strategies.

The Safeguarding process in place will be followed if appropriate including contacting designated officer, submission of an Appendix A form and HIQA notification if appropriate.

The Positive Behaviour Support plan and Safeguarding plan will be subject to review by the PIC and Service Provider.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 The Provider will ensure that safeguarding protocols will be followed if an allegation of abuse occurs the Safeguarding of Vulnerable Adult policy will be activated and a review of the incident will occur involving the Multidisciplinary Support Team.

Staff Safeguarding Training is up to date.

The PIC will ensure training is completed with each resident in line with their ability / understanding to support each person in the area of self-care and protection.

Safeguarding will also be an agenda item to be discussed at weekly resident’s meetings and regular staff meetings.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 In regards to supporting one residents with his right to live where he wishes, the following measures have been implemented:

The Provider will ensure that the PIC will raise issue each month with PPIM through monthly meetings that one resident wishes to move from this centre and this is impacting on his right to live where he wishes.

The Service Provider will ensure that our funders are aware of the highlighted needs of each resident with regard to their Rights particularly with regard to the resident who wishes to move from this Designated Centre.

Current planned supports in place for the resident will continue.

A specific Risk assessment is in place regarding the residents wishes to move from the centre. This risk has been raised to Corporate level.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	21/04/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	21/04/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Not Compliant	Orange	21/04/2022

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/04/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	01/04/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Substantially Compliant	Yellow	21/03/2022

	needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	21/03/2022
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	21/03/2022
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	21/03/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Not Compliant	Orange	01/07/2023

	his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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