



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 28
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	25 June 2021
Centre ID:	OSV-0005808
Fieldwork ID:	MON-0032157

About the designated centre

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

This designated centre is a four bedroom house in a rural area about ten minutes from a small town in Co. Kildare. It is situated close to number of local amenities such as shops, churches, hairdressers and beauticians, restaurants, and parks. The centre can accommodate three adult residents over the age of eighteen years with an intellectual disability. There is a living room, a kitchen/dining room, a sun room, three residents' bedrooms, one of which was ensuite, a staff sleepover/office, a utility, a WC, and a main bathroom. A car is available to support residents to access their local community. Residents are supported 24 hours a day seven days a week by a staff team comprising of a person in charge, social care workers and support workers.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 25 June 2021	09:55hrs to 15:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

The findings of this inspection were that residents were in receipt of a good quality and safe service. There were three residents living in the centre at the time of the inspection and the inspector had an opportunity to meet and briefly engage with each of them. As this inspection was completed during the COVID-19 pandemic, the time spent with residents and staff was limited and done in line with public health advice.

Residents had moved into the centre two weeks prior to the inspection and were in the process of settling into their new home. A number of residents told the inspector they were happy and settling in well. It was evident that the staff team had worked very hard to make sure that they were well supported during their transition to their new home.

The designated centre had previously been identified by the provider as an isolation unit for use during the pandemic, but since early June 2021, it was now home for these three residents. Prior to moving in they were supported to develop their transition plans and to visit the centre. They had all lived together for a number of years in another designated centre and throughout the inspection they appeared very comfortable with each other. They were observed spending time together chatting, doing arts and crafts, doing tasks around their home, listening to music, and laughing and singing together.

It was evident that a lot of work had happened in the short time since they had moved into make sure that the centre was homely and comfortable for residents. It was spacious, clean, and designed and laid out to meet their needs. Each resident had their own bedroom, one of which had an ensuite bathroom. There were a number of private and communal spaces where residents could choose to spend their time. During the inspection residents were observed relaxing in the kitchen/dining room, spending time in the sun room, chatting with each other and staff at the kitchen table, and at times to go to their bedrooms.

While COVID-19 restrictions had impacted on residents' access to the activities which they usually enjoyed in their local community such as going to day services, art classes, swimming or to the gym, they had adapted really well and were engaging in more home-based activities. A number of resident were now taking more of an interest in the upkeep of their home and were observed during the inspection to be very house proud. They had also increased their independence skills in relation to self care and, and were regularly doing their laundry, cleaning, cooking and baking.

Two residents proudly showed the inspector around their home. They showed the inspector where they kept their favourite things and talked about how they had just decorated their bedrooms. They showed them the pictures of their friends and families and talked about things they liked to do. One resident showed a picture of

them attending a concert where they had an opportunity to have their photo taken with one of their favourite singers. They talked about art classes they had done and showed the inspector some of their beautiful artwork. They talked about how much they enjoyed art and about the art exhibition they had to display their work. Later in the day they printed some pictures they had sent to the printer from their tablet computer, and then proceeded to tell the inspector why they had chosen these pictures and then sat down to colour them in. They appeared very content and relaxed while doing this.

The inspector observed two residents preparing for and having their lunch. They decided what they wanted to eat and staff supported them to prepare it. Residents and staff chatted away during the meal and both residents appeared to really enjoy their meal. During the inspection a number of residents told the inspector how much they enjoyed cooking and baking, with two residents showing them pictures of them baking and one resident talking about the scones they had made with staff.

One resident told the inspector at the start of the inspection that they were looking forward to going out for a take-away coffee. Later in the morning they went with staff for a drive to get this. When they arrived back they told everyone how much they had enjoyed their outing. They then sat down to have some home-made vegetable soup, which they said was very nice. After relaxing and knitting for a little while they then went on to peel and prepare the vegetables for dinner. Later in the day they showed the inspector a patchwork blanket which they were making. They were knitting squares in all different colours and staff were helping them by sewing these squares together. They planned to put their finished blanket on their bed.

In the afternoon, one of the residents went out for a drive with staff to get some keys cut for their new home. they were also going to have a look around the shops. While they were out and about another residents asked staff to help them to pack a bag for their trip to see their family at the weekend. They talked about where they were going to go and what they were going to do as they packed all the bits and pieces they might need.

There were lots of materials available should residents wish to do arts and crafts, use sensory objects, knit, do puzzles, or play board games. Residents had television in their rooms and in communal areas and they had tablet computers, DVD's, radios and MP3 players. As it had become more difficult to print photos during the pandemic residents were now taking and storing pictures relating to their goals on their tablet computers. Residents showed the inspector these pictures, including some of special events such as birthdays, Halloween, Christmas and Easter. They also had pictures of activities they enjoyed on their table computers such as trips to the canal to see the boats, baking, dancing, chair yoga, planting flowers, having a foot spa, moving to their new home, having a cup of tea in their new garden, and feeding the birds.

Now that the restrictions relating to the pandemic were lifting they were starting to engage in more community based activities and were planning to do things like, rejoin their local gym, get back to art classes, and to meet with their family and friends in line with public health advice. For example, two residents arranged

appointments with their local hairdresser during the inspection. They were both very excited to have their hair done and were going for a patch test that day to ensure they would not have a reaction to the hair dye.

As the residents had just moved in they shared plans for further work that they were going to do around their new home. This included getting more storage, more furniture and their plans to do some work in their garden. They already had a lovely patio with a table and chairs, a swing chair and solar lights, but they had further plans to sew some more plants and vegetables. One resident had planted pumpkin seeds on the windowsill in the kitchen and planned to sew them in the garden once they had grown a bit more.

Maintaining contact with their family and friends was a priority for residents in the centre. One resident had a family board with each month of the year and pegs containing the dates of their family member's birthdays. Residents were supported during the pandemic to stay in touch with their family and friends by phone or video call. One resident had received a present from their family of a device which looked like a digital picture frame, where family members could regularly upload photos and videos remotely.

Two residents completed questionnaires in relation to care and support in the centre in advance of the inspection. In the questionnaires, they indicated that they were happy with care and support in the centre. They were particularly complimentary towards how supportive the staff team were and how they were supported to make choices in their day-to-day lives. Examples of comments residents included in their questionnaires were, "I like it here", "I like the staff", "I like to ask staff to help", "I like my new house, I like everybody". A number of residents identified more improvements that they would like to make to their new home. These mostly related to furniture, all of which was ordered and was due to be delivered after the inspection.

A log was maintained of complaints and compliments for the centre. A number of compliments were reviewed from family members and some professionals in relation to the care and support provided for residents in the centre. For example one person thanked staff for the "wonderful work and care", another stated "thank you for the care", and one person stated that they had never seen one of the residents "so contented and relaxed".

In summary, residents appeared happy, content and comfortable in their new home. They also appeared very comfortable in the presence of staff. Staff were observed to be familiar with residents' communication preferences and to be readily available to support them, should they require any assistance. They were also observed to encourage residents to be as independent as possible in relation to tasks around their home. Residents were deciding how they spent their time and were making choices in relation to their day-to-day lives.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service. The centre was homely and comfortable and there was a clear focus by the staff team on ensuring that each resident was happy, safe, content, relaxed and comfortable in their new home. Residents confirmed this by telling the inspector that they were happy and felt safe in their home. There were appropriate governance and management systems in place and there was a clear focus on quality improvement. The provider was continuously seeking ways to further improve the quality of service and outcomes for residents.

The centre was managed by a suitably qualified and experienced person in charge who was very familiar with residents' care and support needs, and who was motivated to ensure that each resident was enjoying a good quality of life. The person in charge was supported in their role by a clinical nurse manager and an area director.

The provider's systems to monitor the quality of care and support for residents included six monthly unannounced reviews and an annual review of care and support. In addition, the staff team were completing regular audits in areas such as, residents' finances, care planning, activities, accidents and incidents, risk, fire, medication, cleaning schedules and restrictive practices. As there was only one staff on duty at times, there were clear systems to ensure the staff team were effectively communicating the required information with each other. There was a daily communication book, regular staff meetings, an on-call management system, and a buddy system with other designated centres which were close to this one. Staff who spoke with the inspector said they were well supported in their role and that they were aware of the systems in place to escalate any concerns they may have to the management team.

Residents were supported by a staff team who were familiar with their care and support needs. They were working with each resident to develop and maintain their independence, and to identify their likes, dislikes and preferences by sampling different activities to find out which ones they enjoyed best. Residents' individuality and talents were being celebrated and highlighted by the staff team. Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring, respectful and safe manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the

registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the knowledge, skills and experience to manage the designated centre. They had systems in place to ensure the effective governance, operational management and administration of the centre.

They had been working with the residents who moved into this centre for a number of years, and were very familiar with their care and support needs. They were motivated to ensure that each resident was happy and safe in their new home, making decisions about their home and about how they wanted to spend their time.

They had systems in place to ensure that the staff team were supported in their role and this was particularly important as at time the centre was single staffed.

Judgment: Compliant

Regulation 15: Staffing

From reviewing a sample of rosters and speaking with members of the staff team, it was evident that residents were supported by a team who were familiar with their likes, dislikes and preferences. Staff's planned and unplanned leave was covered by a regular relief staff. Nursing support was available for residents, should it be required.

There were planned and actual rosters in place and they were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory trainings in line with the organisation's policies and procedures, and in line with residents' assessed needs.

There were systems in place to ensure that each staff was in receipt of regular formal staff supervision. This was being completed by the person in charge. There was a schedule in place to ensure they each had supervision at least twice annually

and to ensure they were having an annual performance review.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that there was valid insurance in place against the risks in the centre, including the risk of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The centre was found to be well managed. The provider and person in charge were ensuring oversight through regular audits and reviews. There was an audit schedule in place and the provider had plans in place to complete six monthly reviews and an annual review of care and support in the centre.

Staff meetings were occurring regularly and the staff team were in receipt of regular formal supervision. Those who spoke with the inspector, said they were well supported in their role and could comfortably raise any concerns they may have in relation to the quality of care and support for residents in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the regulations. A copy was available in the centre.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care and support, and

they were living in a spacious and comfortable home. Their likes, dislikes and preferences were well documented and the staff team were motivated to ensure they were making choices in relation to their day-to-day lives and regularly engaging in activities they enjoyed and found meaningful.

Residents were encouraged to eat a varied diet in line with their food preferences. Should they choose to, residents could participate in the shopping for, preparation, cooking and serving of their meals. As required, residents food and nutritional needs were assessed and they were accessing the support of a dietician and speech and language therapist. The timing of meals and snacks was planned around residents' needs. Mealtimes were observed to be unrushed and to be a social event. Residents were observed to be supported by staff in a sensitive and appropriate way.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding in the centre. Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Prior to moving to this centre, residents were consulted with about the move. They were supported to develop transition plans and had the opportunity to visit the centre. The inspector reviewed a sample of residents' transition plans and found that they were detailed and very much person-centred. They included information in relation to who they would like to share their home with, and what was important for them to have access to in their local community to ensure they could continue with, and further develop their valued social roles. There was a system in place to review how residents' transition was going for them. As they had just moved these reviews were in the early stages but it was clearly documented that each residents was settling well into their new home and continuing to explore their local community.

Residents were protected by the policies procedures and practices relating to risk management and infection prevention and control. The provider had developed policies, and procedures in relation to both. They had also developed procedures and contingency plans in relation to COVID-19. The premises was clean and there were systems in place to ensure that personal protective equipment was available. Staff had completed a number of risk management and infection prevention and control related trainings.

Residents were also protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was being regularly serviced. Fire drills were occurring regularly and each resident had a personal emergency evacuation plan in place to guide staff on supports they may require to safely evacuate the centre.

As mentioned earlier in this report, residents were involved in the running and operation of their home. Residents meetings were occurring regularly and agenda items included activity planning, menu planning, information about the house, maintenance and repairs, complaints and compliments, goals, COVID-19, infection prevention and control, safeguarding, and fire. From the sample reviewed, residents

were signing the minutes after the meeting. There were also visual boards in the kitchen which contained information and pictures for residents in relation to areas such as complaints, advocacy, safeguarding, handwashing, COVID-19, and fire safety. There were also picture rosters and menu plans available.

Regulation 17: Premises

As the centre had been identified as an isolation unit during the pandemic, works had been completed to the centre prior to residents moving in. As part of these works the bathroom had been refurbished to better suit residents' care and support needs. Works had been completed in relation to fire containment and an external company had been employed to complete a deep clean. As previously mentioned, a number of residents proudly showed the inspector around their new home, including a tour of their bedrooms. They each said that they loved their new home.

Residents had been involved in personalising their home including picking paint colours and decorating areas of their home. Their photos and art work were on display throughout the centre. Plans were in place to complete further works both internally and externally. These included the addition of more storage, the creation of a vegetable garden, and a number of residents had plans to buy additional items to further personalise their home.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' likes, dislikes and special dietary requirements were identified and they were being supported to buy, prepare and cook their own meals, if they wished to.

Residents' risk assessments, and eating and drinking guidelines were available and were clearly guiding staff while supporting residents. Residents were also supported to learn more about their needs and encouraged to get involved in preparing their meals and fluid in line with their assessments and plans.

Mealtimes were observed by the inspector to be a positive and social experience. Residents spoke to the inspector about how they liked to cook and bake and they showed the inspector photos of them doing this on their tablet computers. The inspector also observed one resident preparing the potatoes and vegetables for their dinner. They were smiling and chatting with staff as they did this and told the inspector they loved doing jobs like this around their home.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained the required information and was available for the residents in the designated centre.

It contained a summary of the services and facilities available, the terms and conditions of residency, arrangements for residents involvement in the running of the centre, how to access inspection reports, the procedure for complaints and the arrangements for visitors.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents had been supported through their transition to this centre. They had detailed transition plans in place and they were consulted with in advance of the move and planned supports were put in place prior to moving. Residents had opportunities to visit the centre prior to moving in and were involved in decisions relating to the decoration of their home.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre. There were systems to identify, assess, manage and review risk. The organisation's policy contained the information required by the regulations and there were procedures in place for responding to emergencies.

General and individual risk assessments were developed and reviewed as required.

Incidents and adverse events were being regularly reviewed and learning following these reviews was being shared with the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

Residents was protected by the infection prevention and control policies, procedures and practices in the centre. Information was available for residents and staff in relation to COVID-19.

All areas of the premises was found to be clean during the inspection and there were systems in place to ensure that every area was regularly cleaned.

There were stocks of PPE available and a stock control system in place.

Staff had completed training in relation to infection prevention and control such as hand hygiene and donning and doffing PPE.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements for detecting, containing and extinguishing fires in the centre. There were adequate means of escape and emergency lighting in place.

There were systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plan was on display and residents' personal emergency evacuation plans were detailed in relation to the supports they may require to safely evacuate the centre, both during the day and at night.

Fire drills had occurred by day and night since residents' transitioned to the centre, to demonstrate that they could safety evacuate the centre in the event of an emergency.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding was discussed regularly at residents' meetings and there was information on display in the centre.

There were protocols in place in relation to safeguarding residents' finances. There was an area specific risk assessment in place in relation to safeguarding and staff had completed training in relation to safeguarding and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could freely access information in relation to their rights and accessing advocacy services. These topics were discussed at residents' meetings.

Residents were supported to exercise choice and control over their day-to-day life. They were involved in the running of the centre and had opportunities to engage in activities in line with their interests.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant