



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:	Short Notice Announced
Date of inspection:	18 March 2021
Centre ID:	OSV-0004084
Fieldwork ID:	MON-0031537

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 - 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
Thursday 18 March 2021	11:10hrs to 18:00hrs	Margaret O'Regan	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from a two metre distance and was time limited in adherence with national guidance. The inspector had the opportunity to talk with three residents on the day of inspection, albeit this time was limited. The regulations prioritised for examination were those which provided the best evaluation of what it was like for residents to live in these three houses and what level of safety and care was afforded to residents by the staff and the organisation supporting them.

Overall, the inspector was satisfied that residents in this centre were well supported. They lived in comfortable homes, received support from familiar staff and generally enjoyed a good quality of life. However, some issues were present in one house around the expressed wishes of one resident to have their own single occupancy accommodation .

A significant amount of work had been undertaken to ensure residents who moved to the three houses that comprised this centre, experienced improved wellness and independence since their move. This work was ongoing. For example, one resident who had spent several years in an institutionalised setting had adapted well to community living. Improvements were such that the resident no longer required input from the behavioural support team. A similar story was recounted for another resident whose overall mental health and well being had improved sufficiently to no longer require support to manage their behaviours. The impact of achieving this success was immense for those particular residents. It was also work which the management team and staff could rightly be proud of.

Apart from the mental health benefits that many of the residents experienced by living in this centre, they also enjoyed improved physical health. For example, one resident had reduced their weight by eating healthier and taking more exercise. The resident was clearly pleased with this improved physical state.

There was an attitude within the service of doing the best for residents, as evidenced by the examples mentioned above. However, in another instance there were notes indicating a resident did not wish to live in the house they were in. This matter was ongoing for at least four years and the documentation viewed confirmed this was an ongoing issue. The result of this resident not wanting to be in the house, was that other residents were at times, upset by the tensions that this created and vice versa. It was clear the person in charge and the provider had requested funding for alternative accommodation but the matter remained unresolved.

Prior to COVID-19 one resident went home alternate weeks. This had not been possible since the onset of the pandemic and this was a challenge for the resident. It was expected that the resident would enjoy the same shared care arrangements

again once restrictions were lifted.

All communication between resident and staff was seen to be friendly, respectful and convivial. It was clear both staff and residents knew each other well. Both parties spoke with ease about day to day matters such as preparing dinner, films, family.

Staff spoke about the sense of family and community which characterised the centre and this was also evident in the manner in which the written documentation was recorded. Documentation was clear to read, was non judgemental in its tone and focused on placing the residents at the centre of all matters.

In the limited time the inspector spent in the company of residents, the inspector observed residents looking happy, relaxed and content. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. On arrival at one house, the inspector was greeted by the resident and the staff member on duty. The staff member was preparing the evening meal in the spacious kitchen cum dining and sitting room, while chatting with the resident who sat close by. This resident had a particular interest in Western films and this was a topic for discussion. The atmosphere in the house was one of warmth and comfort. The resident happily showed the inspector around their home including their extensive film collection. The resident's room was sufficiently large to accommodate the resident's personal effects such as their films and their clothing and footwear, which were important possessions for this resident.

In another house, the inspector was again warmly greeted by two residents who were out doors playing football with a staff member. The residents here were again happy to show the inspector their comfortable home. In this house one resident was out at the time of the inspector's visit. This was a regular practice. It was a strategy to help minimise peer to peer issues and reduce house tensions by ensuring the residents engaged in separate activities and reduced the amount of shared time together in the house.

In summary, the majority of residents experienced improved wellbeing since coming to live in these comfortable community houses. As observed throughout the inspection, residents appeared comfortable in the presence of staff. For one resident, their needs were not fully met by sharing living arrangements but the provider and the person in charge had made available extra resources to help with the communal living. This included extra staffing and separate vehicles. Nonetheless, a longer term and more permanent solution needed to be found. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

In general, the governance and management arrangements in the centre were effective and good oversight systems were in place. In addition to the day-to-day operations of the designated centre, clear lines of reporting were in place to ensure that the provider was aware of how the centre operated. The person in charge was responsible for the day to day management of the centre and another centre within the locality. She was an experienced member of staff. Prior to taking up the role in the weeks preceding this inspection, the person in charge worked as a manager in another organisation working with people with disabilities. The person in charge was supported in her position by an experienced member of the senior management team. Formal and informal meetings were held between the the person in charge and their line manager. The person in charge held fortnightly meetings with staff.

The registered provider had strived to ensure that the residents who lived in these three houses were well supported. The provider sought to enable residents to live in a community environment that allowed them to live a meaningful life. This was reflected in overall good levels of compliance across the regulations reviewed. While there was much evidence of good compliance, there were also matters which needed to be addressed. Despite the provider putting in place structures and supports to provide residents with a good quality of life, there were ongoing challenges around the expressed needs of one resident, namely their wish to live on their own. This was ongoing for over four years. Finding a way to facilitate this was a work in process and is further discussed under quality and safety below.

There was a core team of staff, who were suitably qualified and experienced, to meet the assessed needs of residents. Staff had received training in all mandatory areas. For example, training in infection control, hand hygiene and breaking the chain of infection.

A formalised supervision process for staff was in place and implemented. From discussions with staff (albeit that they were brief) the inspector was satisfied that staff could highlight issues or concerns through staff meetings and through the supervisory arrangements. Staffing levels were adequate and adjusted as residents' needs changed.

The registered provider had undertaken an annual review of the quality and safety of the service, which consulted with residents and their representatives. The most recent annual review was carried out on 21 October 2020. The review showed that that there was full or high partial compliance with regulations and standards. Generally reviews were detailed; however, the six monthly review carried out in May 2020 did not clearly show if the actions needed had been addressed nor was it clear who was responsible for these actions. Previous six monthly reviews did contain this type of information. In addition to such regulatory requirements, the provider was also carrying out their own audits and reviews into areas such as medicines, complaints, health and safety, resident finances and incidents.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. While this person was in charge of more than one centre, the inspector was satisfied that she could ensure the effective governance, operational management and administration of the designated centres. The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The provider took cognisance of the need for residents to receive continuity of care and support.

Judgment: Compliant

Regulation 23: Governance and management

In general, the governance and management arrangements in the centre were effective and good oversight systems were in place. Formal meetings were held between the services manager and the person in charge. The person in charge in turn held fortnightly meetings with staff.

The registered provider had undertaken an annual review of the quality and safety of the service. It was not clear from the last six monthly review if the actions needed had been addressed or who was responsible for these actions.

Judgment: Substantially compliant

Quality and safety

Resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, improvements were required in the area of meeting the needs of each resident.

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Supports were in place to develop and maintain personal

relationships and links with the wider community. For example, residents visited local coffee shops, nearby amenities and shopped locally.

Residents used modern technology to support their interests such as listening to music, watching films, contacting their families.

Contact with families and friends was nurtured, especially in times of restricted home visits due to COVID-19.

Each resident was provided with care and support by a range of medical, nursing and allied health services. Residents choose their own general practitioner (GP) who knew the residents and was in a position to provide GP care when and as required.

Other aspects of health care support were well catered for. For example, nursing support was available to all residents, a multidisciplinary team engaged in reviewing the resident care needs on a regular basis and dental care was accessible to all. Residents had the support of a clinical psychologist and this was an important aspect of maintaining residents' wellbeing. Any restrictive practice was reviewed at least annually by a restrictive strategy committee. The focus of the committee was to continually reduce restrictions and at the time of this inspection, little or no restrictions were in place. There was also evidence that since residents moved to these houses, their need for behavioural therapeutic support had lessened, indicating that residents general wellbeing and in particular their mental well being had improved.

Behaviour support plans were in place where there was an identified need for these and again, these were kept under constant review. Health promotion was incorporated into daily life with residents being encouraged to exercise and eat healthily.

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Laundry facilities were available and residents were supported by staff to manage their own laundry. Residents were provided with support to manage their financial affairs, facilitated to bring their own furniture and furnishings and have their rooms decorated according to their individual taste.

The houses seen by the inspector were kept in a good state of repair and were attractively decorated. Equipment and facilities were provided and maintained in good working order. There was spacious gardens.

Risks were identified and managed in a safe and proportionate and considered manner. Precautions were in place to minimise the risk of fire. Fire-fighting equipment was checked and serviced regularly, fire drills took place and emergency evacuation plans were kept up to date for each resident.

Much work had been undertaken to ensure residents needs were met. In most instances this was achieved and care afforded to residents was of a high standard. Nonetheless, for one resident, the living arrangements were such that their expressed needs were not catered for. The resident had repeatedly stated they were unhappy in the house they were living. The resident had requested alternative living

accommodation and had a reasonable expectation that alternative accommodation would be provided. Despite many documented meetings on this matter over a four year period and an application being made to the funding provider to facilitate this, the resident continued to live in an environment where they were unhappy. The resident had refused to sign their contract of care in protest on this issue. This situation also was uncomfortable for the other residents of the house and occasionally tensions rose and caused altercations. Such instances were rare as staff managed the day to day situation well but the underlying issue remained; this being that the centre was not suitable for the purpose of meeting the needs of each resident. In the interim, the inspector was satisfied that the person in charge and members of the senior management team, all of whom were familiar with the needs of all residents, were in a position to keep the appropriateness of the current living and social arrangements under constant review and continue to advocate for the resident.

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, residents used amenities, visited local coffee shops, shopped locally. This not only allowed residents to engage in their preferred activities, it also provided for natural integration into their community.

Judgment: Compliant

Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner.

The registered provider had ensured that the risk management policy had been updated to minimise the risk of infection of COVID-19 to residents and staff working in the centre. The controls were discussed and observed throughout the duration of this inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had produced comprehensive guidelines on the prevention and management of COVID-19. This was updated on a regular basis. The facilities

available, such as warm water, mixer taps, paper towels and pedal operated waste bins, all facilitated good infection prevention control. Hand gels and sanitisers were available throughout. Staff wore masks in situations where a two meter distance could not always be maintained. Daily, weekly, monthly and annual cleaning schedules were in place. The guidelines and record templates available to staff, provided clear guidance to ensure that cleaning and disinfection were at an appropriate standard.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place several times a year.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The centre was not suitable for the purpose of meeting the needs of each resident. One resident had requested alternative living accommodation and had a reasonable expectation that alternative accommodation would be provided.

Judgment: Not compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these while the health of residents was regularly monitored by the person in charge, who was an experienced nurse.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were provided with up to date knowledge and skills, appropriate to their role, to respond to behaviour that was challenging and to support residents to manage their behaviour. Due to interventions such as appropriate premises and skilled staff, the need for behavioural support interventions had lessened resulting in residents better able to manage their own challenges and mental health.

Judgment: Compliant

Regulation 8: Protection

The provider made arrangements for each resident to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with residents around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

Regulation 9: Residents' rights

Conversations with staff and the person in charge demonstrated the respect staff had for the residents with whom they worked. Residents views were given due consideration and every effort was made to help residents express themselves, reach their potential and find solutions to the challenges the residents experienced. This was also evident in the documentation viewed by the inspector.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area A OSV-0004084

Inspection ID: MON-0031537

Date of inspection: 18/03/2021

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>All PIC’s and auditors attended a PIC information meeting on the 15/04/21. The outcome of the inspection was shared with all participants.</p> <p>The ZYEA auditing system continues to be used.</p> <p>All participants are now aware that if actions are required it should be clearly documented and responsibility assigned to a specific named individual.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A business case was submitted to the Disability Manager to support the individuals will and preference in an effort to secure additional funding to provide an individualised arrangement. This has not been identified as priority funding issue at present and no funding has been allocated at this time. The proactive interventions recommended by the Positive Support Team continue to be implemented to manage the incompatibility issues highlighted in the residence.</p> <p>Additional Staff rostered continues and support is provided in the evenings from 15.00 to 21.00 and at weekends from 12.00 to 21.00 Saturday and Sunday.</p> <p>Additional transport supports are also in place to facilitate individuals travelling separately and out of house activity.</p> <p>Environmental configuration: the location of one individual’s room has been relocated to</p>	

reduce the risk of negative interaction further.

The individual who has requested alternative living arrangements has submitted a complaint which has been escalated to Senior Management through our complaints procedure. The individual will continue to escalate this issue through the complaints procedure on a monthly basis until such time as the issue is resolved.

Positive Behaviours Support Team continue to review regularly. Last meeting 15/03/21 and 30/03/21. Next scheduled review 04/05/21

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	15/04/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs	Not Compliant	Orange	11/11/2021

	of each resident, as assessed in accordance with paragraph (1).			
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