



# 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:	27 January 2025
Centre ID:	OSV-0004084
Fieldwork ID:	MON-0037180

## 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 eight 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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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 27 January 2025	15:30hrs to 19:00hrs	Ivan Cormican	Lead
Tuesday 28 January 2025	08:50hrs to 12:45hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted over two days following the provider's application to renew the registration of this centre. As part of the inspection process, the inspector met with all eight residents who availed of this residential service. In addition, the inspector reviewed aspects of four personal plans, incidents which were recorded over the previous year and risk assessments which were implemented in response to safety concerns. The inspector also reviewed fire precautions and visited each house which made up the designated centre. In addition, the staffing arrangements were also reviewed and the inspector met with four staff. This inspection was facilitated by the centre's person in charge, and a senior manager who participated in the management of the centre attended the centre both days of inspection. Overall, the inspector found that this centre was a pleasant place in which to live, and in general residents got on well with each other and enjoyed a good a good level of independence; however, improvements were required in relation to the staffing arrangements for one house in the centre, to ensure that residents had opportunities to engage in social and leisure interests during the week day evenings.

The centre comprised of three separate houses which were located within a short drive of each other. One house supported one resident and was located in the country side but close to a large town in the midlands. The two remaining houses were located in quiet neighbourhoods of the same town and within close proximity to shops, restaurants and public travel hubs. One of these houses supported three residents and the other support four.

The house which supported one resident was homely in appearance and met their individual needs. They had complete access to to all areas of their home and they were supported by one staff throughout the day and nighttime hours. The met with the inspector on the first day of inspection. They had just been shopping and they were in good form upon their return. They proudly showed their home to the inspector and they pointed out their favourite music star and music system. They used some words to communicate and they could understand what the inspector was saying to them. They indicated their satisfaction with their home and it was clear they had a good rapport with the staff on duty. They enjoyed a good level of social access and they were out and about shopping, going to sporting events and meeting up with their local community throughout the week.

The second home supported three residents who had lived with each other for a number of years. The inspector visited this house in the evening of the first day of inspection. The house had a very pleasant atmosphere and all three residents greeted the inspector warmly and gave a tour of their home. All three of the residents chatted openly and the inspector spent some time with one resident. This resident was in pleasant form and it was clear they considered the centre their home. They communicated freely with the staff member on duty who had worked in the centre for a number of years. The two remaining residents spoke about their

lives and stated that they were very happy in their home. They both enjoyed a good level of independence with one resident starting off each morning with a coffee in the local town which they accessed independently. It was a resident's birthday on the evening of inspection, and their house mates surprised them with a cake, candles and their sister also visited the centre. The resident was delighted and everyone sat around the kitchen table for tea and birthday cake. The resident's sister spoke highly of the service and she indicated that her brother was very happy and enjoyed a good quality of life.

The final house in the centre was attended on the morning of the second day of inspection and it supported four residents with mild to moderate care needs. Residents were preparing for the day ahead with three attending day services and one offered an integrated service whereby their day activities were facilitated from their home. All four residents were in pleasant form and two residents chatted openly with the inspector. They indicated their satisfaction with their home and also the staff who assisted them. They also spoke highly of their day service and they explained all the trips and activities which they do there. However, both residents indicated their dissatisfaction with activities in their home during the weekday evenings. They explained that they normally wouldn't be able to go out shopping or for a meal during the week. The inspector asked if they could go out to the cinema or for an event and one resident said it would have to be planned beforehand. The inspector spoke about this with staff who indicated that circumstances within the house had changed recently and a resident who had previously gone home during the week and at weekends, did so less frequently. The provider had responded by increasing the staffing hours at the weekend which helped; however, no additional hours were allocated during the weekday evenings which impacted on opportunities for residents to get out and about, without prior planning in place.

Each house in the centre was homely in nature and also well maintained. Residents had their own bedrooms and also ample rooms in which to relax. The houses were individually decorated with pictures of residents, artwork and soft furnishings placed throughout. Two of the houses were within walking distance of local amenities and one house was within a short drive of the same locality. Each house had their own transport in which to access the wider area and in general the inspector found that the centre was meeting the personal needs of residents.

Overall, the inspector found that care was held to a good standard; however, there were issues in relation to staffing in one aspect of the centre which was impacting on community access for those residents. Some adjustments were also required in regards to supporting one resident with their finances and amendments were required to healthcare and support in relation to self medicating.

## Capacity and capability

This inspection was facilitated by the centre's person in charge. The inspector found that there were good oversight arrangements in place and the resources which were made available in two houses which made up the designated centre ensured that residents lead a busy and fulfilling life. However, there had been a change in circumstances in one house since the last inspection of this centre and as a result, some residents had little opportunity to engage in community activities throughout the working week. The provider had implemented additional staffing at the weekend, which had a positive impact on care, but the staffing arrangements had not been revised to ensure that all residents had opportunities for good social access from Monday through to Friday.

The provider had completed all required audits and reviews which found that a good level of care and support was offered. The governance structure also ensured that there was a leadership and management presence throughout the week. Staff also indicated the local out-of-hours management cover was working well and a manager was always available if needed. The inspector found that resources which were implemented in two houses which made up the centre were in line with residents' collective needs and reflected the level of independence within the centre. The provider was aware of recent issues with regard to facilitating social access in the remaining house. The staffing arrangements in this house had been recently adjusted to facilitate community access at the weekends, and a request for additional funding to facilitate better community access seven days a week had been submitted to an external body. However, funding for additional staffing resources had not been secured, which had a negative impact on the level of social engagement for two residents during the working week.

The inspector met with four fulltime staff members who were on duty. All staff had a pleasant approach to care and it was clear that they had a good rapport with the residents they supported. Residents who met with the inspector stated that staff were nice and the inspector observed that the residents chatted freely with staff in regards to various aspects of care.

A staff member discussed the general care of residents and it was clear that they had a good understanding of their social, personal and healthcare needs. They explained that a mandatory and refresher training programme was readily available to them and the centre's person in charge managed their training needs. They also indicated that they felt supported in their role and that regular team meetings and supervision sessions meant that they could openly discuss the delivery of care with management of the centre.

Although the staffing arrangements in one house required review, the inspector found that this centre was well managed and provided a good level of health and personal care.

## Regulation 15: Staffing

Residents who use this service had mild to moderate care needs. Some residents their local community independently, while others required the assistance of staff to safely do so.

Residents who resided in two houses which made up the designated centre had good access to their local community and they could get out and about throughout the week and weekends.

However, residents who lived in the third house in the centre were limited in terms of community access during the week and two residents who met with the inspector stated that they were unhappy with this situation. Both residents stated that they would like more community based activities during the week but this was not possible with number of staff on duty at these times. A review of daily notes also indicated that residents had a significantly reduced level of community access during the week.

The inspector found that the staffing arrangements in this aspect of the centre was having a negative impact on the provision of social care for residents in this house.

Judgment: Not compliant

## Regulation 16: Training and staff development

The provider had a mandatory training and refresher training programme in place which assisted in ensuring that staff could support residents with their individual care needs. Staff had received training in areas such as safeguarding, fire safety and supporting residents with behaviours of concern.

Staff members also attended scheduled supervision sessions and team meetings were held on a regular basis. These arrangements ensured that staff had a platform to discuss the delivery of care and any concerns or issues which they may have.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had completed all required reviews and audits of care as required by the regulations. The findings indicated that a good quality service was offered to residents in a safe and suitable environment. Management of the centre also had a range of internal audits in place for the day-to-day monitoring of care which assisted in ensuring that care was held to a good standard at all times.

The provider had appointed a person in charge who held responsibility for the overall provision of care in the centre. They attended the centre on a regular basis



and had an overall good understanding of the residents' needs and services which were implemented to meet those needs.

Although oversight arrangements were in place and the centre had clear lines of accountability, these arrangements did not ensure that one area of the centre was adequately resourced in terms of staffing, to meet the social needs of residents.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider had appointed a person to manage all received complaints and information in regards to making a complaint was clearly displayed in the centre.

There were no active complaints at the time of inspection and the centre had received a number of compliments from residents' family members. Residents who met with the inspector also stated that they would have no issues in talking to a staff member or the person in charge if they had an issues or complaint to raise.

Judgment: Compliant

### Quality and safety

The inspector found that residents generally enjoyed a good level of health and personal support. Their independence and rights were also actively promoted. Some adjustments were required with regard to a health care plan, supports with personal finances and an assessment in relation to self-medicating.

Resident's individual independence was actively promoted and some residents accessed their the local town by themselves and also stayed in their own home independently for recommended periods of time. Residents who met with the inspector stated their independence was important to them and one resident explained that they loved getting their coffee out each morning on their way to the day service. Their safety was promoted and the provider had risk assessed these arrangements and made adjustments in the provision of care if required. For example, one resident who enjoyed a high level of independence all their life had a recent medical event which had the potential to effect their independence. In response the provider ensured that medical and allied health professionals were actively involved in their care and recuperation. Additional technology was found to promote their independence and once they had fully recovered, they returned to enjoying their coffee morning on the way to work each day. The resident met with

the inspector and explained how this technology worked and they felt reassured by using it.

There were suitable arrangements in place for the prescribing, storage and administration of medicinal products. The inspector reviewed medication practices in two houses and found that prescription sheets contained the required information to facilitate the safe administration of residents' medications. Staff had also received training in this area of care and there were no trends of concern in relation to medication administration errors. A resident had also been assessed to manage their own medications, which was a positive example of care. Staff felt that this resident would be proficient in managing their own medication, and their assessment also indicated this. They were not managing their medication on the day inspection and the inspector found that this needed further review with the resident to determine if they were interested in looking after their own medications. In addition, the provider's medication policy did not actively promote resident's self administration of their medications and required additional review.

The inspector found that many aspects of care were held to a good standard, residents considered the centre their home and it was clear that their welfare and wellbeing was promoted.

### Regulation 11: Visits

There were no restrictions on visitors in this centre. Residents could receive visitors at a time of their choosing and there was ample room in each house for residents to receive visitors in private if they so wished.

On the day of inspection, a resident's family member visited them for their birthday and they told the inspector that this house had a very warm and welcoming atmosphere.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had their own bedrooms in which to store their personal possessions. There were an ample number of wardrobes and lockers for clothes and personal items and residents could lock their bedrooms if they wished.

Some residents could manage their own finances while others required support from staff. The inspector found that, in general there was good oversight of the support that residents received; however, a further review of financial transactions for one

resident was required as the provider was unable to account one financial transaction which was made with staff support.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There was good oversight of safety in the centre with all known safety concerns risk rated and regularly updated. Risks included issues in relation to fire safety and supporting residents with their independence.

The provider had a incident reporting system in place which was monitored by the centre's person in charge and they conducted regular audits to monitor for trends in regards to incidents. A review of this system indicated that all recorded incidents and accidents were responded to in a prompt manner and that additional actions were implemented if required.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire alarm systems, emergency lighting and fire extinguishers installed. This equipment had a completed service schedule in place and staff were also completing daily, weekly and monthly fire safety checks to monitor for potential faults or fire safety issues.

Fire drills were completed which indicated that residents would evacuate the centre with the support of and/or presence of staff in the event of an emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was good oversight of medication practices and there were no trends of concern in relation to medication errors. Medications were stored securely and a review of a sample of prescription sheets and associated administration records indicated that medications were administered as prescribed.

One resident was self administering their own medications which was a positive example of promoting their independence. This resident had been assessed to manage their own medications. Even though the assessment indicated that the

resident had the capacity to manage their own medications, they were not doing so. When discussed with a senior manager they explained that this had been explored in the past with the resident but they did not want to manage their own medications at that point in time. Some adjustments were required in regards to this assessment to ensure it contained this stated relevant history and also sought the resident's current will and preference in regards to looking after their medications.

In addition, amendments were also required to the assessment itself as it does not examine the potential for residents to manage short term or as required medications, if prescribed.

The provider's medication policy also required revision as there is no information contained therein to support residents with managing their own medications. The policy contains the template of the assessment but critical guidance in relation to who should complete the assessment, storage, recording, resident's participation and input from relevant professionals such as the resident's general practitioner and pharmacist was absent.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to their local general practitioner and they attended for regular health reviews and also in times of illness. The provider also ensured that residents could access allied health professions such as occupational health therapists and physiotherapists if required. In addition, residents were also supported to participate in the national preventative health screening programme.

Although residents' health was promoted, some adjustments were required to a health care plan for one resident who required daily blood sugar monitoring. Further clarity was needed in relation to the recommended range of levels which could be tolerated and guidance should be in place for staff to follow should blood sugar levels remain above this range for an extended period of time.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no active safeguarding plan required on the day of inspection and residents who met with the inspector stated that in general, they got on well with each other.

The provider had appointed a person to manage any received concerns and staff had completed mandatory safeguarding training.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents who met with the inspector stated that they were supported by a staff team who treated them with dignity and respect. Residents independence was also supported with some residents accessing their local town independently and also remaining in their home without staff support for defined periods of time.

Residents also told the inspector that they were involved in decisions about their care and they also attended scheduled house meetings where they discussed the running and operation of their home.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area A OSV-0004084

Inspection ID: MON-0037180

Date of inspection: 28/01/2025

## 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:  A business case was submitted to HSE 28.07.23 requesting extra resources for CLA A to support socialising. No additional funding was received as it was deemed that the request did not fall within the emergency response criteria. The emergency response criteria is for direct care and not for supporting socialization for residents. As we are a section 38 service service, we must adhere to the emergency response criteria.  <ul style="list-style-type: none"><li>• There is an arrangement for planned socializing in place and this will continue to be actioned.</li><li>• This issue has been escalated to the C.E.O. of the Muiriosa Foundation, who will again resubmit the business case to the H.S.E. requesting additional funding for staff to meet the social needs of the residents in this designated centre. To be completed by 31/5/25</li></ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:  A business case was submitted to HSE 28.07.23 requesting extra resources for CLA A to support socialising. No additional funding was received as it was deemed that the request did not fall within the emergency response criteria. The emergency response criteria is for direct care and not for supporting socialization for residents. As we are a	



section 38 service service, we must adhere to the emergency response criteria.

- There is an arrangement for planned socializing in place and this will continue to be actioned. - -

This issue has been escalated to the C.E.O. of the Muiriosa Foundation, who will again resubmit the business case to the H.S.E. requesting additional funding for staff to meet the social needs of the residents in this designated centre. To be completed by 31/5/25

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

At the day of the inspection, one issue regarding a financial transaction was highlighted by the HIQA inspector. This has been clarified i.e. although the funds were returned to the account following the transaction, the documentation/account wasn't updated until the following Monday, as it was a weekend and the bank only updated the account on the Monday.

Person in Charge completes bi - monthly financial audits for each resident

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- A local protocol for self-administration of medication for the particular resident identified by the inspector will be formulated.
- With regards to the policy, the self-administration form identifies the person and profession of the signatory.
- The content of the safe administration of medication training includes
  - a) assessing residents with regards their ability to self-medicate,
  - b) documentation to be completed
  - c) signatories required.
- This document is completed in conjunction with the resident.
- Relevant history for the residents with regards to assessment of self-medication will be recorded in the resident's care plan.
- The potential for residents to manage short term medication administration or 'as required medication' if prescribed will be recorded in the resident's care plan

To be completed by 30/4/25

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The PIC will ensure that the care plan for the resident identified during the inspection, who required daily blood sugar monitoring, will be updated with regards to:

- the range of levels
- guidance for staff to follow should blood sugar levels remain above this range for an extended period of time.

To be completed by 30/4/25

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	28/05/2025
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	28/05/2025
Regulation 23(1)(a)	The registered provider shall	Substantially Compliant	Yellow	28/02/2025

	ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	28/03/2025
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	28/03/2025