

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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area B
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0004085
Fieldwork ID:	MON-0046596

## About the designated centre

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

This centre comprises of one house located in a residential area of a large town with easy access to local amenities. It provides services to three residents with a moderate intellectual disability. The centre strives to promote positive community awareness through daily presence and participation in the local community. The aim of the provider is to provide a welcoming, safe and supportive environment that people can regard as home. Residents are supported by a team of social care workers and also care assistants. Residents are supported by one staff member during the day and by a staff sleep in arrangement for nighttime hours.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 11 March 2025	09:00hrs to 13:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which was conducted to monitor the provider's compliance with the regulations. As part of this inspection the inspector spoke with the three residents who used this service. The inspector also discussed care with a staff member who was supporting residents on the morning of inspection. The inspection was facilitated by the centre's person in charge who held responsibility for this and two other centres. As part of this inspection, the inspector reviewed two personal plans, medication practices for two residents and also the oversight arrangements. From reviewing this information the inspector found that residents had a good quality of life and they enjoyed living in this centre. They were supported by a consistent staff team who were sufficiently trained and knew their needs well.

The centre was a moderate sized, detached two-storey house which was located in a residential area of a large town in the midlands. There was a medium sized kitchen, a separate dining area and also a conservatory located towards the rear of the property. Overlooking the front garden was a large sitting room where residents relaxed and there was also an ample number of shared bathrooms. Each resident had their own bedroom, two of which were located upstairs and one downstairs. The centre overall was well maintained internally and residents showed the inspector two bathrooms which were recently renovated. The centre was also warm and comfortably furnished throughout, and it was clear that the residents considered it their home.

Residents who used this service had low support needs. They each attended day services throughout the working week and they were generally supported by one staff member, except each Friday when a second staff member was on duty to facilitate a residents to visit home. The inspector met with all three residents on the morning of inspection and two residents showed the inspector around their home and spoke individually with the inspector about their home and the care which they received. Both residents were highly complementary of the service and they explained that they had lived in this centre for a number of years. One resident had a close connection with their family and community where they were raised and they discussed how they loved going home for visits and meeting up with family and relations. They displayed numerous photographs of attending family events and they were very proud of a photograph of them meeting their niece who had just played a match with her county team.

The second resident also showed the inspector around their home and they were happy to also show the inspector their bedroom, which they were very proud of. They pointed out a new television which they had recently installed and they explained that they liked to watch their favourite shows here and sometimes they liked to relax on their bed and watch a soccer match. This resident chatted freely with the inspector and it was clear they had a good rapport with fellow residents, staff on duty and the person in charge. They also stated that staff were very nice

and they could go to them if they needed assistance or had a concern. They openly discussed their social needs and indicated that they preferred to get out and about at the weekends as they were generally tired each evening after attending day services. In saying that, they said they often go out during the week to the local shops or sometimes for a drink, which they enjoyed.

The centre had a very pleasant atmosphere and as the inspection commenced residents were relaxing in the sitting room as they waited to go to their day service. All three residents sat and chatted with the inspector for a period of time and they explained what they liked to get up to in their spare time. Two of the residents liked watching sports and they explained that they enjoyed when Co.Offaly were playing. All three residents stated that they had no issues in terms of community access and they liked going out, especially at the weekends. The residents were supported by one staff member who had a warm and friendly approach to care. The inspector observed that residents were at ease in their company and they referred to them in regards to plans for the day ahead. The staff member also chatted freely with the inspector and they had a good knowledge of residents' preferences in regards to care. They talked the inspector through the fire arrangements and also how residents were supported with their medications and personal finances.

This inspection found that the quality and safety of care which residents received was held to a good standard. Some adjustments were required in regards to some medication practices, but overall this centre was a pleasant place in which to live.

## 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 which ensured that residents were safe and enjoyed a good level of care and support. Although some adjustments were required in relation to medication management; overall, this was a good service which promoted the well being of residents.

A staff member discussed the general care of residents and it was clear that they had a good understanding of their social, personal and general support needs. They were found to have a good rapport with residents who were observed to refer to them throughout the morning of inspection in regards to their plans for the day. The staff member had access to a mandatory and refresher training programme and the centre's person in charge managed their training needs.

The provider had completed all required audits and reviews which found that a good level of care and support was offered. There was also clear lines of responsibility and accountability in the day-to-day operation of the centre. The person in charge held responsibility for the overall delivery of care and they were supported in their role by two senior managers. There was also outside of normal working hours managerial cover provided to the centre which ensured that staff were supported in

their roles at all hours of the day and night.

Overall, the inspector found that this centre had a person-centred approach to care and that the oversight arrangements ensured that the safety and quality of care was generally held to a consistently good standard

#### Regulation 14: Persons in charge

The person in charge held responsibility for three designated centres. They had full management hours to fulfill the duties of this role and they attended this centre at least two days every week.

They had a good understanding of the residents and the services provided to them. Residents who met with the inspector knew the person in charge and they explained that they could go to them if they had any issues or concerns.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the residents were supported by a familiar and consistent staff team. A staff member who met with the inspector had a good understanding of residents' needs and kind and considerate interactions were observed throughout the inspection.

The person in charge maintained an accurate rota which outlined the allocated staffing in the designated centre. There had been a recent use of agency staff due to unplanned leave. The person in charge ensured that they had an induction prior to supporting residents which included meeting residents, fire safety arrangements, risk management and residents' routines across the morning, evenings and weekends.

Judgment: 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 the safe administration of medications.

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 on 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. They were supported in their role by senior managers who were also actively involved in the provision and oversight of care.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had an open and transparent culture and issues, concerns or complaints which residents may have were welcomed by the provider. Residents told the inspector that they would have no reservations in talking to the person in charge or a staff member if they had a point which they wanted to raise.

The provider had a complaints procedure which was displayed in the centre and a person was appointed to manage any received complaints. Issues which could not be resolved at a local level would be referred to them and this person was responsible for ensuring that residents were kept up-to-date in regards to their complaint, including its outcome.

Judgment: Compliant

### Quality and safety

The inspector found that the quality and safety of care in this centre was generally



held to a good standard. Although some adjustments were required in relation to medications, overall this was a pleasant place in which to live.

Residents had comprehensive personal plans in place which gave a clear account of their social, personal and healthcare requirements. These plans were reviewed throughout the year to reflect any changes and also formally on an annual basis with the involvement of the resident. Residents were also supported through an individualised goal setting process, with residents assisted to achieve their goals by an assigned key worker. Goals which had been recently achieved included going to a panto, crazy golf, attending a concert and also going on a boat trip. During the inspection the person in charge indicated additional plans to further develop more meaningful goals for the residents at their upcoming personal planning meetings.

The provider supported residents with their medications and staff had undertaken training in the safe administration of medicinal products. Two medication prescriptions reviewed, contained relevant information to support the administration of medications, and associated recording documentation indicated that medications were administered as prescribed. One resident was assessed to manage their own medications; however the inspector found that a suitable risk assessment for this practice was not in place. The assessment to self medicate also required adjustments as it did not clearly detail the level of support that the resident actually required to safely manage their medications.

Residents in this centre were supported to enjoy a good quality of life and they were actively consulted in regards to the running and operation of their home. They attended weekly house meetings where they discussed activities and any issues which they may have. The inspector also observed that residents openly discussed their plans for the day with the staff on duty and it was clear that the centre promoted their rights and opinions.

Overall, the inspector found that this centre was a pleasant place in which to live and that residents enjoyed a good quality of life.

## Regulation 11: Visits

There were no restrictions placed upon visitors and residents who met with the inspector stated that they were well supported to have visitors and to stay in contact with their respective families.

Family contact was very important to residents and one resident was supported to visit their mother every Friday. Another resident spent Saturday nights at home with their parents and the person in charge stated how the resident looked forward to this each week.

Residents' siblings also visited them at various times throughout each month and a resident explained to the inspector that they liked to use their mobile phone to stay

in contact with their sister who lived abroad.
Judgment: Compliant
<b>Regulation 13: General welfare and development</b>
<p>Residents had good access to their local community and they were out and about in line with their own preferences. One resident was supported to attend Special Olympics training each week for swimming and residents reported that they enjoyed going for meals out, shopping and meeting up with their families at the weekend.</p> <p>Their personal development needs were facilitated through their respective day service and the person in charge had also recently explored residents' wishes to explore further education and training possibilities.</p>
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
<p>Residents who met with the inspector stated that they were provided with good quality, home cooked meals and that snacks and fresh fruit was readily available. One resident stated that they liked to assist with making the centre's evening meal and that they could make a light meal, snack or tea whenever they wanted.</p> <p>One resident required a modified diet and information in relation to preparing their food was readily available in the centre.</p>
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
<p>The provider had taken fire safety seriously and equipment such as fire doors, emergency lighting, fire fighting equipment and an alarm system were installed. This equipment had a completed service schedule in place and staff were conducting scheduled fire safety checks to ensure that this equipment was in good working order. The inspector found that these arrangements promoted fire safety and aided the containment of fire and the evacuation of residents in the event of an emergency.</p> <p>Residents who met with the inspector had participated in fire drills and they described what they would do in the event of a fire. Staff had also participated in</p>

fire drills, and a review of associated records indicated that both residents and staff could evacuate the centre in a prompt manner. The staff member who was on duty also had a good knowledge of the fire safety systems and they had a good understanding of resident's individual evacuation support requirements.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

One resident was assessed to manage their own medications and they held their medication in locked storage in their bedroom. Although this was a positive example of care, their assessment to manage their medications required review as they needed significantly more support than their assessment indicated. In addition, the required risk assessment to support this resident to self medicate had not been completed.

Although all medications were held in a locked press, the general storage of all medications required review as some non medicinal products were held with medications.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were person centred, promoted their independence and also accounted for their health, social and personal care needs. These plans were reviewed on at least an annual basis with the residents and also throughout the year with involvement of allied health professionals, if required.

The provider also had a system to support residents in identifying and achieving personal goals. Each resident had an assigned keyworker who supported them with this process, which included organising an individual planning meeting with the resident, family members and relevant staff members. The person in charge explained that personal planning meetings were scheduled to occur subsequent to this inspection and they planned to apply more of a focus on residents being supported with meaningful goals.

Judgment: Compliant

### Regulation 8: Protection

There were no active safeguarding plans required in this centre and residents reported that they got on well with each other and staff who supported them.

The provider had a policy on safeguarding and the provider had appointed a person to investigate and manage any allegations of a safeguarding nature. Staff had also undertaken safeguarding training and overall the inspector found that the arrangements in place promoted the welfare of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents who met with the inspector stated that they liked their home and that they got on very well with the staff who supported them. They had good access their local community and they could exercise their right to vote if they so wished.

Residents attended weekly residents' meetings where they discussed the running and operation of their home. It was clear that their voices were listened to as a recent issue in relation to parking, which residents raised, was resolved by the person in charge to their satisfaction.

Advocacy was also available if required but there were no active advocacy referrals required at the time of inspection. In addition, one resident was also a representative on a local advocacy group which promoted knowledge of this service in this centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area B OSV-0004085

Inspection ID: MON-0046596

Date of inspection: 11/03/2025

## 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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  New medication storage cabinet in place to ensure that medication in the designated centre is stored appropriately. Completed 04/04/25  Resident's assessment to manage their medication has been reviewed to reflect accurately the level of support that they require in line with their wishes and Risk Assessment has been completed. Completed 25/03/2025	

## 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 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	04/04/2025
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	Substantially Compliant	Yellow	25/03/2025



	and preferences and in line with his or her age and the nature of his or her disability.			
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