

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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area X
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	04 September 2024
Centre ID:	OSV-0005804
Fieldwork ID:	MON-0035068

## About the designated centre

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

This centre is a large newly renovated bungalow in a rural location that is currently home to three residents but with capacity for four. It is located a couple of kilometers outside a large rural town. The centre has a large kitchen and three separate living rooms, One bedroom is en-suite and the main bathroom is appropriate for individuals with impaired mobility. Externally this centre has a paved area to the rear with ramps from the doors allowing for easy access to the garden.

The centre aims to promote positive community awareness through residents having daily presence and participation in the local community. The focus is on encouraging and promoting open, respectful communication with individuals, families, staff and all members of the multidisciplinary team.

**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
Wednesday 4 September 2024	10:00hrs to 16:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of the centre. The inspection was facilitated by two managers from within the organisation and both individuals had a good understanding of the service and also of the residents' care needs. The inspector met with two staff members and two residents who were present on the day of inspection. In general, this inspection highlighted that a good standard of care was provided. This was an overall positive inspection. However, significant improvements were required in regards to the use of an inner room as a bedroom which had the potential to compromise the safe evacuation of residents. Although the use of this bedroom required review the inspector found that other aspects of fire safety were held to a good standard and that the everyday practice of fire safety was promoted.

The centre was a large, detached single storey house which was located within a short drive of a large town in the midlands of Ireland. The centre was modern and each resident had their own spacious bedroom, one of which had an ensuite facility. There was one large bathroom for the remaining residents to use. A manager who facilitated this inspection indicated that the bathroom facilities were under review at the time of inspection. Residents had the use of two separate reception rooms and the centre also had a large open plan kitchen/dining area. The centre had a homely feel, residents had decorated their bedrooms with pictures of family and friends and they were also supported to purchase items for the rooms such as paintings and furniture. Communal areas also displayed pictures of residents attending various social events and also artworks which they had completed. The centre had a well maintained garden, which included a sensory area for residents to use.

On the morning of inspection, two residents were relaxing in the centre's main sitting room with staff who were supporting them. One resident had some verbal skills, while the other did not communicate verbally. The residents appeared happy to meet with the inspector and they both shook hands and smiled as the inspector interacted with them. The staff on duty chatted freely and openly with the residents, who in turn smiled and appeared to enjoy their company. Following initial introductions, residents, staff, management and the inspector sat at the kitchen table to have a cup of tea and the residents were observed to enjoy this interaction. Staff detailed the activities for the day ahead and explained that residents had planned to go on a scenic walk that morning. Staff who spoke with the inspector indicated that residents enjoyed a full range of activities and they were very busy throughout the week. The two residents did not attend day services and they were offered an integrated service from the designated centre. The remaining resident who used the service, had returned home prior to the inspection for a short break and staff explained that they attended day services from Monday through to Friday.

It was clear that the rights of residents were actively promoted in the centre by the staff team and also by the provider. Information on rights was readily available and access to advocacy was in place should it be required. The inspector observed that

staff chatted freely with residents and kept them well informed on the morning of inspection in regards to the plans for the day ahead. The staff rota was displayed in pictorial format which aided in residents understanding of who would be supporting them for the day and, activities planned for the week were also clearly displayed. Staff reported that residents did not benefit from group house meetings. However, scheduled individual meetings with each resident were facilitated weekly and covered topics such as safeguarding, safety, meals and resident's personal goals.

The inspector found the care provided was generally held to a good standard and that residents enjoyed living in the centre. They were supported by a staff team who knew their needs well and it was clear that residents had good access to social activities. Although fire safety required review, overall the inspector found that residents received a good quality service.

## Capacity and capability

This was an announced inspection conducted following the provider's application to renew the registration of this centre and also to assess the provider's compliance with the regulations. The inspector found that there was a good standard of support offered to residents and the arrangements that the provider had in place ensured the care provided was effectively monitored. Although the personal and social care of residents was actively promoted, this inspection highlighted that fire safety arrangements required further review in relation to the use of a bedroom. This issue will be discussed in the subsequent section of this report.

The provider had appointed a full-time person in charge who held responsibility for the day-to-day operation and running of the centre. They were supported in their role by senior management and both individuals were identified on the management structure of the centre. They attended the designated centre throughout the working week and they had scheduled management hours in which to fulfil the duties of the person in charge. The person in charge was not present during the inspection; however, the inspector found that care was offered to a good standard.

The provider had also completed all internal reviews and audits as set out in the regulations. The most recent audit had identified areas which required attention, however, there were no significant issues raised in the completion of this audit. In addition, the provider had completed a comprehensive annual review of the care which had been offered to residents over the previous year. The review was completed following a consultation process with residents and their representatives and found that care was generally held to a good standard.

A review of the staff duty rota for the week prior to and post this inspection, indicated that residents were supported by a familiar and consistent staff team. There was some use of agency staff in the centre in the months prior to the inspection; however, these were regular agency staff and they were well known to the residents. A small number of the provider's temporary staff also covered gaps in

the centre's rota, and again, the inspector found that these staff were familiar with the residents' needs. One temporary staff member was on duty on the morning of inspection and they spoke confidently about the resident's individual care requirements and preferences. They discussed the use of rescue medication, fire safety and also how residents were safeguarded from potential harm.

The provider also had a mandatory and refresher training programme in place which ensured that staff could cater for the assessed needs of residents. A review of training records indicated that all staff had received mandatory training in areas such as safeguarding, behavioural support and fire safety.

Overall, the inspector found that the management structure and oversight arrangements ensured that the quality and safety of care provided to residents was generally held to a good standard.

### Regulation 15: Staffing

The person in charge maintained an accurate staff rota which clearly accounted for the day and night-time staffing arrangements in the centre. The provider ensured the centre was resourced in line with its statement of purpose with two staff on duty when residents were in the centre during the day and one night duty staff during night-time hours.

The provider ensured that a familiar and consistent staff team was available to residents and the inspector found this had a positive impact on the provision of care.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could meet the assessed needs of residents. There were no additional training requirements for this centre, and staff had completed training in areas such as rights, fire safety and safeguarding.

The provider also facilitated team meetings and scheduled support and supervision sessions with the person in charge. The inspector found that these arrangements promoted an open and transparent culture and gave staff a platform to discuss care and any concerns which they may have.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had a management structure in place with clear lines of authority and accountability. The centre's person in charge attended the centre on a weekly basis and they were supported in their role by a senior manager. The person in charge had a schedule of internal audits and reviews in areas such as medications, incidents and health and safety which assisted in ensuring that care was held to a good standard.

The provider also ensured that the centre was adequately resourced with staffing, allied health professions, transport and equipment. The provision of a full-time staff team and regular relief staff, who knew the residents needs well, promoted consistency of care.

The provider was aware of the requirement to complete an annual review of the centre and also to conduct six monthly unannounced audits of care practices within the centre. The provider's six monthly audit found that care was generally held to a good standard with minor issues found on the centre's most recent audit. The centre's annual review also provided for consultation with residents and showed a high level of satisfaction with the service.

Judgment: Compliant

## Quality and safety

The inspector found the residents were supported to enjoy a good quality of life. They were active in the local community and well supported to engage in activities which they enjoyed. The arrangements which were in place ensured that the centre was a pleasant place in which to live. However, the fire safety arrangements in relation to the use of a bedroom required further attention.

The provider promoted the individual safety of residents in this centre and comprehensive risk management plans were in place for known issues such as swimming, epilepsy, road safety and unexplained bruising. The staff team were well aware of these risks and one staff member spoke about the control measures which were in place to reduce the likelihood of their occurrence. The managers who facilitated the inspection also explained the oversight of these risks, including the ongoing review of associated risk assessments. In addition, the provider had an incident/accident management system which facilitated the recording, response and escalation of safety issues which could arise in the centre. A review of recorded incidents indicated that there were no trends and all recent events had been reviewed by the person in charge.

Although safety in the centre was generally promoted, fire safety in relation to the



use of a bedroom required further attention. Fire evacuation drills were regularly conducted and staff who met with the inspector had a good understanding of residents' individual evacuation requirements. All fire safety equipment was serviced as recommended and staff were conducting regular visual fire safety checks. A significant aspect of work was also completed by the staff team to aid in the evacuation of one resident, who on occasion, might not want to leave the centre in a prompt manner during a fire drill. However, the use of an inner room as a bedroom, potentially compromised the safe evacuation of a resident should a fire occur in this centre. The location of the room required the resident to evacuate through an adjoining reception room and had the potential to prevent or hinder the evacuation of the resident in the event of fire.

Residents who used this service enjoyed a good social life. The provider ensured that adequate staff and resources were in place to facilitate residents to get out and about in the local community at a time of their choosing. The centre was located within a short journey of a large town and many areas of local interest including walks and recreation parks. Residents' personal interests were also actively supported with one resident attending weekly art classes and another participating in sensory sessions in their local library.

The provider also had a goal setting process for residents and a sample of personal plans showed that in general this aspect of care was actively promoted. Residents had chosen their goals at their annual review and their individual key workers assisted them with a monthly meeting where they identified new goals and also reviewed goals which had been achieved. A sample of achieved goals included spa days, celebrating mother's day, afternoon tea and day trips to cities, including Galway. Although, some residents had achieved their goals, the inspector noted that one resident required more support with theirs, and progress in regards to a hotel break, a day out at the seaside and joining local clubs had not been recently updated.

Overall, the inspector found that this centre was a pleasant place in which to live and residents who the inspector met with were happy and supported to enjoy a good quality of life. Although care was held to a good standard, one aspect of the fire safety arrangements required further attention as it had the potential to impact upon the safe evacuation of a resident.

## Regulation 11: Visits

Residents were well supported in relation to maintaining contact with their family and friends. There were suitable facilities for residents to receive visitors in private and staff indicated that visitors were always welcome in the centre.

Records showed that residents visited their respective families each week, with one resident returning home each week for overnight stays. Other residents visited their family each week and sometimes contacted their loved ones to see if they required

any items from a local shop before they went to see them.
Judgment: Compliant
<b>Regulation 12: Personal possessions</b>
<p>Residents had their own bedrooms which had ample lockable storage for personal possessions. Residents required support with their finances and detailed records were maintained of all financial transactions completed on their behalf.</p> <p>The inspector reviewed records for two residents and found that receipts were in place for all transactions. The person in charge was completing regular reviews of spending and overall the inspector found that residents' finances were safeguarded.</p>
Judgment: Compliant
<b>Regulation 13: General welfare and development</b>
<p>Residents had good opportunity to pursue personal and social interests. Records reviewed showed that residents were out and about in their local area and community on a daily basis.</p> <p>One resident attended day services throughout the week, while the remaining residents received an integrated service. These residents preferred to engage in community based activities and they had for example signed up for art classes and to attend sensory sessions.</p>
Judgment: Compliant
<b>Regulation 17: Premises</b>
<p>The centre was well maintained both internally and externally and there were extensive garden and sensory areas for residents to enjoy. Each resident had their own bedroom and the provider was reviewing the bathroom facilities at the time of inspection.</p> <p>The centre was spacious, comfortably furnished and homely in nature. Residents had decorated their own bedrooms in line with their individual preferences which included art work and pictures of family members.</p>

Judgment: Compliant

### Regulation 26: Risk management procedures

Safety and risk management were promoted in this centre and the managers who facilitated the inspection had a good understanding of potential risks and also the safety arrangements within the centre.

The provider had risk management procedures in place and known risks which had the potential to impact upon the provision of care were well managed. In addition, the provider also had a system for recording and responding to adverse events which further promoted the safety of residents. Recorded adverse events indicated that there were no trends and all recent events had been reviewed by the centre's management.

Judgment: Compliant

### Regulation 28: Fire precautions

Although fire safety was promoted in this centre, the use of an inner room as a bedroom had the potential to impact upon the safe evacuation of a resident and required further review by the provider.

Fire doors were in place throughout the centre and equipment such as the fire alarm, emergency lighting and fire extinguishers had a completed service schedule in place. However, one fire door required further attention as it was not functioning properly on the day of inspection.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage facilities in place for medicinal products and the inspector found the storage was locked and secure on the day of inspection. Staff had received training in the safe administration of medications and a review of prescription sheets indicated that all required information for the safe administration of medications was in place. In addition, a review of administration records indicated that residents received their medication as prescribed.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place which was reviewed on an annual basis and also to reflect changes in regards to their care. Easy to read versions of the person plan were also in place and titled a 'snapshot of me' which gave an account of the resident's needs, likes/dislikes and preferences in regards to the provision of their care.

The inspector found that some residents were well supported to achieve their personal goals. However, the provider failed to demonstrate that sufficient progress had been made in regards to one resident's individual goals.

Judgment: Substantially compliant

## Regulation 8: Protection

Staff members on duty had a good understanding of safeguarding and also of the provider's safeguarding procedures.

The inspector observed the residents were treated with dignity and respect throughout the inspection and it was clear that they were safeguarded from harm. The centre had a warm and homely atmosphere and was clear that residents felt safe in the presence of staff and each other.

Judgment: Compliant

## Regulation 9: Residents' rights

It was clear that the rights of residents were actively promoted in this centre. Residents attended weekly individual meetings with their keyworker where they discussed the running and operation of their home, personal goals and topics such as fire safety, meals and activities.

In addition, staff had undertaken human rights training which further promoted awareness in regards to this area of care.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area X OSV-0005804

Inspection ID: MON-0035068

Date of inspection: 04/09/2024

## 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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Safety and Prevention Manager, PPIM and PIC completed a site inspection on 04/10/2024. A number of potential additional works are currently being considered to adapt the layout of the rooms. This requires consultation with OT, Psychology and Fire Officer. This will require approval being sought for adaptations from the owner of the building (HSE Estates). In the interim, while the bedroom is an inner room there are a number of measures in place to mitigate any risk that would potentially impact on the safe evacuation of the resident.</p> <ol style="list-style-type: none"><li>1. There is a category L1 fire detection and alarm system and emergency lighting system installed. These are serviced and maintained according to requirements.</li><li>2. The adjoining reception room is an access room through which escape from the inner room will occur. The door from the access room to the kitchen is a 30min Fire Resistant Fire Door and the travel distance from the inner room to the final exit door is 5m.</li><li>3. There are arrangements in place which allows staff to enter the access room and bedroom without having to go through the kitchen if required.</li><li>4. The exit route through the reception room is kept clear at all times.</li><li>5. The designated centre has waking night staff on duty every night.</li><li>6. Monthly fire evacuation drills take place including quarterly night time drills which are completed within safe evacuation times.</li><li>7. All residents have a detailed Personal Emergency Evacuation Plan which staff work in adherence to.</li><li>8. All staff complete Fire Safety training upon commencement of employment and refreshers as required.</li></ol> <p>The fire door that was not functioning correctly on the day of the inspection required minor adjustment. This was completed on 05/09/24</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Progress will be made on supporting resident to achieve identified goals – day trip will be completed by 31/10/24. Resident will be consulted regarding preferences for hotel break and this will be completed by 15/12/24.</p>	



## 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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	05/09/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/08/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of	Substantially Compliant	Yellow	15/12/2024

	the plan.			
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