

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area Laurel Cross
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	14 March 2023 and 15 March 2023
Centre ID:	OSV-0007799
Fieldwork ID:	MON-0030961

About the designated centre

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

This centre is located in Co. Laois and consists of two units. One unit can accommodate up to five individuals of mixed gender, the other unit accommodates three female residents. Ashtrees is a large 6 bedroom house, One of the bedrooms is used as a staff sleep over room and another one is within a self-contained apartment like area adjoining the residence. The bedroom in the apartment has an ensuite bathroom and has its own living area, this area has internal access to the rest of the residence. There are two main bathrooms, one with a bath and the other has a shower. There is a kitchen dining area and a communal living room area. There is a separate utility area to the kitchen. There is ample parking available.

Moneycross is a large 4 bedroom house. One of the bedrooms is uses as a staff sleepover room. Two bedrooms have ensuites. There are two bathrooms, one of which is a large assisted bathroom. There is a communal sitting room, a large kitchen/dining/living area to the rear of the house, with a beautiful view of the countryside from the dining room area. There is a separate utility room. Moneycross is surrounded by large garden. There is ample parking available
The staff team comprises social care workers/facilitators.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 14 March 2023	11:00hrs to 17:00hrs	Ivan Cormican	Lead
Wednesday 15 March 2023	09:30hrs to 12:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents who used this service enjoyed a good quality of life. They lead active lives and their safety, wellbeing and welfare was actively promoted.

The centre comprised two houses which were within a short drive of each other and a small town. One house supported five residents and the second house could support up-to-three residents. On the day of inspection the second house supported one resident on a full-time basis and the were two vacancies. The first house had four full-time residents and one other resident used this service three nights per week.

The inspector met with all six residents who were using this service on the days of inspection. Five residents could voice their thoughts and feelings on the service and the remaining resident used a combination of sounds and gestures to communicate. This resident met the inspector on the second day of inspection and they were happy and relaxed as they prepared for the day ahead. They relaxed in their bedroom as they listened to music and a staff member explained how the resident was getting ready to go to a choir session later that morning. The staff member detailed the resident's love of music and the weekly choir sessions were something that they were observed to really enjoy.

The inspector commenced the inspection in the house which supported five residents and on the morning of inspection three residents had left to attend their respective day services. The two remaining residents considered themselves officially retired and they met and chatted with the inspector throughout the morning. One resident prepared to attend a hospital appointment and they explained how a staff member would support them. They chatted freely about their life and they clearly stated that they loved their home and that staff were really nice. They also discussed how important their bedroom was to them and they pointed out pictures of family, friends and events in their lives. They also explained how they liked to relax in their bedroom and sometimes other residents would pop in for a chat.

The second resident also stated their satisfaction with the service and they frequently joked and laughed with a staff member who was on duty. They had a very good rapport with this staff member and the person in charge and they frequently came to them to ask advice and to tell them their plans for the day. They openly chatted with the inspector and they happily discussed their plans for the year ahead which included two trips to visit family members - one to Kerry and one to London. They discussed their plans to buy new clothes for their holidays and they wanted to get an item to keep their money safe when traveling on the plane. It was clear that this resident liked their home and it's location supported their independence. This resident lived an active life and prior to their retirement they used to work in the local town. They were well known in the area and they enjoyed

popping out for a coffee at various times throughout the day. The centre was within a short walk of the nearby town where the resident frequented their favourite cafe. In the late morning of the inspection the resident got their coat and informed staff and the inspector that they would see us later as they were heading out for their morning coffee.

The staff who were on duty both mornings of inspection had a pleasant approach to care and it was clear that residents enjoyed their support and company. The inspector observed that the centre had a very pleasant atmosphere and staff members had a good rapport with residents. Staff members stopped and chatted frequently with residents and interactions clearly indicated that staff members had a good understanding of their current needs and plans for the future. Two staff members who met with the inspector had an in-depth knowledge of how residents liked their care to be delivered and they also had good understanding of operations within the centre such as fire safety, safeguarding and supporting residents with their finances.

The inspector found that residents had a good quality of life and they were supported by a kind and considerate staff team. However, this inspection found that fire precautions in this centre required further examination by the provider to ensure that all aspects were maintained to good standard at all times. This will be discussed in the quality and safety section of this report.

Capacity and capability

The provider had ensured that the oversight and governance arrangements in this centre were robust. There was a clear management structure with clear lines of accountability and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life.

The inspection was facilitated by the centre's person in charge who had an in-depth knowledge of the service and also of the resources which were in place to meet residents' needs. The person in charge attended the service on regular basis and they were supported in their role by a senior manager. The provider had completed all required audits and reviews of care as set out by the regulations with the centre's most recent audit identifying some areas that required minor adjustments. The person in charge also had a schedule of internal audits which assisted in ensuring that areas of care such as medications, and personal planning would be held to a good standard. Although this centre was a pleasant place in which to live and in general oversight of care was held to a good standard, an action from the last inspection in regards to fire precautions was not fully addressed with the provider not demonstrating that fire doors were suitable for the containment of fire on this inspection. The centre's most recent annual review provided an overview of the service in the previous year and outlined trends in and where some additional improvements could be made. Although this review was comprehensive in nature it

missed an opportunity to formally consult with residents and their representatives on their views of the service.

As mentioned throughout this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed residents' care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members also stated that they felt supported in their roles and that regular team meetings and supervision facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher training in areas such as behavioural support, fire safety, safeguarding and also IPC (infection prevention and control) related training. A review of the rota also indicated that residents were supported by a consistent staff team; however, a review of staff files indicated that some improvements were required in regards to the completion of employment histories.

Overall, the inspector found that this centre was a pleasant place in which to live oversight measures ensured that residents were supported to enjoy their time in the centre.

Regulation 14: Persons in charge

The person in charge was in a full time role and they had a good understanding of the residents' needs and of the overall service which was provided. They also ensured that there was consistent oversight of care and that residents enjoyed living in this centre. In addition, they provided support to staff members and they promoted an open and transparent culture.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which indicated that residents were supported by a familiar staff team. Staff who met with the inspector also had a good understanding of resident's individual preferences in regards to care. In addition, staff members clearly explained how safeguarding was promoted in the centre, including an individual safeguarding plan. A sample of schedule 2 documents were reviewed and although the majority of documents were in place, there was an incomplete employment history for one staff member.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had a programme of both mandatory and refresher training in place which assisted staff to meet the care needs of residents and also promoted a consistent approach to care. Staff members were also facilitated to discuss any care concerns which they may have by attending both scheduled one-to-one supervision and team meetings. Team meetings also facilitated discussion about care needs within the centre and promoted a collective approach in regards to the delivery of the service.

Judgment: Compliant

Regulation 23: Governance and management

Robust oversight arrangements assist in ensuring that the residents' rights are respected and that they enjoy a good quality of life. The actions and resources which were implemented by the provider promoted community inclusion and also some residents' decision to retire. Although the quality of care was generally maintained to a good standard, some improvements were required in regards to the completion of the annual review and the oversight of fire precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had a good understanding of the requirements of the information which is required for submission to the chief inspector and review of records indicated that all notifications had been submitted as set out in the regulations.

Judgment: Compliant

Quality and safety

The quality and safety of care in this centre was maintained to an overall good standard with key indicators such as rights, community access and safeguarding of residents actively promoted. However, fire precautions required improvements to ensure all aspects were maintained to a good standard at all times.

Fire safety was also taken seriously by the provider and fire safety systems such as fire fighting equipment and fire warning systems had been implemented in the centre. Fire procedures were clearly displayed and a staff member walked the inspector through the recommended response should a fire occur. This staff member had a clear understanding of the recommended response and potential challenges when evacuating residents. A review of records indicated that generally residents could be evacuated in a prompt manner; however, the provider had identified where evacuation times might be hindered and a number of actions were completed to address these issues. Although this was a positive response to fire safety the provider had not tested these actions to ensure that they had been effective. In addition, the provider failed to clearly demonstrate that fire doors were fit for purpose in one house in the designated centre which had the potential to impact upon the containment of fire in this aspect of the centre.

It was clear that residents' rights were a cornerstone of the delivery of care in this centre. Residents were relaxed throughout the inspection and it was clear that they felt comfortable when requesting assistance from staff members. Both houses in the centre had a very pleasant atmosphere and the facilities ensured that residents could spend time by themselves and have some personal space if they wished. Residents decorated their own living space and communal areas with pictures of themselves, social; events and also family and friends. Records which were reviewed were written in a very respectful manner and indicated that resident's welfare was to the forefront of care. Staff members were also observed to smile and encourage discussion with residents as they interacted. The centre was very much the residents' home and on the evening of inspection all residents sat together to have dinner. Residents chatted amongst themselves and they explained that staff cooked delicious meals. A resident also had a friend over every Sunday for dinner and staff explained that this was a pleasant visit for all residents and lead to a very relaxing day.

Residents had a good social life and they were out and about on a daily basis to local cafes, shops and restaurants. As mentioned earlier in the report one resident was supported to independently access their local amenities. Residents participated in individual activities and also as a group. For example, at a recent meeting residents collectively decided that they would like to go to an ABBA tribute concert and staff were keeping an eye out for any upcoming shows. Residents' meetings were also used to keep residents informed in regards to topics such as local events, healthy eating, safeguarding and planned outings such as shopping days to Dublin.

There was a good awareness and understanding of safeguarding in this centre and a staff member who met with the inspector had good knowledge of the one safeguarding plan which was in place on the day of inspection. An external agency had been kept up-to-date in regards to the effectiveness of the plan and no further issues had occurred since it's implementation. This centre was very much resident

focused and subtle yet effective information sharing sessions following the implementation of safeguarding measures had assisted residents in the area of self care and protection.

The provider had a system in place for monitoring incidents and accidents and the person in charge had identified a recent trend in regards to falls for one resident. The inspector found that the staff team were proactively ensuring this resident's safety and they had been reviewed by a specialist clinic and an additional review by an occupational therapist was scheduled to occur. Staff members also described the day-to-day measures which had been introduced to reduce the likelihood of falls such as an alert bracelet, strengthening exercises and recommended health monitoring. The person in charge also understood the relevance and importance of effective risk management and a robust risk assessment had been devised in response to this resident's increase in falls to ensure that all actions were reducing the likelihood and potential impact of falls.

The inspector found that the quality of care was maintained to a good standard and that residents lead active and happy lives. However, fire safety required review to ensure that all aspects were maintained to a good standard at all times.

Regulation 11: Visits

Residents were well supported to remain in contact with their families and friends. There were no formal restrictions upon visits to the centre and staff discussed how a resident loved having a friend over for dinner most Sundays. A resident who met with the inspector had plans to visit family members both in Ireland and England and they openly discussed how much they were looking forward to catching up with them.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were well supported to manage to own finances and possessions. Where required, staff members maintained residents' finances and detailed records were in place for all financial transactions. Records of resident's personal possessions were also in place which assisted in ensuring that their property was safeguarded. A resident who met with the inspector also indicated that they were free to spend their money as they wished and they were happy with the support which staff offered them.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were well supported to enjoy a range of activities and residents regularly went shopping, had coffee out and were also planning holidays. Residents had recently began to attend a weekly choir session and they took part in classes such as yoga. In addition, some residents attended day services in line with their own wishes and two residents had been supported to retire.

Judgment: Compliant

Regulation 17: Premises

The interiors of both houses in the centre were well maintained and the person in charge discussed upcoming decoration and plans for a new kitchen in one of the houses. The centre was also warm and cosy and residents had their own bedrooms which they had decorated in line with their own tastes. Exterior areas of the centre which residents used were maintained to a good standard; however, the rear aspect of one house required attention due to a build up of moss.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The person in charge held responsibility for managing risks within the centre and comprehensive risk assessments were in place for issues which had the potential to impact upon resident's individual safety or the overall delivery of care. Risk assessments were subject to regular review and they were also amended to reflect where changes in care had occurred. In addition, the provider had an incident reporting system in place which assisted in ensuring that senior management would be made aware of issues, incidents or accidents which had the potential to impact on the quality or safety of care.

Judgment: Compliant

Regulation 27: Protection against infection

IPC was part of every day practice in this centre and staff were observed to wear face coverings and to wash and sanitise their hands throughout the day. The centre was clean to a visual inspection and it was also maintained to a good standard. Regular cleaning and disinfection of the centre was occurring with staff members completing these duties during the course of the inspection. Detailed cleaning records were maintained and information on the effective cleaning and disinfection of the centre was displayed throughout.

Judgment: Compliant

Regulation 28: Fire precautions

Robust fire precautions assist to ensure that residents, staff and visitors are protected from the risk of fire. The provider was aware of importance of prompt evacuation and additional measures had been implemented in response to recent delays in evacuation drill times. However, the inspector found that these additional measures had not been tested to ensure they were effective. In addition, the provider did not clearly demonstrate that all fire doors in one house were fit for purpose and suitable for the containment of fire which had the potential to impact upon overall fire safety in this aspect of the designated centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate storage for medications in place. Residents had been assessed to manage their own medications with these assessments indicating that residents required support in this area of care. A review of prescription sheets showed relevant information for the safe administration of medication and a review of a sample of administration records indicated that medications were administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were offered a person centred service and individualised plans were in place to guide staff in the delivery of care and also to support residents in relation to the development of personal goals. The inspector found that residents were well supported in this area of care with regular updates and progress reports in place for

goals which they had chosen such as holidays, joining local groups and going for city shopping breaks. In addition, the provider had developed individualised accessible plans for residents which promoted their inclusion and understanding of the personal planning process.

Judgment: Compliant

Regulation 6: Health care

The provider ensured that residents enjoyed a good quality of health and individualised healthcare plans had been developed to maintain a consistent approach in this area of care. Residents also had access to their general practitioner in times of illness and also for routine checkups. In addition, residents were also supported to avail of national preventative health screening.

Judgment: Compliant

Regulation 8: Protection

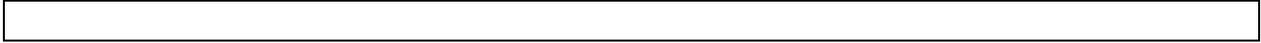
Staff who met with the inspector had received training in safeguarding and information on safeguarding was readily available in the centre. Residents also appeared relaxed and comfortable in the company of staff and there was an overall pleasant atmosphere. There was one active safeguarding plan in place which had been recently reviewed and shown to be effective. Some residents were also supported with additional safeguarding information and overall the inspector found that safeguarding was actively promoted in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Information on rights were clearly displayed and was clear that residents rights were actively promoted. Residents reported that they had good access to their local community and that the centre was well resourced to ensure that they could engage in areas such as personal development and active retirement. The centre had an open and transparent culture and residents reported that they could to any staff member if they were dissatisfied with any aspect of the service.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area Laurel Cross OSV-0007799

Inspection ID: MON-0030961

Date of inspection: 14/03/2023 and 15/03/2023

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge will ensure that staff files are reviewed and all documents set out under Schedule 2 will be obtained.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will review annual reports to include service user and family consultation process.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that external paths will be cleaned and maintained.	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. Remedial works have been completed to ensure door closures are in working order. The fire doors are currently being assessed by the organisation's fire safety and prevention officer. Following assessment of the doors, any remedial work or upgrades will be completed as a priority to ensure residents safety and compliance.</p> <p>The registered provider has ensured night time fire drills were retested to ensure additional control measures implemented support a timely fire evacuation. Fire evacuations will also be carried out to include varying scenarios and exit routes, number of staff/residents on site etc.</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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	20/04/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	03/05/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents'	Substantially Compliant	Yellow	20/04/2023

	needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	19/05/2023
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	20/04/2023