



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 38
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	17 January 2025
Centre ID:	OSV-0008777
Fieldwork ID:	MON-0044213

About the designated centre

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

This designated centre is a large dormer bungalow set in a rural location between two towns in Co. Kildare. The centre is registered for four, but currently home to two residents who have relocated from a campus-based setting. Residents have high care and support needs. They are supported by a staff team comprising of the person in charge, a CNM2, staff nurses, health care assistants and housekeeping.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 17 January 2025	10:00hrs to 16:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told the inspector and what the inspector observed, it was evident that the residents were settling in to their new home, and that they were supported to have a good quality of life. The inspection found full compliance with all Regulations inspected, and findings are discussed in the body of the report below.

Community Living Area 38 is a large dormer bungalow in a rural setting on the outskirts of a town in county Kildare. It comprises a sitting room, small activity room, kitchen with a conservatory area, four resident bedrooms, each equipped with tracking hoists, an accessible bathroom and a toilet. Upstairs comprises a staff office and en-suite and another large room used for storage. The house was beautifully decorated throughout. Residents had moved into the house in summer 2024 from a large congregated setting which was on a campus.

Residents in the centre communicated using speech, body language and gestures. The inspector observed both residents on the day of the inspection, and met with three staff members, the person in charge, and two members of the local management team. On arrival to the centre, one of the residents was sitting in the kitchen being supported with their breakfast by a member of staff. The resident appeared to be comfortable and content, and the staff member supporting them was doing so in a kind and responsive manner. The second resident was unwell on the day of the inspection and remained in bed. The inspector observed the resident briefly on two occasions over the day. The resident appeared very comfortable and was resting in line with their expressed choices for the day. Staff described positive differences in residents' communication and engagement since their move, with one resident being described as more verbal than they would have previously been.

The two residents had lived in a large congregated setting for 50 and 60 years respectively, and were the last two residents to leave their previous home. Their experiences of campus-based living included having a centralised kitchen, and more set routines. Staff described how the residents had enjoyed simple things about being part of a household when they moved. For example, staff described how one resident was excited about having a refrigerator, and continuously requested to look in it. They were reported to enjoy sitting and watching as groceries were unpacked, and watching a meal being prepared. After moving into their home, a resident had requested garden furniture to allow them to sit out and enjoy the garden and listen to wildlife. These were purchased along with bird feeders which the resident was reported to enjoy in the warmer months.

Transition plans had been completed with each resident prior to the move taking place, and review of their progress was ongoing at set schedules. These noted that residents had participated in decorating their bedrooms and information was shared with them throughout the process of moving. The staff team were working to explore ways for residents to develop meaningful engagement and build

relationships with members of their community. Staff spoke about supporting residents to maintain relationships with those important to them including family and friends. They spoke about many visits which had occurred in the house since its opening and how these had been an enjoyable experience. Weekly meetings were held with residents, and their right not to participate was respected. Minutes of these meetings indicated that information was shared with residents about their home and activities and that menu planning was also discussed.

Some staff members had completed online training in human rights while others had done training face-to-face. It was evident that there was a focus on residents' rights in the centre. In particular, there was a focus on one resident's will and preferences in relation to their health care. There had been a robust approach to ensuring that the resident engaged with members of the team, and that the team held ongoing discussions about ensuring that the resident had capacity to make their own decisions, and that their decisions were respected. Where residents were unable to communicate a decision, there was evidence that staff had built up knowledge of residents' preferences around their care and support, and this information was used to inform decisions as needed.

To gain further insight into the residents and relatives' views and experiences, the inspector reviewed residents' care plans, and consultation which had taken place as part of the provider's annual review. One family member reported that *"it is evident that she is being cared for to such a high degree. She is thriving in her new location"*.

In summary, this newly-opened centre was found to be providing residents with a good quality of life. The next two sections of the report present the findings in relation to governance and management arrangements in the centre, and how these arrangements affected the quality and safety of the service being delivered.

Capacity and capability

This was a short-notice announced inspection which took place to monitor compliance since the centre had opened in 2024. There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' care and support needs. There was a clearly defined management structure that outlined lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the area director, who in turn reported to the regional director. The person in charge regularly met with their manager and reported that they were well supported in their role. The provider had carried out an annual review and six-monthly unannounced provider visits in the centre which met regulatory requirements. There were a variety of audits carried out on key aspects of the service involving residents, health and safety and infection prevention and control. This meant that the service was able to identify any areas requiring

improvement and put actions in place to address them. Information was regularly shared with the staff team and local management team on these areas.

The provider had employed a person in charge, and a staff team who had the skills, qualifications and experience to meet the assessed needs of the residents. Many of the staff had a change in their roles and responsibilities since the move, and additional supports were put in place to facilitate them to develop additional knowledge and skills. Staff had received a number of training courses to inform and guide their work practices in the centre. They were in receipt of supervision and reported to be supported in their roles.

Regulation 14: Persons in charge

A new person in charge was appointed to the centre the month prior to the inspection taking place. A review of Schedule 2 documentation submitted indicated that the person in charge was suitably qualified and experienced for the role in line with regulatory requirements. The person in charge demonstrated good knowledge of the residents and their support needs. The person in charge was assigned another designated centre nearby. They split their time evenly between the two centres. To ensure oversight, they had access to residents' care notes online each day, and maintained daily contact with the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed rosters for the month prior to the inspection taking place. There was an adequate number of staff on duty by day and night to best meet residents' assessed needs. Where relief staff were required, there was evidence that the provider made efforts to use a small number of staff. This ensured that residents were receiving good continuity of care, which was particularly important for them as they settled into their new home.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and found that staff had completed mandatory training in areas such as fire safety, the safe administration of medication, food safety and safeguarding. Staff had also completed a number of courses relating to infection prevention and control, and courses specific to

residents' assessed needs. Where refreshers were due, the inspector viewed evidence that these were scheduled for the weeks following the inspection.

The inspector viewed a schedule for staff supervision for the coming year and viewed three staff supervision sessions. These included discussions on residents' rights, on training and support in addition to other areas relevant to their roles and responsibilities. Staff meetings took place on a monthly basis and there was a standing agenda in place which included discussions about residents, sharing of information about other areas of the service and a review of any incidents or accidents that had taken place. To ensure continuity of care, staff who worked permanent nights were invited to staff meetings, and the minutes were also shared with that team.

Judgment: Compliant

Regulation 23: Governance and management

As stated above, the provider had a clear management structure in place which ensured that all staff were aware of their responsibilities and reporting structures. The staff team reported to the person in charge, who in turn reported to the area director. There were suitable governance and management arrangements for night staff, with a clinical nurse manager assigned to supervise and support staff. The provider ensured communication with management and staff through regular management meetings, regular staff meetings and communication by email.

The inspector reviewed the six-monthly and annual review for the centre which had been carried out in line with the regulations. Both identified areas requiring action to ensure ongoing quality improvement in the service. Action plans were developed and progressed in a timely manner.

The inspector viewed the schedule of audits for the centre, which had been completed in line with the provider's requirements. These ensured ongoing monitoring of the service in relation to health and safety, residents' health and social care needs, finances, risk assessments, chemicals and ensuring that tasks assigned to staff members were completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the updated statement of purpose and found that it met regulatory requirements, and was reflective of the facilities and services provided for residents on the day of the inspection.

Judgment: Compliant

Quality and safety

Residents' care and support in the centre was found to be person-centred and was ensuring residents had a good quality of life where their health care needs were well met, and their preferences honoured. Each resident had a care plan in place in line with their assessment of need, and this was regularly reviewed. One resident had a person-centred plan in place, while the other did not wish to have one. The inspector saw photographic evidence of residents engaging in activities such as going shopping and enjoying activities in their new home.

Residents in the centre had changing and complex health care needs. The inspector found that residents were well supported to ensure that they maintained best possible health, that their health was monitored and that they attended all relevant appointments. Where residents refused treatment, this was discussed with the resident and it was evident that they were supported to make informed decisions. The provider had policies and procedures in place in relation to safeguarding, and staff were familiar with how to report any concerns. Residents' personal possessions were found to be well protected through keeping clear records, and regularly checking on these records.

The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented.

Residents' rights were promoted and upheld in the centre by staff honouring choices on a day-to-day basis, by ensuring that residents' preferences were documented and honoured, and by advocating on their behalf where this was needed.

Regulation 17: Premises

As outlined at the beginning of the report, the inspector did a walk about of the centre with the person in charge. The premises was found to be designed and laid out to meet the aims and objectives of the service. It was accessible throughout, was newly refurbished and beautifully decorated in line with residents expressed preferences.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

As outlined at the opening of the report, residents had been consulted with as part of their transition plan prior to their move, and there was ongoing monitoring of their progress. For example, for the first month their progress was documented weekly, and this was now reviewed on a quarterly basis. These plans identified residents' need to expand their social interactions and use of community amenities where they wished to do so.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed incident and accident forms which had been completed in the centre since it opened. These indicated a low level of incidents, and that appropriate follow up measures were taken by the provider to ensure the ongoing health and safety of residents, and to put additional measures in place to mitigate against re-occurrence.

The inspector viewed the risk register for the centre and noted that the provider had systems in place to identify, assess and mitigate against risks in the centre. This was to ensure the ongoing health and safety of residents, staff and visitors to the centre. All of the risks had been recently updated , and there was a schedule in place to review these. Each resident also had a risk register and risk assessments in place for relevant areas of their care such as risk of falls, skin integrity and manual handling.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector did a walk about of the house with the person in charge and noted that the centre had containment measures, emergency lighting, smoke alarms and fire fighting equipment in place. The inspector released each fire door and found that they were in good working order. One of the residents had double doors from their bedroom and a ramp to enable bed evacuation if it was required. The inspector noted oxygen cylinders in the centre which were prescribed to residents as an emergency measure. Signage was in place to indicate that oxygen was on the premises, and arrangements were in place to affix one of these cylinders to a wall in the centre. There were fire orders on display to ensure all staff were familiar with the arrangements to evacuate the centre.

Each resident had a personal emergency evacuation plan in place, and the inspector

found these to be detailed in line with their assessed needs. Regular drills took place, and the inspector viewed online records of these drills which showed reasonable evacuation times. Management were able to monitor these drills immediately using an online system which meant that any issues were addressed in a timely manner.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed care plans for both residents and found that they had access to a general practitioner and a number of other health and social care professionals. For example, residents had access to a general practitioner, a psychiatrist, an occupational therapist, a speech and language therapist and a psychologist. Residents also had access to a clinical nurse specialist in palliative care and a community palliative care team was available for consultation, and was familiar with the resident and their needs.

It was evident that the provider took a person-centred approach to residents' health care and that they respected residents' rights to refuse treatment. For example, one resident did not wish to be hospitalised, or to have any interventions. While this was considered an unwise decision, a number of discussions were held with the resident, and with the wider multidisciplinary team. End-of-life care wishes were discussed with a resident and were documented in line with their wishes.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the provider's safeguarding policy. There had been no notifications or incidents relating to safeguarding in the centre since its opening. On review of the minutes from residents' meetings, it was evident that safeguarding was discussed with residents. The inspector viewed personal and intimate care plans for both residents. These were detailed and included consideration of residents' support needs and their will and preference about their care. These ensured that residents' rights to privacy and dignity were promoted and upheld by staff carrying out these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, it was evident that staff were providing person-centred care which promoted and upheld residents rights. For example, some routines in their previous centre would have been more fixed in relation to mealtimes and bed times due to the nature and layout of the unit. Residents now had full choice and control over their daily routines, their meals and whether they wished to go out of the centre or not. Equally, residents' right to make unwise decisions were considered and upheld in line with the Assisted Decision Making (Capacity) Act, 2015. There was evidence of this being discussed with individual staff at their supervision sessions.

Residents were consulted with about the running of their home, and it was evident that staff supporting residents knew them well and were aware of their preferences where they were unable to voice them.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant