

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area R
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	01 July 2024
Centre ID:	OSV-0002742
Fieldwork ID:	MON-0044104

About the designated centre

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

Community Living Area R is a designated centre operated by Muiriosa Foundation, and can provide care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one large bungalow located on the outskirts of a town in Co. Offaly. Here, residents have their own bedroom, shared bathrooms and communal use of a kitchen and dining room, sun room, sitting room, utility and access to large external grounds. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 1 July 2024	10:30hrs to 16:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with the regulations. The day was facilitated by the person in charge, and the inspector also had the opportunity to meet with three staff, and with the four residents who lived at the centre. The outcome of the last inspection of this service in April 2023, identified that significant improvement was required in ensuring residents could be evacuated from the centre, in a timely manner, should a fire occur. This was since addressed by the provider, and although this inspection did find the provider had made improvements to various other aspects of this service since the last inspection, further improvements were still required to aspects of risk management, re-assessment of need arrangements, and also to the provider's monitoring systems. This will be detailed further on in the report.

This centre comprised of one large bungalow dwelling, which was home to four residents, each of whom had lived here for a number of years. Upon the inspector's arrival to the centre, all four residents were getting ready for their day. Two were just about to leave for their day service, one was being supported by staff to have their breakfast at the kitchen table, while another was having a lie on in bed. The inspector had the chance to meet briefly with these two residents before they headed out; however, due to their communication needs, they didn't engage verbally with the inspector, but did gesture to name various staff they were looking forward to meeting at their day service. The remaining two residents were being provided a wrap-around day service in the comfort of their home, with one of them having retired from their local day service some time ago. There was very pleasant banter between residents and staff, and although the morning routine in this centre was busy, there was still a calm and friendly atmosphere provided to these residents as they began their day.

At the time of this inspection, there was a vacancy, and the provider was in the process of beginning the transition process to admit a further resident to this service. Each resident had their own bedroom, there was a large shared bathroom with an assisted bath, utility, kitchen and dining area, sitting room, sunroom, staff office, and staff sleepover room. Equipment was provided for those requiring manual handling supports, with hoists and transfer aids available. Residents' bedrooms were decorated in accordance with their preferences and interests. For instance, one resident had a keen interest in a soccer club and had decorated, furnished and accessorized their bedroom in the clubs colours, and with memorabilia they had collected over the years. Another resident had an interest in animated television shows, and had posters of these proudly displayed, and also had made space in their room to look after their pet fish. One resident who responded well to more sensory decor, had decorated their room in calm muted colours, and had various sensory based water and lighting features, which they liked to switch on when relaxing. Since the last inspection of this centre, the provider had repainted rooms and had upgraded some flooring, with more planned to be done subsequent

to this inspection. Overall, the house was well-maintained and spacious, which worked particularly well for those with mobility needs.

Based on the assessed needs of these residents, particular care and support was required to be delivered to them by staff on a daily basis. Some of them had high mobility and complex health care needs, and consistently required high levels of staff support and supervision. For instance, some regularly experienced seizures, which sometimes resulted in emergency medicine needing to be administered to them by staff, along with requiring specific after-care and observations. Others with profound physical needs, were assessed as requiring one-to-one and two-to-one staff support with all of their transfers, personal and intimate care needs. Many of these residents were also assessed at risk of aspiration, requiring them to have a modified diet, with some needing staff to fully assist them at mealtimes. Although no resident was assessed as requiring full-time nursing support, a staff nurse was on duty each day to support with the specific health care needs that these residents had. Given the level of staff support needed in this centre, staffing levels were maintained under very regular review, with three staff rostered each day, and two staff at night. There was a well-established staff team working in this centre, and the provider had ensured residents were consistently provided with the level of staff support that they were assessed as requiring.

All four residents lived active lifestyles, and all required a certain level of staff support to get out and about. As they all got on well, they sometimes went out and about together, as well as heading off on their own with their supporting staff. Family engagement was encouraged with some residents often going to visit their families, and were also supported to attend family occasions, one of whom was recently groomsman at a family wedding. These residents liked to attend music concerts, head out for lunch, go for walks, with some often scheduling massages. A resident who liked more sensory based activities, was often brought to visit farm animals, which they responded well to. One resident who met with the inspector, spoke of how they were looking forward to going away for a few nights at the end of the month. This resident had an iPad which they could use independently, and showed the inspector various photos of family events they had attended. Due to the high support needs, as well as the varying ages of these residents, staff were cognisant in their planning and scheduling of activities for them, so as to ensure sufficient staff were at all times available to support them to engage in activities that were meaningful, and of interest to each resident.

Since the last inspection of this centre in April 2023, the provider had addressed the areas of non-compliance that were found in relation to fire safety. This inspection did find good examples of care practices, and overall, residents were provided with a good quality of life. However, this inspection identified where some aspects of this service did require further review by the provider. These will be discussed further in the next two sections of this report.

Capacity and capability

Overall, the provider had ensured this centre was adequately resourced to meet the assessed needs of residents. Since the last inspection of this centre, the provider had put better oversight arrangements in place, which had resulted in improvements to key aspects of the service. Issues raised upon the last inspection in relation to fire evacuation arrangements had been addressed; however, some improvements were found to be required to aspects of risk management, monitoring arrangements, residents' re-assessments, and to the centre's fire procedure.

The person in charge held the overall responsibility for this service, and was supported in their role by their staff team and line manager. They were regularly present at the centre, and had good knowledge of the service and of the needs of the residents. They held regularly meetings with their staff team to discuss resident related care, and also attended management meetings, to review more operational related matters. Where any issues were identified by them, they raised these with their line manager, and with senior management, as required.

A consistent staffing arrangement was in place, which provided residents with the care and support they required. There was a significant focus placed on the quality of staff supervision in this centre, with many residents requiring this level of staff support, so as to ensure their safety. As well as this, there was also a significant emphasis placed on ensuring familiar staff supported these residents, and where relief staff were required from time-to-time, the person in charge had created a relief panel for this centre, who were equally as familiar with the service and assessed needs of residents.

In response to the findings of the last inspection, the provider did review the way in which they were conducting six monthly provider-led visits, in an effort to make them more effective in monitoring for the quality and safety of care. This revised method was utilised in recent months in this centre, and although the inspector did observe that this new system was more condensed in its approach, it still required further review to allow for the provider to focus in on, and monitor specific aspects of care, relevant to this particular centre.

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly at the centre to meet with residents and staff. They had good knowledge of the residents' needs and of the operational needs of the service delivered to them. They were supported in their role by their staff team and line manager. They did have responsibility for another designated centre, and the provider had ensured that they were supported to have the capacity to also manage this service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staffing arrangement for this centre was maintained under regular review. Due to the assessed needs of some residents, nursing staff were on duty during the day to provide support to these residents. Where residents required a specific level of staff support and supervision, this was consistently provided. There was a roster in place, which outlined the names, start and finish times worked in this centre. Where additional staffing resources were required from time to time, the provider had arrangements in place for this.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured all staff had received the training they required, appropriate to their role held in this centre. Where refresher training was required, this was scheduled accordingly. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to operate the service in a manner that consistently met the assessed needs of the residents. Suitable persons had been appointed to manage and oversee the running of this centre, and there was also good communication maintained between staff, local and senior management, regarding any changes relating to the care and support needs of residents, and in relation to the general running of this centre.

Since the last inspection, the provider did revise the monitoring systems within the organisation, particularly in relation to how six monthly provider-led visits were being conducted. Although this was found to have improved upon the previous system, it still required further review to allow for specific aspects of this service to be adequately reviewed. For example, aspects of health care formed a large part of the care and support that was provided within this centre, based on the assessed needs of residents. Although residents' care and support needs were reviewed as part of the most recent six monthly provider-led audit, the revised system still didn't allow the provider to look at specific arrangements in place in this centre to meet these particular residents' assessed health care needs. For example, epilepsy management and nutritional care were fundamental aspects of care that were

provided to the residents in this centre. This inspection did identify where some improvements were required to both of these areas of care; however, the most recent provider-led audit had failed to identify this.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had a system in place for the reporting, response, review and monitoring of incidents occurring in this centre. The person in charge had ensured all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Many arrangements were required in this centre, in order to meet the assessed needs of residents, and to maintain their safety. The provider had utilised their own systems well in doing so, which provided residents with a safe and good quality of service.

Following on from the outcome of the last inspection, the provider revised residents' fire evacuation arrangements, and conducted multiple fire drills to ensure residents could be evacuated in a timely manner. This was maintained under very regular review, which had resulted in the provider sustaining these improvements. At the time of this inspection, the provider was in the process of further reviewing the evacuation arrangements for one particular resident, and was also planning to conduct outside works to allow for a bed evacuation, should the future needs of residents require this type of evacuation. However, some minor revision of the centre's fire procedure was required, to ensure it adequately guided staff on what to do, should a fire occur, and also guide on additional supports available to them, if it was required.

Staff were very aware of the assessed needs of these residents, and of how they were required to support them. Many members of multi-disciplinary teams were required to assist this centre in the review of residents' needs, and there was a referral system available in this centre, to allow for this. However, over the course of this inspection, the inspector did observe where some re-assessments of certain aspects of residents' health care had not been completed within the minimum annual requirement. This was brought the attention of the person in charge to review and rectify. Improvement was also found to some personal plans, protocols

and risk assessments that were in place in response to the assessed health care needs of residents. For example, epilepsy management was a fundamental aspect of care provided in this centre. However, upon review of some of the supporting documentation in place for this, these didn't provide clarity upon the specific care that staff provided to these particular residents.

Where risk was identified in this centre, it was quickly responded to. Incident reporting, the regular presence of the person in charge at the centre, along with frequent staff engagement, primarily attributed to this centre's effective and timely recognition of risk. For example, in response to some incidents of falls which had occurred in recent months, this had resulted in safety covers being placed on various hard surface edges around the centre, supervision was increased, and there was also vigilance in the use of various restrictive practices, so as to ensure residents' safety. Although since the last inspection, much work had been put in by the provider in improving the assessment of risk, some risk assessments still required further review to ensure these better supported this centre's risk management practices.

Overall, these residents were provided with a good quality of social care. Residents often got out and about to do the activities that they enjoyed, and were supported by a familiar staff team in doing so. Suitable transport was provided to meet the mobility needs of some of these residents, and personal goal setting was effectively utilised to maximise residents' abilities and to promote family engagement as much as possible.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had adequate arrangements in place to support these residents. Familiar staff worked in this centre, who knew the preferred communication style of each resident, and were able to confidently interpret, and support them to express their wishes. Residents were supported to have access to assistive technology, radios, phones and internet.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to welcome visitors to their home, and were equally supported to go to visit their families. The design and layout of this centre allowed for residents to meet with their visitors in private, if they so wished.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of one large bungalow house, which was well-maintained, clean and nicely decorated. Where any maintenance works were required, the provider had a system in place for this to be reported, and quickly rectified. The spacious layout of the centre, allowed for residents with assessed mobility needs, to comfortably manoeuvre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk. Where risk was identified, it was quickly identified, and control measures promptly put in place, to make the service safer for residents. Since the last inspection, the provider had revised the arrangements for the assessment of risk; however, these still required further review.

Although there were risk assessments in place for resident specific risks, better clarity was required in relation to hazard identification, risk-rating, and in identifying what specific control measures had been put in place. For example, the inspector reviewed the risk assessments in place in response for a resident who had epilepsy, and although there was evidence these were subject to regular review, better information was required within these assessments, regarding the specific risk the provider was mitigating against, the control measures they had put in place, and the current risk-rating of that risk, based on the effectiveness of the control measures. Similarly, although organisational risks were monitored using a risk register, not all risks monitored by the person in charge were supported by a risk assessment, particularly in relation to their oversight of specific health care arrangements and staffing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place, to include, fire detection and containment arrangements, fire safety checks were carried out daily by staff, all staff had up-to-date fire safety training, and there were multiple fire exits in the centre. Since the last inspection, the provider had improved fire evacuation arrangements, resulting in assurances that staff could support these residents to evacuate in a timely manner. The provider had also recognised the requirement to

review the method of evacuation for one particular resident, and at the time of this inspection, they were awaiting this to be completed. The provider also identified the need to review a pathway located to the rear of the centre, to allow for bed evacuation, should the future needs of residents require this.

Although the fire procedure was reviewed since the last inspection, it required further review to afford better clarity regarding how staff would respond, should a fire occur in this centre. Furthermore, this revision also required to the provider to give consideration to the arrangements in place, should staff require support to evacuate these residents, particularly at night.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had systems in place for the assessment of residents' needs, and development of personal plans to guide staff on how to support residents. Personal goal setting was also set out with each resident, where they chose goals they wanted to work towards, with the support of staff in doing so.

However, some improvements were required in the oversight of ensuring re-assessment of residents' needs was conducted at a minimum annual basis. For example, a number of residents were assessed by an allied health care professional, as requiring modified diets. Although there were clear personal plans in place guiding on this, for some, the re-assessment of this aspect of their care had exceeded this minimum annual review, as required by the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Some residents living in this centre were assessed with specific health care needs, and the provider had arrangements in place for this. Residents had access to multi-disciplinary input into their care, and referrals were made to multi-disciplinary professionals to assess residents' health care needs, as and when required. Based on the assessed health care needs of these residents, many required significant care and support in relation to their neurological care needs, of whom regularly required emergency medicine. Upon inspection it was found that a review of the protocol for these medicines was required, which was immediately rectified by the person in charge. However, further review was also required of these residents' assessments and personal plans, relating to this aspect of their care, to ensure better information

was contained regarding the daily care and support these residents received from staff.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were a number of environmental restrictions in use in this centre, in response to the assessed needs of these residents. All were subject to on-going review, to ensure the least restrictive practice was at all times used. A record of each time a restriction was implemented, was maintained by staff, and overseen by the person in charge.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to guide staff on how to recognise, report, respond to, and monitor for any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding, and the centre was supported by a designated officer, should any concerns arise. At the time of this inspection, there were no active safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to be involved in the running of their home, and to engage with staff, when planning their care. Residents' wishes for how they wanted to spend their recreational time was considered, and respected by staff. Where residents had assessed communication needs, staff ensured they engaged with these residents, in a manner that allowed for residents to express their wishes.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area R OSV-0002742

Inspection ID: MON-0044104

Date of inspection: 01/07/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Organization’s 6 monthly audit tool remains under review – it will be included as part of the audit process that specific support needs of the residents in this designated centre will be identified prior to the next round of 6 monthly audits. This will ensure comprehensive audit of specific aspects of care will be completed as part of the provider led audit. Date for completion: 30/11/24	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: All Individual risk assessments have been reviewed. Where required risk assessments have been amended to accurately describe the specific risk being managed, control measures in place and accurate risk ratings for each individual. Completed: 05/07/24 Risk register for the center has been reviewed. A number of risk assessments have been amended to ensure that risks identified and being responded to in the center are addressed specifically. The control measures in place are individualized for the service and are not generic in nature. Specific risk assessments have been developed in relation to staffing and residents changing needs. Completed 05/07/24	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

Person in Charge has met with the Fire Officer and reviewed the method of evacuation for one resident. Current evacuation method is satisfactory however, using bed evacuation would be a preferable option moving forward. This will require works to be carried out to amend pathways to the side and rear of the house. This work will be completed by 30/11/2024.

Fire Procedure has been reviewed and includes arrangements should staff require extra support to evacuate, particularly at night time. Completed 08/07/24

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 Annual review for SALT, dietician etc. will be arranged for any residents who require same. Appointment has been arranged. Will be completed 08/08/24

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 Individual personal plans relating to the specific neurological care needs of residents have been reviewed and amended to accurately describe in detail the specific daily care and support requirements of the residents in relation to this aspect of their care.
 Completed: 22/07/24

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 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' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	05/07/2024
Regulation 28(5)	The person in charge shall ensure that the procedures to be	Substantially Compliant	Yellow	30/11/2024

	followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	08/08/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	22/07/2024