



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area C
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	23 October 2023
Centre ID:	OSV-0003804
Fieldwork ID:	MON-0032490

About the designated centre

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

The statement of purpose, which is a document produced by the provider, describes Community Living Area C as a residential home for adults over the age of 18 years of age with an intellectual disability. It is located in Co. Offaly and provides a service for a maximum of two residents of mixed gender. The service operates on a 24 hour, seven day per week basis. The property provides communal areas for residents with a spacious living room and a kitchen/dining room which is the hub of the home. Both residents have large single bedrooms which are decorated in line with their taste and personality. The property is fully wheelchair accessible. The main bathroom is equipped with required aids to facilitate supports for individual needs. The centre provides a staff office which incorporates sleep over staff facilities. The person in charge works in a full time capacity. The staff team is made up of social care workers with support from a clinical nurse manager, as required. The staff rota is planned around the needs of the residents and to facilitate family visits and community inclusion. The centre is resourced with a vehicle but also utilises local public transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 23 October 2023	12:00hrs to 17:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed living in this centre, and they were supported by a kind and considerate staff team. Both residents were present during the inspection and they were assisted by two staff members. This was an announced inspection to monitor the quality and safety of care which residents received.

There was a pleasant atmosphere in this centre throughout the inspection, with both residents relaxing in the kitchen as the inspection commenced. The provider requested that the inspection took place in the late morning to facilitate the needs of one resident who found new faces difficult to adjust to. This resident was up and about when the inspection commenced and they were preparing for the day ahead. Both residents seemed to enjoy the company of staff and there were very warm and person centred interactions observed.

Residents who used this service had high support needs and required assistance with their personal care, nutrition, safety and also with regards to accessing to their local community. Both residents used gestures and sounds to communicate, and it was clear from observations that staff were familiar with their individual communication styles. One resident sat with a collection of books and held them close as they interacted with the inspector, and staff and the other resident relaxed in their own adapted chair. As the resident looked at their books, a staff member sat in beside them and the resident leaned into to them for reassurance and support, and they also smiled when the staff member held their hand. They laughed warmly when they staff member explained that they were going clothes shopping later and that they would have their lunch out. It was clear that the resident enjoyed this interaction and that they had a good relationship with this staff member.

The second resident was relaxing as the inspection commenced, and the staff member who supported them, discussed how they enjoyed the centre's relaxation room, getting out into the garden and also accessing their local community. The staff member explained how they had planted lavender and sage in the garden and how the residents enjoyed the sensory experience of these smells and textures. The staff member also discussed how the resident did not enjoy crowds or busy places, but the loved the open air and they often visited local forests to walk and enjoy the sounds of nature.

Both residents enjoyed getting out and about in their local community and they both had different interests which were facilitated by the staff team. As mentioned above, one resident preferred quieter environments and staff explained how they visited the library and a local support group on a weekly basis. The other resident enjoyed busy locations and people watching, and they had just returned from a hotel break which staff reported that they really enjoyed. The other resident also had a short break way but this was located in holiday home, which was quieter and more

relaxed for them.

Both residents were supported to have quality contact with their families, with one resident going home at weekends for overnight stays, and the other resident going home on a monthly basis to stay and visit their family. Staff discussed how both residents looked forward to going home and they generally baked a cake to bring with them. Staff explained how both residents really enjoyed this activity and it provided them with a prompt as to when their visit was due to occur.

Each resident had their own bedroom which was decorated to their own individual tastes and preferences. One resident who required assistance with mobility had a large spacious en-suite bedroom. The other resident had a large bedroom and both rooms were found to be warm and cosy in nature. Residents had the use of a large reception room and there was also a large kitchen and dining area. There was also a large communal bathroom, which had a walk in shower and a separate bath. Towards the rear of the property was a warm and inviting relaxation room which both residents liked to use on a daily basis. Even though the centre was very homely and pictures of residents were clearly displayed, the centre itself was dated and required additional maintenance in terms of upkeep and modernisation. The person in charge was aware of this issue and a comprehensive refurbishment plan was scheduled to take place in the weeks subsequent to the inspection with a new kitchen, flooring, painting and general maintenance planned.

Overall, the inspector found that this centre was a pleasant place in which to live, and that residents enjoyed a active lifestyles. Staff who were on duty were kind in their approach to care and it was clear that the well-being of residents was actively promoted.

Capacity and capability

The inspector found that oversight arrangements ensured that residents enjoyed a good and safe quality of service. The person in charge was in a full time role and they attended the centre on a regular basis.

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 provider's annual review of the service was also found to be comprehensive, and gave a clear account of residents' rights, consultation and their experience of living in this centre. Again, there were some areas which required improvement but the person in charge had made good progress in addressing these issues. The provider also had a schedule of internal audits which assisted in ensuring that areas of care such as health and safety, fire safety and personal planning were generally held to a good standard. The person in charge facilitated the inspection and they were found to have a good rapport with both residents, and with the staff who were on duty. It was clear that they were committed to the delivery of a good quality service and they attended the centre on

a regular basis.

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 staffs presence. Staff who met with the inspector openly discussed residents' care needs and it was clear that they were familiar with their role in providing residents with person centered care. Staff members were also supported in their roles, as regular team meetings and supervision sessions 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 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.

Overall, the inspector found that the oversight measures had promoted the quality and safety of care in the majority of regulations which were examined. It was also apparent that the provider was committed to promoting the welfare and well-being of residents.

Registration Regulation 5: Application for registration or renewal of registration

This was an announced inspection which was conducted to assist in determining the provider's application to renew the registration of this centre. The provider had submitted a complete application within the time-line as set out by the chief inspector, and the inspector found that the centre was operated in line with it's statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was in a full time role and they were appropriately qualified and experienced to fulfill the duties of this role. They attended the centre on a weekly basis and they facilitated team meetings and supervision sessions with the staff team. In addition, they had a good understanding of the residents' care needs and they had oversight measures in place to ensure that their care was held to a good standard.

Judgment: Compliant

Regulation 15: Staffing

Staff who were on duty had a good rapport with residents and they were observed to be kind and considerate in their approach to care. It was clear that staff also had a good understanding of residents' individual care needs and they spoke at length in regards to activities which residents liked to engage in.

The person in charge maintained an accurate staff rota which indicated that residents were supported by a familiar staff team.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a schedule of mandatory and refresher training in place and a review of training records indicated that staff were up to date with the training needs. In addition, staff attended for regular supervision and scheduled team meetings were occurring which assisted staff members to raise any concerns they may have in relation to care practices.

Judgment: Compliant

Regulation 22: Insurance

The provider demonstrated that appropriate insurance had been acquired for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure and the person in charge held responsibility for the operation of the centre. All required audits and reviews had been completed as required and good progress had been made in resolving any issues which had been identified.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in place on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported to enjoy a good quality of life and that they were actively supported to participate in activities which they enjoyed.

Both residents who used this service had comprehensive personal plans in place which gave a clear account of their care needs and also how they preferred to have their needs met. The personal plans which were reviewed, clearly outlined the importance of family in each resident's life, and both the centre and individual plans had photographs of each resident enjoying family events. As mentioned earlier, residents liked to bake a cake before they went home and residents were supported to buy presents and cards for important family events, such as, birthdays and christmas.

Personal plans were also reviewed on at least an annual basis, with residents attending these reviews, if they so wished. Personal planning meetings covered topics such as social goals, health, personal safety and family involvement. The residents preferred a monthly goals setting process with a variety of goals chosen. In the month previous to the inspection one resident decided to go for a two night break away, buy family presents and also plant some winter flowers. For the month subsequent to the inspection, they had chosen to go on a boat trip, practice their communication style and visit a library. The inspector found that this was a pleasant approach to goal setting which met the individual needs of each resident. In addition to these goals, residents were also supported to attend larger events such as a sensory sensitive open air concert, horse racing meetings and they planned to attend the Dublin zoo christmas lights.

Residents required support with managing their finances and the person in charge explained in detail the system which was in place to safeguard residents' finances and personal property. Staff members maintained detailed records of all financial transactions which were made on behalf of residents, and a review of these records indicated that residents' finances were managed appropriately. In addition, both the person in charge and staff completed regular financial balances to monitor for any irregularities, as an additional safeguard.

There were no active safeguarding plans required in this centre and staff had completed both mandatory and refresher safeguarding training. Information on

safeguarding procedures were clearly displayed, and the inspector found that the centre had a homely atmosphere with pleasant interactions observed throughout the inspection. The inspector also observed staff chatting frequently with residents in regards to how they would like to spend their day, with one resident smiling warmly as staff reminded them that they were going clothes shopping and for a meal out later that day. In addition, residents attended scheduled weekly meetings, where they were kept up-to-date with regard to the running and operation of their home, and any planned events and activities.

Fire safety was actively promoted in this centre. Fire safety equipment such as a fire warning system, emergency lighting and fire extinguishers were installed and had a completed service schedule in place. Staff were also completing regular scheduled checks of this equipment to ensure that it was in good working order. Residents also participated in scheduled evacuation drills and records of these drills indicated that both staff and residents could leave the centre in a prompt manner, should a fire occur. Although fire safety was generally well promoted, two supporting evacuation documents required amendments. For example, an evacuation plan for one resident required further clarity in regards to their mobility and transfer needs, and the centre's overall evacuation plan required adjustments to include the use of a mobile ramp and the staffing arrangements for when the centre was not at full occupancy.

Overall, the inspector found that the quality and safety of care which residents received was held to a good standard. This standard of care was found to be person centred, focused on the promotion of community access and in doing so enhanced the well-being and welfare of both residents.

Regulation 12: Personal possessions

Residents required significant support with their finances and it was clear that their possessions, property and personal finances were safeguarded. Residents were assisted to spend their money on items and events which they enjoyed and the staff team maintained detailed records of any money which was spent on their behalf.

Judgment: Compliant

Regulation 17: Premises

The premises' communal areas and some bathrooms had an extensive renovation and modernisation plan in place which aimed to enhance the homeliness of this centre. The person in charge outlined that these works were scheduled to occur subsequent to the inspection.

Although works were required, the residents bedrooms were cosy and warmly decorated and the centre displayed various photographs of residents enjoying both

social and family events.
Judgment: Compliant
Regulation 20: Information for residents
The person in charge maintained a residents guide which met the requirements of the regulations. It was also displayed and readily available in the centre.
Judgment: Compliant
Regulation 26: Risk management procedures
<p>The provider had a system for recording and responding to incidents and a review of associated records indicated that individual incidents had been promptly reviewed by a senior manager. The provider also reviewed incidents collectively to monitor for any negative trends in care which had the potential to impact upon residents, staff or visitors.</p> <p>In addition, comprehensive risk assessments were in place for issues which had the potential to impact upon care or safety within the centre. Risk assessments in regards to manual handling, self injurious behaviour, fire safety and the occurrence of bruising were in place and regularly reviewed which promoted safety within the centre.</p>
Judgment: Compliant
Regulation 27: Protection against infection
<p>The centre was clean to a visual inspection and it was also well maintained. Hand sanitising stations were present at entrance and exits and staff were observed to regularly wash or sanitise their hands.</p> <p>Information in relation to IPC was displayed and there was clear guidance in place to assist staff in the cleaning and sanitisation of the centre.</p>
Judgment: Compliant

Regulation 28: Fire precautions

The staff team had a good understanding of the centre's fire arrangements and fire precautions were clearly displayed. The person in charge discussed each resident's evacuation requirements and equipment such as emergency lighting, fire extinguishers and the fire alarm system were serviced as set out in their service schedule. Records of fire drill also demonstrated that residents could evacuate the centre in a prompt manner. Although fire safety was generally promoted, an evacuation plan for one resident required further clarity in regards to their mobility and transfer needs, and the centre's overall evacuation plan required adjustments, to include, the use of a mobile ramp and the staffing arrangements for when the centre was not at full occupancy.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed.

Residents had also been assessed to manage their own medication but no residents were self administering on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans which were reviewed on at least an annual basis. Personal plans were found to be comprehensive in nature and documentation in relation to personal goals was available in an accessible format which promoted their understanding and inclusion in the goal setting process.

Records which were reviewed also indicated that residents were well supported to access their local community and they enjoyed shopping trips, events and meals out on a regular basis.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in this centre and residents appeared comfortable and relaxed throughout the inspection. A resident was observed to smile and react warmly when staff spoke about their plans for the day and in general the centre had a very pleasant atmosphere.

The provider had also appointed a designated person to manage any safeguarding concerns and staff had all received safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were actively promoted through the actions of the provider and the staff team. The inspector observed staff consulting with each resident as to how they would like to spend their day, with residents deciding on a range of activities.

Residents also attended scheduled house meetings, where they discussed the operation of their home, including, meal choices, maintenance up-dates and upcoming events.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area C OSV-0003804

Inspection ID: MON-0032490

Date of inspection: 23/10/2023

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The person in charge has amended relevant PEEP and updated fire evacuation procedure as per HIQA recommendations.	

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(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	24/11/2023