

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area A
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	02 April 2024 and 03 April 2024
Centre ID:	OSV-0004084
Fieldwork ID:	MON-0043179

About the designated centre

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

In this centre a full-time and part time residential service is provided to a maximum of nine adults at any one time. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Three houses make up the centre. All are located in or close to a major midlands town. Residents have on-site day services each day and transport is available to facilitate day service activities. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory support. One resident lives on their own. Another of the houses accommodates three residents and the third house can accommodate up to five residents. Each resident has their own bedroom. There are communal dining and other living arrangements. Each house has a garden. The houses are a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of an experienced person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 2 April 2024	13:30hrs to 18:00hrs	Ivan Cormican	Lead
Wednesday 3 April 2024	09:00hrs to 12:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents enjoyed living in this centre which they considered their home. The resources and practices which were implemented by the provider ensured that residents enjoyed a good quality of life and that their independence was promoted.

The designated centre comprised three separate houses. Two of these properties were located within walking distance of a large town in the midlands and the remaining property was located within a short drive of the same town. One house supported four residents, another supported three residents and the remaining house had a single occupancy arrangement.

The house with four residents was a large spacious property. Each resident had their own bedroom which they had decorated in line with their own preferences and there was also a spacious sitting room in which residents could relax. The house also had a separate kitchen/dining area and there were an ample number of shared bathrooms, one of which had been recently renovated to support a resident with reduced mobility. The inspection commenced in this house and there were three residents present on the afternoon of inspection. One resident answered the door to the inspector and they were assisted by a staff member to ask for identification before the inspection commenced. This house had a very pleasant and homely atmosphere. One resident explained that they were on their Easter break from their day service and that they were having a well deserved relaxing day. One resident was colouring, the other knitting and the remaining resident explained that they were about to do some ironing, which they really enjoyed. All three residents were comfortably in their surroundings and went about their own affairs casually. Two of the residents interacted with the inspector on their own terms while the remaining resident spoke at length with the inspector. They explained that they were very happy in their home and that, in general, everyone got on very well with each other. The complemented staff and told the inspector that they were very nice and were always smiling. This resident discussed their life and explained that they had been at home for a few nights over the Easter. They really enjoyed their trips home but they also liked coming back as they could meet up with their friends independently for coffee at the weekends. They also discussed that they had a close friend who they enjoyed going for dinner with and they had recently enjoyed a meal in a local hotel on valentines night.

As mentioned above, two residents interacted with the inspector on their own terms. They smiled as they completed knitting and artwork and a staff member was observed to sit and chat with them frequently throughout the afternoon. The person in charge also attended the centre and one of the residents smiled and gave them a big hug as she entered the sitting room. It was clear to the inspector that residents and those who were on duty had a very good rapport with residents and they clearly enjoyed their company.

The remaining resident who used this service returned in the evening from their day service. They were in good spirits upon their return and they sat and chatted with the inspector as they had a cup of tea. They discussed their life and how they enjoyed going home to visit their father and sister. They explained that they were very happy in their home and they also proudly showed the inspector their bedroom. They explained that they had recently signed up to Special Olympics and they were awaiting to commence training. They also enjoyed going horse riding and they told the inspector that they also loved country music and frequently attend concerts and dances.

The remaining houses in the centre were attended on the second day of inspection. The house with three residents also had a homely atmosphere and the residents sat and spoke with the inspector prior to attending their day service. They all explained how happy they were with their home and they laughed and chatted openly with each other. Two of the residents discussed how they were supported to remain in their home by themselves which they enjoyed and they explained that their independence was very important to them. They both told the inspector what they would do if the fire alarm was activated and how staff would contact them on the phone to see if they were ok. One of these residents also accessed the local town independently and they would often meet up with friends for coffee.

On the previous inspection of this aspect of the centre, there were significant compatibility issues which impacted on the lives of all residents. However, there had been positive changes since this inspection with an individualised service offered to one resident who was no longer happy living in the centre. In addition, the residents enjoyed a good quality of life, their independence was promoted, which had a positive impact on their rights and one resident who required support with accessing the community was regularly out to the cinema, shopping and enjoyed various outings and activities.

The remaining house in the centre supported one resident and the inspector met with this resident for a short period of time. They were happy to show the inspector their home. They had their own bedroom, a large kitchen/dining and living room and also a separate sitting room. They proudly showed the inspector these areas in which they displayed photographs of their family and also of their favourite music star. They put on some music as they interacted with the inspector and they voiced their satisfaction with their home and staff. One staff member supported this resident and they explained that they enjoyed sports and attended many local hurling and football matches.

The inspector found that this was a very pleasant centre in which to live. Residents were happy in their home and they had a good balance of support and independence. Two areas of care required some adjustments but overall, the care which was offered to residents was maintained to a consistently good standard.

Capacity and capability

The inspector found that there was sufficient oversight of care practices in this centre and that residents generally enjoyed a good quality of care.

The person in charge facilitated this inspection and they were found to have a good understanding of the centre, residents' needs and of the resources which were implemented to meet these needs. They openly discussed the day-to-day operation of the centre, including the oversight risks and incidents, social care and how the rights of residents were promoted.

There was good oversight of care in this centre. The provider had appointed a person in charge who had both the capacity and the capability to fulfill the duties of this role. The provider had also identified a senior manager to offer additional support to the centre. Both managers had a good rapport with residents and staff. It was also clear that they promoted a service which was safe and met the personal and social needs of residents. In addition, the provider had recommended a range of internal audits to monitor day-to-day care practices including finances, fire safety and trends in incidents and accidents. All audits and reviews required by the regulations were also completed which also assisted in ensuring that care was held to a good standard.

Staff who were on duty had a very pleasant approach to care and they actively assisted in creating a warm and homely environment. They also discussed with the inspector how the person in charge had a regular presence in the centre and there was ample opportunity to raise issues or concerns which they may have. The person in charge also scheduled house meetings and supervision sessions which facilitated a formal review of both performance and care within the centre.

Overall, the centre operated at a level which ensured that residents generally had a good quality of life; however, improvements still were required with regards to staffing and training.

Regulation 14: Persons in charge

The person in charge had a good understanding of the service and also of the resources which were in place to meet the assessed needs of residents. They held responsibility for one designated centre which they attended throughout the working week. The person in charge was in a full time role and they were appropriately qualified and experienced to fulfill the duties of this role.

The person in charge had a good rapport with residents who were observed to chat and warmly interact with them over both days of inspection. The person in charge was also up to date with day to day life for residents and frequently chatted with them in regards to upcoming appointments and also events such as Easter and recent activities.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which contained full staff names, their start and finish times and also their roles within the centre. The rota clearly outlined the provisions for both day and night time staffing and there was also a planned rota for staff to refer to.

Staff who met with the inspector explained that they had a high level of confidence in the person in charge and that they felt fully supported in their role. They also stated that the provider had an out of hours on call system which they could refer to for issues which may arise.

Judgment: Compliant

Regulation 16: Training and staff development

Staff attended regular one-to-one supervision sessions with the person in charge and there were a schedule of house meetings for staff to attend. These measures ensured that staff could discuss care practices and raise any concerns which they may have.

The provider had a schedule of mandatory and refresher training in place in areas such as fire safety, safeguarding and behavioural supported which assisted in ensuring that staff could meet the needs of residents. A review of training records indicated that all staff were up to date with regards to the required training for this centre.

Judgment: Compliant

Regulation 23: Governance and management

There was good oversight of care in this centre. The provider had completed all audits and reviews as set out in the regulations and the person in charge had a schedule of internal audits which provided assurances in regards to the oversight of care.

The provider's last six-monthly audit found that the centre offered a good quality service. In addition, the centre's annual review provided a comprehensive overview of the service and how it had progressed over the previous year. This review gave a

good account of residents' lives and how they were consulted throughout their previous year in regards to their home and decisions about their care. The inspector found that these arrangements promoted an open and transparent culture within the centre.

The centre also had a clear management structure with the person in charge responsible for the day-to-day operation and oversight of care. They were supported by a senior manager and an out-of-hours service ensured that managerial cover was available to staff at all times of the day and night.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who met with the inspector stated that they were very happy in their home and that they generally got on very well with each other. Residents also stated that they could complain to any member of staff if they were unhappy; however, they had no recent issues or concerns.

The provider had a complaints procedure in place and two people had been identified to manage and oversee and all received complaints. The provider also had an easy read version of this procedure. Although residents were well aware that they could complain, this topic had not been recently reviewed with them and they would benefit from a refresher with regards to making a complaint and how it would be managed.

Judgment: Compliant

Quality and safety

The residents who used this service enjoyed a good social life and they were all out and about in their local community on the day of inspection. They were well supported in regards to seeking further education and the provider had a personal goal setting process in place. Although residents were well supported, some areas of care, including medications and fire safety required improvements.

Residents enjoyed a good social life and they were out and about in the local community on a regular basis. The provider had also identified that more opportunity for community access was required in one house in the designated centre and a request for additional funding in regards to the staffing allocation had been submitted. The inspector found by these arrangements that the staff team, management and the provider were actively seeking to improve and better the lives

of residents.

Each resident had a comprehensive personal plan in place. These plans clearly outlined resident's individually needs and supports which they required. Residents were supported to identify and achieve personal goals and detailed support plans were reviewed by the inspector which highlighted residents' previous achievements. Pictorial plans demonstrated where residents had gone on holidays, attended events such as music festivals and also gone on day trips to the seaside. A resident who met with the inspector explained that they were planning to visit their family in England this year and that they also wanted to visit Anfield. The person in charge discussed the goal setting process and they clearly demonstrated a good understanding of residents' wishes for the future. Individual planning meetings were scheduled to occur in the weeks following this inspection but some work had already been completed in regards to potential goals for 2024

Although two areas of care required improvement, overall the inspector found that residents were well supported to enjoy a good quality of life. Residents had opportunities to make friends and develop relationships outside of the designated centre. A resident had engaged in further education while two others volunteered and had paid employment. The actions from the last inspection also had a positive impact on the quality of life for residents in one of the houses in the centre.

Regulation 11: Visits

Residents were supported to meet up with friends and family for coffee and meals out. There were no restrictions placed upon visitors and residents stated that they regularly went home for overnight stays and day visits.

Residents also had access to a centre telephone and their own personal mobile phones in which to contact their families and in general there was a positive culture in regards to the importance of friendship and family relationships.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had their own bedrooms which they could lock if they so wished. They also had sufficient lockable storage for personal possessions.

Some residents had their own bank accounts and the person in charge was in the process of supporting other residents in regards to decisions about their personal finances.

Where residents required support with their finances, including budgeting, the

provider had detailed oversight in place. The staff team maintained detailed records of purchases which were made with support and the person in charge was conducting regular audits to ensure residents finances were safeguarded.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had good opportunities to engage in hobbies and leisure interests. The provider had recently submitted a request for additional staffing resources to ensure that all residents had equal opportunity to access their community throughout the week and weekends.

Where residents identified an interest in personal development this was also well supported. A resident had enrolled in a community based adult education programme but they had recently switched to an alternative arts class. One resident volunteered in a local charity shop and another had paid employment in a local hotel.

Judgment: Compliant

Regulation 17: Premises

The three houses which made up the designated centre were homely in nature and residents had ample space in each home to relax. Residents also had their own bedrooms which they had individually decorated and there were an ample numbers of bathrooms in each house for residents' use. One bathroom had also been recently renovated to meet the changing mobility needs for one resident.

Each of the three houses required exterior maintenance and one house required additional interior modernisation. The person in charge had a plan of works for the exterior of each home, with work set to commence when the weather improved. There was also additional painting and a new kitchen scheduled for the house which required modernisation.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained responsibility for the management of risk in this centre and the inspector found that there were suitable risk management

procedures in place. The provider was very much focused on positive risk taking and the arrangements which were in place promoted both safety and independence. Residents reported a high level of satisfaction with these arrangements and spoke positively about the support from staff which was there if needed.

Risk assessments had been introduced in regards to health issues, visual impairment and financial support. The inspector found that these assessments assisted in ensuring that these issues did not have a negative impact on care and they promoted safety within the centre.

The provider also had procedures for recording, monitoring and responding to incidents and near misses. Again, the person in charge held responsibility for the daily monitoring of incidents and a review of records indicated that they were no trends of concern.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was clean to a visual inspection and it was also well maintained. Staff were completing scheduled cleaning and there was suitable guidance in place for the cleaning and sanitisation of both communal and private areas of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that fire safety was promoted and fire safety equipment such as fire doors, alarm system, emergency lighting and fire extinguishers were installed. Up-to-date service schedules for in place for this equipment and staff completed regular checks to ensure that all was in good working order.

Fire evacuation drills were also occurring which assisted in ensuring that residents could be supported to leave the centre in the event of a fire. However, the recorded drills in one area of the centre required improvement in regards to evacuation times. In addition, two fire doors were not functioning properly and the provider failed to demonstrate that all members of staff had participated in a fire drill exercise.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage for medicinal products and there was complete medication prescription sheets in place which promoted the safe administration of medications. Although there were several examples of good practice, some areas of medication management required review. For example, a resident had been assessed to manage their own medications which was a positive example of care; however, this assessment required review to give more specific detail in relation aspects of self administration which were managed by staff, including storage and dispensing of medications. In addition, a suitable risk assessment was not in place for this practice.

The provider's policy on medication management also required review to include the process for recording medications which had been self administered by residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which set out their care needs and the supports they required to enjoy a good quality of life. Personal plans were reviewed on an ongoing basis and there was an formal annual review which residents attended.

Residents were also assisted to identify and achieve personal goals throughout the year. Residents had previously chosen goals such as holidays and various activities such as music festivals, Christmas pantomimes. At the time of inspection, personal planning meetings were scheduled to occur in the coming weeks with residents and their respective families.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behavioural support was not a requirement of care in this centre. There were no restrictive practices in place on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding concerns on the day of inspection. Residents

reported that they felt safe in the centre and also that staff who supported them were kind. They explained that they had a good quality of life and that they would freely go to any staff member if they were concerned.

The actions taken since the last inspection had a positive impact on care and staff reported that residents' lives had improved as a result. The provider had appointed a person to manage any safeguarding concerns and information in regards to safeguarding was clearly displayed.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that the centre was a pleasant place in which to live and staff were observed to chat freely with residents and kept them informed in regards to plans for the day ahead. The person in charge also explained that some residents were registered to vote and easy read information on the recent referendum had been shared with them;

Residents attended regular residents also attended scheduled house meeting where they discussed the running and operation of their home including safeguarding and safety in their home.

In addition, all staff had completed training in human rights which further promoted this aspect of care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area A OSV-0004084

Inspection ID: MON-0043179

Date of inspection: 02/04/2024 and 03/04/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Two fire doors have been adjusted and are now functioning correctly. The organisations fire officer will complete a review of fire doors by 31/7/24.</p> <p>Fire drill scheduled to be completed on 2/5/24 with staff member who has not participated in a fire drill to date. PEEPS and evacuation plans will be refreshed with all staff members at upcoming team meetings.</p> <p>Going forward fire drill evacuation records will be more specific and detailed and will include all staff members participating in fire drills throughout the year.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Self-administration of medication assessment has been reviewed and more detail included. A risk assessment has been implemented around the administration of the residents medication. A local protocol has been implemented outlining the level of support required by the service user around administration of medication.</p> <p>Medication Policy to be reviewed by 31/12/2024.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	11/04/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	23/04/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire	Substantially Compliant	Yellow	02/05/2024

	fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	01/12/2024
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	15/04/2024