



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area E
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	29 June 2023
Centre ID:	OSV-0004087
Fieldwork ID:	MON-0031488

About the designated centre

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

This centre comprises of a bungalow in the centre of a rural town and can provide a residential service for up to four residents. This centre is home to male and female residents over the age of 18 who present with moderate to severe intellectual disability and/or other diagnoses such as autism. The house operates on a 24 hour, seven days a week basis with staff present both day and night to support residents. This centre strives to provide a home like environment where individuals are encouraged and supported to become as independent as possible in their daily lives. The centre promotes and encourages community involvement and places an emphasis on personal choice and person centered planning.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 29 June 2023	10:30hrs to 17:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the quality and safety of care which was offered to residents and also to assist in determining the provider's application in regards to the renewal of this centre's registration. The inspection highlighted that residents had a high level of satisfaction with the service they received and in general they were well supported to enjoy a good quality of life. Although there were improvements required in regards to supporting residents with their finances, overall the inspector found that this was a pleasant place in which to live.

The inspector met with three residents who lived in this centre full-time and there were no other residents using this service on the day of inspection. The centre had a very homely and pleasant atmosphere and the inspector was greeted warmly by one of the residents as they answered the door. They invited the inspector into their home but they couldn't chat for long as they were watching an Ireland u20 rugby match on the television. They did however, chat with the inspector at various points throughout the day and they kept everyone updated as to the score in the match. They were an avid sports fan and they discussed how their home county had got on in the hurling championship and they also discussed soccer and the local Gaelic football teams. Staff explained that this resident had purchased a season ticket and they loved going to all the local club games.

Another resident was watching country and western music on the television and they chatted with the inspector about new clothes which they purchased and also how they loved music. They appeared very relaxed and they smiled with staff as they assisted with some of their communication needs. The remaining resident had a sleep on and they met with the inspector in the late morning. They were in good spirits as they got up and they smiled and gave staff members a hug as they started their day.

The centre had a very relaxed and a natural homely feel to it. Residents went freely about their own affairs in the morning and staff were observed to chat in a casual and familiar manner throughout the day. Each resident had their own en-suite bedroom which they had decorated with areas of personal interest and pictures of family gatherings. Rooms within the centre also displayed pictures of residents enjoying themselves at various social events. The centre was also large and spacious and residents could relax in a large comfortably furnished reception room or in the open plan kitchen/dining and living area.

As the day progressed residents got ready to go out for various activities. One resident just wanted to go for a drive and he chatted to staff as to where they might go and whether they would pop in for a coffee somewhere. The other two residents also chatted with staff with both heading out for a coffee and plans to go clothes shopping. Staff who met with the inspector said that generally residents decided on a day-to-day basis what they would like to do apart from attending events such matches, appointments or family visits which were normally planned. A review of

records indicated that residents were out and about on a daily basis to shops, restaurants and local attractions and when residents spoke with the inspector they explained that they had good access to their local community.

Staff who were on duty were very pleasant in their approach to care and they spoke and interacted with residents in a kind and considerate manner. They had an in-depth knowledge of resident's likes, dislikes and individual care needs and they spoke confidently about each resident's lives both past and present. Staff explained that residents preferred to decide on a daily basis what activities they liked to engage in and also what meals they preferred to have. Residents also met formally on a monthly basis to discuss the operation of their home and any updates there may be in regards to issues such as maintenance. All three residents completed questionnaires as part of the announced inspection process with all reporting a high level of satisfaction with the care and support which they received.

Overall, the inspector found that residents enjoyed a good quality of life and they had good access to their local community. There were some issues that required adjustments with the main aspect of improvement required in regards to supporting residents with their personal finances. This and other issues will be discussed in the subsequent sections of this report.

Capacity and capability

The provider had ensured that there was a management structure with clear lines of accountability and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life. This inspection was facilitated by the person in charge who was found to have an in-depth knowledge of both the service and also of the resources which were in place to meet the residents' needs.

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 adjustments. 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 would be 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 staff who were on duty. It was clear that they were committed to the delivery of a good quality service and they attended the service on a regular basis. Although residents were supported to enjoy a fulfilling life, this inspection highlighted that management of, and the support offered to residents in regards to their personal finances required improvements. As will be discussed in the subsequent section of this report, day-to-day management and oversight of support offered to residents in terms of money management required review. In addition, internal financial audits had not identified deficits in this area of care and a resident had not been made aware of an account which contained some of their money and

also how they could access it.

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

The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher training in areas such as behavioural support, fire safety, safeguarding and also IPC (infection prevention and control) related training. A review of the rota also indicated that residents were supported by a consistent staff team. Although the rota demonstrated consistency of care, this document required some improvements to ensure that staff members' working hours were accurately recorded.

Overall, the inspector found that this centre was operated safely and that oversight measures ensured that the residents were supported to enjoy their time in the centre. However, significant improvements were required in regards to the oversight of supporting residents with the personal finances.

Regulation 14: Persons in charge

The person in charge was in a full-time role and they met the requirements of the regulations. They attended the centre on a regular basis and it was clear that they were known to the residents and that they had a good rapport with them. They also had a clear understanding of the centre's management structure and they were supported in their functions by a senior manager within the service.

Judgment: Compliant

Regulation 15: Staffing

Staff who met with the inspector had a good understanding of residents' care needs and they also interacted with residents in a kind and caring manner. A review of the rota indicated that they were generally supported by a familiar staff team. However, this document required some adjustments to ensure that all staff members' full names were listed and also that the night time staffing arrangements were included.

Judgment: Substantially 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 19: Directory of residents

The person in charge maintained a directory of residents which met the majority of the requirements of the regulations. Some adjustments were required to include the name and address of organisation which arranged residents' admission to the service.

Judgment: Substantially compliant

Regulation 21: Records

The provide ensured that all required records were in place in the designated centre and the inspector found that they were generally maintained and reviewed to a good standard.

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.

Although residents had a good quality of life, several regulations which were examined required further attention to ensure they were held to a good standard at

all times, with significant improvements required in regards to supporting residents with their finances.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had facilitated residents with a contract of care which outlined the services which they would receive and the charges which they would incur. A contract of care was reviewed by the inspector and found that it had been signed by both the resident and a representative from the provider. However, further clarity was required as a resident was paying for a satellite television service and it was not clearly set out in their contract of care that they would incur these charges. In addition, a resident had also paid for parking while attending a sporting event but their contract stated that the provider should be covering this expense.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents enjoyed living in this centre and that they were supported by a staff team who knew them well and had their best interests at heart. Although day-to-day life was pleasant for residents, this inspection highlighted that they required better supports in regards to managing their finances. In addition, fire precautions also required improvements to ensure that fire doors were of a suitable standard.

Residents were well supported to enjoy a good quality life. Records within the centre and observations from the day of inspection showed that residents were out and about in their local communities on a daily basis. Residents who met with the inspector spoke about their past and they explained that they liked their home and that staff were very nice. One resident talked about how they enjoy attending sporting events and their room was decorated with posters and photographs of their favourite soccer and hurling teams. A sample of resident's personal plans which were reviewed were found to be comprehensive and highlighted resident's current needs, preferences in relation to care and also their goals for the future. Residents had goals in relation to social events, going on boat trips and learning how to fish. One plan showed the comprehensive involvement of one resident in relation to choosing their goals; however, a second plan which was reviewed failed to sufficiently demonstrate this resident's participation in choosing their goals.

Residents' financial support records showed that they were out daily for coffee,

shopping, attending shows and also sporting events. Residents who used this service were assessed as requiring support with managing their money and each resident had records of money which was spent on their behalf. Although there were examples whereby residents' finances were well managed, a review of a sample of records showed that overall, everyday practice of this support required improvement. For example, receipts for some cash withdrawals were not in place and although the cash was received into the centre it was entered incorrectly into this resident's financial records and it proved difficult to follow the cash flow both in and out of this resident's cash balance which was held in the centre. In addition, a receipt was entered as a card transaction on financial records even though the actual receipt stated that it was a cash transaction. This receipt also failed to detail what items were purchased. The inspector found that the everyday practice of supporting residents with their money required significant improvements to ensure that it was safeguarded at all times.

While reviewing risk assessments in the centre there was an assessment in regards to money which was held in trust for one resident. However, information in regards to supporting the resident to access this money or to it's value was limited. A staff member who had worked with this resident for a number of years explained that this money was held on behalf of this resident and that two external parties assisted in ensuring that these funds were appropriately accessed. Although this staff member was able to shed some light upon these funds, management of the centre had not been aware of the funds location or if the resident had been made aware that they could access this money. The inspector found no evidence that there was a safeguarding issue; however, in this circumstance procedures were required to support the resident to access these funds if they so wished and also to ensure that they were made aware that they had a separate account which held some of their money.

Overall, the inspector found that residents' safety was promoted and that they enjoyed a good quality of life. Although there were issues in regards to supporting residents with their finances, it was clear the the staff team and the provider were committed to improving services and the delivery of care which met residents' collective needs.

Regulation 12: Personal possessions

Supporting residents with their personal finances is a fundamental function in the provision of residential services. Robust oversight is required to assist in ensuring that residents' finances are safeguarded at all times. Although there were no safeguarding issues identified, practice within this centre required review.

In addition, the provider failed to demonstrate how a resident was assisted to understand the location of funds held on their behalf and how they could access

these funds with the support of identified people.

Judgment: Not compliant

Regulation 13: General welfare and development

Two residents who used this service consider themselves retired and they filled their days with activities which they enjoyed. One of these residents liked to paint and they proudly showed the inspector one of their compositions. The other resident loved sport and they were well supported to attend sporting events both locally and nationally. The remaining resident considered themselves semi-retired and they attended day services one day per week.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained and the exterior of the building had been recently painted. A resident showed the inspector around internal communal areas and also the exterior, including the back yard and separate patio area. They told the inspector that they had helped out with tidying the back yard prior to the inspection and that they were very proud of their work.

Each resident also had their own en-suite bedroom and they were ample areas and rooms in which residents could relax.

Judgment: Compliant

Regulation 20: Information for residents

The provider had produced a residents' guide which readily available in the centre and met all the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

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.

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 falls, self injurious behaviour, fire safety and infection prevention and control were in place and regularly reviewed which promoted safety within the centre.

Judgment: Compliant

Regulation 27: Protection against infection

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.

Information in relation to IPC remained in situ and there was clear guidance in place to assist staff in the cleaning and sanitisation of the centre.

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. Staff on duty discussed each resident's individual evacuation plan 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, this inspection highlighted a potential issue in regards to fire door assembly. The provider was proactive in responding and submitted additional information subsequent to the inspection from a competent person. However, further clarity was requested and the provider was in the process of responding to the Office of the Chief inspector when this report was issued.

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. Residents who met with the inspector stated that they were well supported to access their local community and also to pursue personal interests.

Residents also had their goals in an accessible format and staff actively supported residents to achieve their these goals. However, some improvements were required as the provider failed to demonstrate how a resident participated in choosing their individual goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to enjoy a good quality of life and they attended their general practitioner in times of illness and also for scheduled health checkups. The actions from the last inspection of this centre was also implemented with health care plans reviewed and kept up to date by the person in charge and the staff team.

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 who met with the inspector stated that they got on well with other residents and that staff were very nice.

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 updates 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area E OSV-0004087

Inspection ID: MON-0031488

Date of inspection: 29/06/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained. All Rosters to include full names of staff.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory shall include the information specified in paragraph (3) of Schedule 3, to Include date of admission and referring organisation.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC will ensure a more robust system of auditing of finances is completed to include cross checking of spending with bank statements. All recordings of personal finances will be documented in the Epicare system.</p>	

Risk assessments will include all details of accounts held, identify persons with access and details of supports for individuals to access their funds.
Purchases and spending will be in line with Contact of care and any significant personal purchases will be in line with PCP planning and discussions.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
Residents will be supported in Line with the contact of care. Services and care needs identified will be provided in accordance with the signed Contract Of Care.

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs. Documentation of daily spends will be uploaded on the Epicare system which will clearly identify with draws and spending and distinguish between cash and card purchases. Details of resident's accounts will be documented with details of supports required for the person whom can access same and the process included. Care plans will identify supports required. Epicare will be utilised for daily financial recording. Risk assessments will have all necessary control measures to ensure safeguarding of finances.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
As the provider cannot make assurances regarding the hardware , we will install complete fire door sets within the property

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Personal planning meetings will occur annually and will have on going reviews documented. The documentation will outline and show how residents participated in choosing their individual goals. The documentation will identify persons involved in the meeting and details how goals may be achieved.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	18/09/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	18/09/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	01/10/2023
Regulation	The registered	Substantially	Yellow	18/09/2023

23(1)(c)	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.	Compliant		
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	01/11/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/04/2024
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that	Substantially Compliant	Yellow	02/02/2024

	ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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