



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 28
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	21 March 2024
Centre ID:	OSV-0005808
Fieldwork ID:	MON-0034575

## About the designated centre

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

This designated centre is a four bedroom house in a rural area about ten minutes from a small town in Co. Kildare. It is situated close to number of local amenities such as shops, churches, hairdressers and beauticians, restaurants, and parks. The centre can accommodate three adult residents over the age of eighteen years with an intellectual disability. There is a living room, a kitchen/dining room, a sun room, three residents' bedrooms, one of which was ensuite, a staff sleepover/office, a utility, a WC, and a main bathroom. A car is available to support residents to access their local community. Residents are supported 24 hours a day seven days a week by a staff team comprising of a person in charge, social care workers and support workers.

**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 21 March 2024	09:15hrs to 15:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor compliance with regulations and standards and to assist with the fitness assessment to renew the centre's registration.

The findings from this inspection were positive. The residents living in this service were well cared for. The staff team working with them encouraged and supported the residents to identify and engage in the things they wanted to do. The service was well run resulting in a safe environment for the residents.

The residents had moved into their home in 2021. Staff members informed the inspector that the move had proved to be positive. The residents were living in a quiet rural setting and this suited them. One of the residents told the inspector that they loved their house. The inspector found that the residents' home was well maintained. There were pictures of the residents throughout and there was a warm and homely atmosphere. Residents congregated with staff members in the kitchen area, chatting with staff, listening to music and one resident helped staff with preparing and cooking lunch which had been identified as something the resident wanted to complete during their person-centred planning meeting

On arrival the inspector was greeted by the residents and the person in charge. The inspector then sat with two of the residents at the kitchen table.

The two residents' informed the inspector that they had easter cards ready to send to family and were going to the post office that morning. One of the residents attended a day service programme on a full-time basis. The resident spoke to the inspector about the programme. They expressed that they liked going there and met with friends. The resident also spoke of their love of music and that they were part of a choir. The resident was supported by the person in charge to speak about their family and informed the inspector that they were due to visit family over the easter break.

The second resident had decided not to return to a day service programme following the COVID-19 pandemic. The resident spoke to the inspector about some of the things they liked to do. The resident had developed a keen interest in coffee during the pandemic and going for coffee with staff or other residents was now their favourite pastime. The resident with the support of staff spoke about their family and about their plans for the Easter break.

The inspector was introduced to the third resident. The resident shook hands with the inspector. The resident communicated non-verbally. Staff members were observed to interact with the resident in a clear and concise manner per communication guidance documents and the resident appeared comfortable and at ease in their interactions with staff members. This resident preferred to spend most of their day at home and found changes to routine challenging. The review of

information identified that maintaining a consistent approach with the resident was important.

The inspector found staff members to support and care for residents in a respectful manner. The inspector observed staff members engage residents in natural conversations and to put residents at ease regarding concerns that they had. The staff members had received training focused on human rights and the inspector was informed that this had helped the staff team in regards to implementing aspects of the Assisted Decision-Making Act.

During the inspection residents went out on errands such as posting their cards and also out for coffee. The review of records showed that the residents were active outside of their home, residents liked to go for brunch, go to the cinema, visit beauticians and to go shopping.

In summary, the inspector found that the residents were receiving a good standard of care. There was a warm and welcoming atmosphere in the residents home and the residents appeared comfortable. The provider and person in charge were ensuring that the service was well run and that the needs of residents were addressed.

The following two sections of the report present the findings of this inspection concerning the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspector reviewed the provider's governance and management arrangements. The review found that these effectively ensured the service provided to each resident was safe, appropriate to their needs, consistent, and effectively monitored. The provider had ensured that the necessary reviews and reports had been completed per the regulations and were available for review.

The inspector reviewed the provider's arrangements regarding the person in charge role, staffing, staff training, complaints and the resident's guide. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The skill mix of staff members was also seen to be appropriate, and as mentioned earlier, there was a consistent staff team supporting the resident.

The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the resident. The staff team also

received supervision regularly.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the resident was person-centred and maintained to a high standard.

#### Regulation 14: Persons in charge

The provider had ensured that the person in charge had the relevant experience and qualifications to fulfil the role. They were a qualified healthcare professional with additional qualifications in management. The person in charge had systems that ensured effective oversight of the service provided to the residents. The person in charge was only responsible for this service, and this further enhanced the oversight.

The person in charge also demonstrated that they had an in-depth knowledge of the residents and their needs. They had been working with the group of residents for a number of years and it was evident that the residents had established relationships with the person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge maintained planned and actual rosters, and the inspector reviewed the current staff roster and previous rosters and found that the provider had ensured that safe staffing levels were maintained. The staff team comprised the person in charge and a team of social care workers.

The inspector reviewed the current roster and rosters from previous periods and found that there was a consistent staff team supporting the residents. There were also consistent relief staff being utilised when required.

As noted earlier the inspector observed the staff members to interact with the residents in a respectful and caring manner throughout the day. Staff members who spoke with the inspector also demonstrated that they had the required knowledge to care for the residents in areas such as modified diets.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider had developed a staff training matrix that captured the staff members' completed training. Following the matrix review, the inspector was assured that the staff team had access to appropriate training, including refresher training, as part of a continuous professional development programme.

For example, staff members had completed numerous training programmes:

- children's first training
- basic life support
- fire safety
- infection prevention and control
- safe administration of medication
- human rights-based approach
- communication through open disclosures
- manual handling
- complaints
- food safety

The staff team were receiving supervision on a regular basis. The inspector reviewed a sample of these and found that the sessions were used to share information and focused on staff members development.

Judgment: Compliant

## Regulation 22: Insurance

The provider had submitted up-to-date insurance details as part of the renewal of the registration process.

Judgment: Compliant

## Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them appropriate. They ensured that the service provided was safe, relevant to the resident's needs, consistent and effectively monitored. A clearly defined management structure was led by the person in charge, who was supported in their duties by a team leader and the staff team.

There was a schedule of audits that were completed each month. These included

- fire inspection
- health and safety



- infection Prevention and control
- health and Safety
- medication management
- staff support and supervision

The person in charge informed the inspector that they had weekly meetings with their line manager which further enhanced the level of oversight of practices in the service. The inspector reviewed a sample of staff meeting minutes and found that information sharing was again the focus of the meetings, ensuring that all staff members provided consistent support and care to the resident.

The provider had ensured that the required annual review and the six-monthly reports, which focused on the safety and quality of care and support provided in the centre, had been completed. Where required, action plans were created to address any concerns raised. The inspector noted that the provider had identified issues regarding staffing levels at certain points and the impact this had for some residents. Discussions with the person in charge and the review of rosters identified that the provider had responded to the issue.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement had been updated when required, and a copy was available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority of adverse incidents occurring in the centre in line with the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents had been provided with information regarding how to make a complaint and the complaints management process. The inspector reviewed the complaints log and found that none had been submitted in recent years. In contrast there were a number of compliments, the compliments were focused on the care and support the residents were receiving.

Judgment: Compliant

## Quality and safety

During the inspection, it was found that the residents were receiving a service that was tailored to their specific needs and was provided in a way that respected their rights. As previously discussed, the residents were engaging in activities that they wanted to do, and the staff team was supportive and respectful of their choices.

The provider had ensured that the resident's health and social care needs were comprehensively assessed, and care and support plans were developed to guide staff members in providing positive outcomes for the residents. The inspection also found that several documents were created to help staff members communicate and support the residents in the best possible way.

The inspector reviewed several aspects, including risk management, food and nutrition, information for residents, premises, fire precautions, and safeguarding. The review of these areas found them compliant with the regulations.

In conclusion, the inspection report confirmed that the provider, person in charge, and staff team were providing a safe service that met each resident's needs. The residents appeared happy in their daily lives and their overall living arrangements.

## Regulation 10: Communication

The inspector found through the review of the residents' information that a number of documents addressed how the residents communicated and how they liked others to communicate with them. There were documents such as the "about me" and communication care plans. There were heading such as "how I like to communicate, what motivates me" and likes and dislikes. The documents gave the reader clear and concise guidance on interacting with the residents. The residents had varying communication skills, some communicating verbally some non-verbally. For the non-verbal residents there was detailed information on what their gestures and physical prompts meant for them and also clear guidance on how staff should give the resident information in order to support them in processing it.

There was information that captured how residents presented when happy or

frustrated or did not want to engage with others again. Guidance was given on how to respond to the residents in such scenarios.

As stated earlier the inspector observed the staff members to communicate to the residents in a respectful manner and also observed staff members give information to residents in a manner that reflected the care plans.

Judgment: Compliant

### Regulation 13: General welfare and development

As discussed in the opening section of the report there was evidence of the group of residents engaging in a number of activities. One of the residents attended a full-time day service placement whereas the others engaged in everyday activities with staff members which was their wish. Person-centred plans had been developed for each resident. The inspector reviewed a sample of these and found them to be detailed and focused on expressing what the residents liked, disliked and what they wanted to do or achieve. Social goals had been developed for the residents. For example some residents wanted to develop their individual skills, engage in gardening and go to a concert, another resident wanted to go to beauticians regularly, compete meal prep, to go coffee tasting and go on a holiday. Action plans had been developed following the identification of the goals and there was evidence of some goals being completed.

Judgment: Compliant

### Regulation 17: Premises

The inspector found the residents' home to be clean and well-maintained. The house had been suitably decorated, and there were pictures of residents throughout. The staff members and the residents had created a very welcoming and homely atmosphere.

Judgment: Compliant

### Regulation 18: Food and nutrition

The group of residents were choosing the meals they wanted during their resident meetings. Residents and staff checked the contents of the freezer during the meetings and then decided on the menu for the week. While a menu was decided

the person in charge informed the inspector that residents often changed their minds and stated that this was facilitated. The review of information identified that residents had a varied diet. Some of the residents also liked to do the food shop with staff.

Following speech and language input some of the residents had been prescribed modified diets. The inspector spoke with a staff member regarding this and they spoke of the steps taken to ensure the residents safety was maintained during meal times.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had ensured that a resident's information guide had been developed. The guide contained the headings listed in the regulations and was easily accessible.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk assessments had been conducted for each resident. The assessments were linked to the residents care and support plans and guided the reader on the steps to take to ensure the safety of the residents.

The inspector reviewed the records of adverse incidents and found that there was a low number of recordings. They did find that the incidents had been reviewed and were responded to in an appropriate manner. Incidents were discussed during team meetings and learning from the incidents was a central part of the discussion.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider and person in charge had ensured there were effective fire safety management systems. The review of fire evacuation drills demonstrated that the residents and staff team could evacuate under day and night time scenarios. Staff members had received appropriate training. The fire detection and firefighting equipment had been serviced on a regular basis. Emergency lighting and fire containment measures were in place, during the course of the inspection it was identified that a fire door was not closing appropriately. The provider's maintenance

team responded promptly to the issue. The inspector was therefore assured that fire containment measures were appropriate.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Following the appraisal of information, the inspector was assured that comprehensive assessments of the residents' health, personal and social care needs had been conducted. Following the assessments, care plans were created to guide staff on how to support the resident best.

The inspector found that the care plans accurately reflected the residents' presentation and areas they required support with. The care plans were under review and gave the reader detailed information on caring for and supporting the resident.

Judgment: Compliant

### Regulation 8: Protection

During resident meetings, staff members and residents discussed topics such as "living together as friends". The provider and staff team proactively promoted positive relationships amongst the residents. The inspection found no safeguarding concerns, but there were robust systems in place to respond to concerns if required. The person in charge promptly investigated and responded appropriately to issues when residents negatively impacted each other.

Judgment: Compliant

### Regulation 9: Residents' rights

As previously stated in the report, the residents had the freedom to do the things they wanted to do. The staff members respected and promptly responded to residents' requests whenever possible. The residents appeared content and satisfied with their daily routines and lives.

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
<b>Capacity and capability</b>	
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant