



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 18
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	08 April 2024
Centre ID:	OSV-0002724
Fieldwork ID:	MON-0043124

About the designated centre

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

Community Living Area 18 is a designated centre run by Muiriosa Foundation. The centre provides residential care for up to three male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of one two-storey townhouse, centrally located within a town in Co. Laois. Residents have their own en-suite bedroom, shared kitchen and dining area, sitting room and staff office spaces. There is also an enclosed courtyard and rear garden area for residents to use, as they wish. Staff are on duty both day and night to support the residents who live at this centre.

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
Monday 8 April 2024	11:00hrs to 15:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with the regulations. In the absence of the person in charge, two other members of management from within the organisation facilitated this inspection. Over the course of the day, the inspector also had the opportunity to meet with three staff members, and with all three residents who lived in this centre.

The centre comprised of one large two-storey house located within a town in Co. Laois. Each resident had their own en-suite bedroom, and communal use of a sitting room, kitchen and dining area, and there were also two enclosed garden spaces for residents to use and enjoy. Residents' bedrooms were decorated in accordance with their own personal preference for colour, had many photographs of family and friends framed, and proudly displayed other personal items of interest to them. Where residents had high mobility needs, their en-suite bathrooms were found to be ample in size to allow for ease of access, with some having their own wheelchair accessible bath.

These three residents had lived together in this centre for a number of years and got on well together. They were of aging population, with some experiencing changing needs in more recent times. Most of these residents required high staff support with regards to their manual handling, personal and intimate care needs, requiring two staff at all times to support them with these aspects of their care. Staff maintained daily oversight of specific aspects of residents' care, and several daily logs were observed by the inspector to be comprehensively completed by staff, so as to inform on the use of restrictive practices, and on the status of residents' skin integrity and bowel habits. Although all three residents did engage briefly with the inspector, due to their assessed communication needs, none spoke specifically with her about the care and support that they received.

Upon the inspector's arrival, they were greeted by a member of staff. Two of the residents were already up, and were relaxing in the sitting room and kitchen area, while staff supported the third resident to get ready for their day. One of these residents was after having their breakfast, and was sitting at the kitchen table watching music on a hand held electronic device, and afterwards were supported to do some knitting, which staff said this resident had a keen interest in. This particular resident was looking forward to heading out to an art class in the afternoon. Another resident was sitting in the sitting room watching television. Both these residents had limited verbal skills, but did react pleasantly to the inspector when they were greeted. They were each wheelchair users, and the spacious layout of the centre, made it easily accessible for staff to bring these residents from one room to another. Both these residents' bedrooms were fitted with overhead tracking hoists, and there was also the facility of a sit-to-stand hoist available in the centre also. When the third resident arrived up to the kitchen, they shook the inspector's hand and sat in the sitting room knitting, while staff prepared their breakfast for them. This resident was observed to interact positively with staff and freely moved from

one room to another, as they wished. Over the course of the day, the inspector observed very pleasant interactions between these three residents with the staff who were on duty. Despite the assessed communication needs of these residents, staff were able to effectively communicate with them by interpreting residents' gestures and understanding their use of their limited vocabulary. Furthermore, staff who spoke with the inspector, demonstrated good knowledge of each resident's assessed needs, and of the specific supports in place for them.

There was good continuity of care maintained in this centre, with most of the staff having worked with these residents for a number of years. The person in charge also maintained good oversight of the centre, and worked both in an administrative capacity, as well as providing direct care to residents, based on the rostering needs of the service. Due to the aging profile of these residents, much emphasis had been placed on putting effective monitoring systems in place for residents' changing needs, which had proved effective where some residents' needs had increased, and more frequent re-assessment was required for them.

Social care was also an important aspect of these residents' daily lives. They had retired from day services, with some still engaging in activities with local retirement groups. However, for the main, staff reported that many of them liked to relax at home, and didn't engage in as much activities as they previously used to. Some residents were from the local town and enjoyed going on short walks with staff to nearby amenities, and meeting the local people on their way. Others responded well to reflexology, one-to-one meaningful interactions with staff, and enjoyed listening to music and knitting. Transport was also available to the centre, with some residents enjoying going for drives, and heading off with staff to do grocery shopping.

Although this inspection did identify many positive and good quality care practices, improvements were found to be required to this centre's staffing arrangement, along with some aspects of risk and governance and management. The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Since the last inspection of this centre in February 2022, the provider had made a number of improvements to this service on foot of the findings of that inspection. Although upon this inspection, they were found to be in compliance with many of the regulations they were inspected against, there was improvement required to the overall day-time staffing arrangement for the centre. This inspection also found more minor related improvements required to aspects of fire safety and risk management.

The responsibility for the running and management of this centre was with the person in charge. They held regular meetings with their staff team and also had

regular contact with their line manager to review operational matters. Where any issues arose within this centre, they had an escalation pathway available to them, to raise these issues with senior management.

In response to the findings of the last inspection, a waking staff member was now on duty each night. Although this had a positive impact on the centre's night-time staffing arrangement, the inspector observed some inconsistencies in the level of staff rostered for duty each day, which was not supported by a thorough review by the provider, so as to ensure this centre could safely operate, when reduced staffing levels were in place, with due consideration for the care and support needs of residents who were assessed as requiring two-to-one staff support. For example, three staff were rostered for duty during week-days, up until mid-afternoon. However, this reduced to two staff members for the rest of the day, with two staff also only being rostered at weekends. Despite the high support needs of these residents, the provider had not assessed for this reduction in staffing levels.

The quality and safety of care in this service was largely attributed to the regular presence of management this centre, which allowed for regular oversight of specific care and support related practices. Along with six monthly provider-led visits, there were also a number of internal audits being completed, which looked at various aspects of this service. However, these systems had failed to identify the specific improvements required to this centre, as identified upon this inspection. Members of management who were in attendance on the day of inspection, spoke with the inspector about the provider's current plan to review the overall monitoring systems for this centre, to allow for more specific monitoring of areas relevant to this service, and better identification of the improvements required.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and they were supported in their role by their line manager and staff team. They were based full-time at the centre, which gave them the opportunity to often meet with residents and with staff. This was the only designated centre in which they operated, and the provider had systems in place to ensure they had the capacity to effectively manage the centre.

Judgment: Compliant

Regulation 15: Staffing

There was good continuity of care maintained in this centre, with many of the staff members having supported these residents for a number of years. There was also a planned and actual roster maintained for the service, which clearly named the staff

and their start and finish times worked at the centre.

However, although the staffing arrangement for this centre was maintained under regular review, significant improvement was required by the provider to ensure that a suitable number of staff were at all times on duty to meet the assessed needs of these residents. For instance, during the week, three day staff were on duty up until 4pm, with this reducing to two staff members for the remainder of the day. At weekends, only two day time staff were rostered for duty for the full day. At the time of this inspection, along with staff supervision requirements, two of the three residents who lived in this centre required two-to-one staff support with their care and support needs. However, the provider had not ensured that this reduction in staffing levels at week-day evenings and again at weekends, was supported by an assessment, to ensure this reduced level of staff support did not pose any potential threat to the safety and welfare of residents, and that it was sufficient in meeting the assessed needs of these residents during these times.

The reduction in staffing levels at the weekend was observed by the inspector to have some negative impact on residents' social care, whereby, sufficient staff were not on duty to cater for this aspect of residents' care, resulting in minimal opportunities for residents to choose, and enjoy activities outside of those offered in the centre. Furthermore, given the high manual handling, personal and intimate care needs that some of these residents had, whereby, some required two staff to assist them with these aspects of their care, this reduction in staffing levels in the evenings and again at weekends, posed a potential risk to the safety of residents, who would be left unsupervised while staff attended to the needs of other residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had effective training arrangements in place for staff, ensuring all staff had received the training that they required, appropriate to their role held in the centre. Staff were also subject to regular supervision from their line manager

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to managed and oversee the running of this centre. Clear communication systems were in place, with regular staff team meetings occurring, and the person in charge also maintained frequent contact with their line manager.

Although the provider had ensured this centre was adequately resourced in terms of equipment and transport, they did require to review their staffing arrangement, to ensure that when reduced staffing levels were in place, that these were adequate in meeting the assessed needs of all three residents who lived in this centre. The provider also failed to demonstrate their clear oversight of this arrangement, whereby, they had not utilised their own monitoring, oversight or risk management systems to monitor for any potential risk to the safety or care of these residents, when these staffing levels were in place.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

This centre was operated in a manner that was respectful, and considerate of the aging profile of the three residents who lived there. Staff were aware of residents' capacities and preferences for activities and social engagement, and endeavoured to involve residents as much as possible in the planning of their care.

Since the last inspection, the provider had made improvements to the evacuation arrangements for residents, which had some positive impact on reducing down the length of time it had previously taken to evacuate residents from the centre, when using minimum staffing levels. Although these arrangements were kept under very regular review by the provider, the inspector's review of more recently completed fire drills identified that some further improvement was still required to evacuation timeframes. This was found particularly in relation to the evacuation arrangements for one resident, who's evacuation plan required further review to ensure the most time effective fire evacuation arrangements were in place for them.

Given the changing needs of some of these residents, staff were vigilant in the re-assessment of residents' needs, and also in seeking the support of multi-disciplinary teams, as and when required. For example, some residents were identified at risk of aspiration, and these residents had a clear nutritional plan in place, guiding staff on the specific diet and fluid regime guidelines. There was also clear documentation

available in residents' files in relation to this, and staff who spoke with the inspector, spoke confidently on the guidelines that were to be implemented. Furthermore, some residents were prone to contracting infections, and there were also clear protocols in place, guiding staff on what daily observations and assessments were required to be completed by them, to warrant seeking medical attention.

There was an incident reporting system available in this centre, and any risks identified were discussed through daily handover to ensure all staff were made aware. There were multiple risk assessments available within residents' files, which outlined the control measures that were to be implemented, and there was clear evidence that these were regularly reviewed. Although organisational risks were maintained under review, the provider had not fully utilised this system to demonstrate how they were responding to, and monitoring specific risks relating to this centre, particularly in relation to fire safety and staffing.

Although this inspection did identify where some improvements were required to aspects of this service, these did not have a negative impact on the care that these residents were receiving. Residents were observed to be content in their home, and were cared for by a staff team that were responsive to their needs, and who strived to give these residents a good quality of life.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured adequate arrangements were in place to support them to express their wishes. The continuity of care maintained in this centre, had a positive impact on residents' communication needs, as it meant that they were supported by staff who were able to interpret their preferred communication style. Residents' communication needs were well-documented, and known by the staff who met with the inspector on the day of this inspection.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised of one large two-storey house located within a town in Co. Laois. Here, each resident had their own en-suite bedroom, and communal access to enclosed garden spaces, a sitting room, and kitchen and dining area. The centre was well-maintained, spacious, and provided residents with a comfortable living environment. Given the manual handling needs of some residents, the centre was equipped with hoists and other aids, and hallways and doorways were spacious enough to allow residents, who were wheelchair users, to easily manoeuvre around the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place for the timely identification, response and monitoring of any risk relating to this centre. Although there were many risk assessments in place to assess for, and guide staff on the control measures that were to be implemented, some improvement was required to the overall assessment of risks. For example, although there was a risk assessment in place for fire safety, the provider had not utilised this assessment process to demonstrate how they were responding to, and monitoring specific risks relating to fire evacuation. Furthermore, the provider had also failed to utilise the assessment aspect of their risk management system to oversee and monitor for any potential risks pertaining to this centre's staffing arrangement.

Judgment: Substantially compliant

Regulation 28: Fire precautions

All staff had received up-to-date training in fire safety, fire exits were maintained clear, and there was effective detection and fire containment arrangements in place. Since the last inspection, the provider had put measures in place to improve the evacuation of residents from this centre, however, there was still improvement required on the part of the provider in relation to this.

Although the provider had increased the number of minimum staffing level fire drills that were occurring in this centre, a review of some residents' evacuation arrangements was required in order to improve upon evacuation timeframes. For example, for one resident who had complex needs and required the use of additional equipment in order to evacuate the centre, a review of this resident's evacuation arrangements was required to ensure the most timely and effective method of evacuation was considered, trialled and in place for them.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had an effective assessment and personal planning system in place, which ensured residents' needs were re-assessed for on an on-going basis. The inspector reviewed the files of two residents, which evidenced regular reviews of

their assessments and personal plans, which guided staff on how best to support each residents with their assessed needs. At the time of this inspection, there was no resident identified to transition to or from this centre.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that adequate supports were in place for these residents. This centre was supported by a range of multi-disciplinary professionals, who were involved in the review of residents' care, as and when required. Where residents required support with specific health care needs, this was well-documented, and staff were also very familiar with the support residents required with this aspect of their care.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured systems were in place to support staff in the identification, assessment, response and monitoring of any concerns relating to the safety and welfare of residents. All staff had up-to-date training in safeguarding and at the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted in this centre, where they were supported by a staff team who ensured they were involved, as much as possible, in their own care. Residents' meeting were held on a weekly basis, and staff were present at these meetings to advocate for residents who had limited communication skills. Staff were aware of the personal likes and dislikes of each resident, and endeavoured to use this information to inform weekly schedules.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 18 OSV-0002724

Inspection ID: MON-0043124

Date of inspection: 08/04/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</p> <p>The register provider has reviewed the staffing levels and with immediate effect will increase the staffing to ensure the quality and safety of the residents is maintained.</p> <p>The Statement of Purpose is reviewed to reflect the total staffing compliment in the centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23 (1) (c): Governance and management: The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.</p> <p>The register provider has arranged for three monthly case review for the designated centre with members of the MDT to continue monitoring the health needs of the residents whom reside in this centre. These case reviews will consider the health needs,</p>	

risk management and staffing levels. Following these meetings, shortcomings or potential risk will be escalated by the person in charge to the provider for immediate action ensuring a safe service is provided when necessary.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

The register provider will request a review with the organisations Fire Officer of all fire safety documentation within the centre.

The register provider in consultation with the person in charge will conduct a review of all individual risk assessments for residents to ensure that risks are appropriately assessed and monitored. This will also include assessment of potential risk given the age profile and health needs of the residents in this centre.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
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.

The register provider has requested a review with the organisations Fire Safety and Prevention Officer of all fire safety documentation within the centre. This will include emergencies situations, Personal Emergency Evacuation Plans (PEEPS), fire evacuation drills, Fire Order Procedure, fire containment measures in the centre and building compliance under fire regulation.

Fire Evacuation Drill Reports are under constant review and improvements are consistently targeted to ensure the safety of the residents and staff in consultation with the Fire Safety & Prevention Manager.

The Fire Safety & Prevention Manager has reviewed the Fire Evacuation Drill Reports at

this centre and has deemed them within accepted norms for this environment.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	03/05/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/05/2024
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	26/07/2024

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	26/07/2024