



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 4
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	16 August 2022
Centre ID:	OSV-0003749
Fieldwork ID:	MON-0036934

About the designated centre

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

Community Living Area 4 is a designated centre operated 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 bungalow dwelling located in a rural setting in Co. Laois, where residents have their own bedroom, some en-suite facilities, bathroom, kitchen, conservatory, sitting room and large garden area for residents to use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 August 2022	11:10hrs to 15:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with regards to infection prevention and control and was facilitated by the person in charge and her staff team. Overall, there were good areas of practice observed by the inspector with regards to this aspect of the service delivered.

Upon the inspector's arrival to the centre, they were greeted by two members of staff who were in the process of supporting residents with their morning routines. In line with the provider's own procedures, the inspector's temperature was taken before entry and hand hygiene facilities were available in the main hallway for her to also use.

The centre comprised of one bungalow dwelling located in a rural setting in Co. Laois. Residents had their own bedroom, some en-suite facilities, a spacious bathroom, kitchen, conservatory, sitting room and utility. A large and well-maintained garden was accessible to residents at both the rear and front of the centre, which had comfortable garden furniture for residents to use as they wished. The centre was in a good state of repair, was visibly cleaned to a high standard and was tastefully decorated and furnished. Due consideration was given to the placement and display of hand hygiene and public health safety guidance, which was done in a manner that didn't impede the homely aspect of this centre. There was a very pleasant and caring atmosphere, with multiple friendly interactions observed by the inspector between the staff and residents. Two staff were on duty and both spoke with the inspector about the care and support that these residents received and were very knowledgeable with all aspects of these residents' assessed needs, particularly in the areas of mobility, communication, social and health care. They supported these residents to understand and implement good infection prevention and control practices, including, regularly encouraging and supporting them to perform hand hygiene. As part of residents' meeting, infection prevention and control was regularly discussed to ensure residents were maintained informed of any changes to public health safety guidelines. When out and about in the community, they also encouraged residents to wear a face mask. However, if times arose where these residents didn't wish to do so, the person in charge informed the inspector that staff respected residents' wishes in this regard and staff then risk assessed this accordingly to ensure the safety and welfare of residents was safeguarded.

There were two residents residing in this centre, one of whom, was being supported by staff with their personal care and was later brought to the kitchen to have their breakfast. This resident had assessed mobility needs and the inspector observed staff to support this resident through verbal prompting and with minor manual handling, so as to safely transfer from their wheelchair to a chair to have their breakfast. Although this resident had limited verbal skills, staff were very knowledgeable of how to communicate with this resident and understood the meaning behind this resident's vocalisations and gestures. Staff were observed to

talk to this resident about the plan for the day and told the inspector of how much this resident liked to get out and about in their local community as much as possible.

The second resident was relaxing on a comfortable arm chair in the conservatory area and was enjoying the morning sunshine. This resident spoke at length with the inspector about the care and support that they received, telling of how they had lived there for almost two years. They said they were very happy in their home and that they got on well with their peer. They led a very active lifestyle and spoke with the inspector about the various activities that they liked to participate in. For example, the night before, they had gone bowling for the first time and really enjoyed it. They also spoke of how they were hosting dinner in the centre the following night for their family and proudly told the inspector about the planned menu for this. Personal goal setting was very important to this resident and they told of how they had recently identified new goals with their key-worker. The resident talked the inspector through these various goals and said they were really looking forward to working towards these over the coming months.

Staff held to the overall responsibility for the cleaning of the centre and from time to time, an external cleaning company were contracted to perform enhanced cleaning. The staff who met with the inspector were aware of the cleaning that was required to be completed on a weekly and daily basis and were guided in doing so by a centre specific cleaning schedule and colour coded system. These staff members also demonstrated their vigilance in ensuring residents were supported to have a good quality of life, while also adhering to infection prevention and control practices. For example, visiting had resumed in the centre where residents received visits from family members, with some also regularly taking day trips to meet with family and friends. Prior to any planned social activities, staff took the necessary precautions to ensure the health and welfare of these residents was maintained while doing so, and staff told the inspector that should any concerns arise, they were supported in what to do by the person in charge and through the provider's on-call management system.

Overall, this inspection identified that this was a centre that promoted good infection prevention and control practices, while also respecting the rights, individual preferences and capacities of the residents who lived there. It's important to note that, through the effectiveness of the infection prevention and control measures implemented by the provider in this centre, to date, no resident had been suspected or confirmed of COVID-19.

The next two sections of this report will now discuss the overall findings of this inspection.

Capacity and capability

This was a well-run and well-managed centre that ensured that effective infection

prevention and control measures were in place to protect the safety and welfare of all residents and staff.

The person in charge was identified as the lead person for overseeing infection prevention and control in this centre. She was regularly present to meet with the residents and with her staff team. Staff team meetings frequently occurred and the agenda for these consistently included discussions on infection prevention and control. Over the course of the inspection, the person in charge spoke confidently with the inspector about the various infection prevention and control measures that were in place in this centre and prior to this inspection, had revised their self-assessment to further guide on where improvements may be required to this aspect of the service. She was supported in her role by her line manager and staff team and was proactive in involving them in monitoring and improving the infection prevention and control practices within this centre. She held responsibility for another centre operated by this provider and current governance and management arrangements were appropriate to give her the capacity to ensure this centre was effectively managed.

There was a consistent staff team in place, which had a positive impact on infection prevention and control, as it meant regular staff were at all times on duty who were familiar with the measures that were to be implemented on a daily basis. In addition, this consistency in staffing also meant that residents were continually supported by staff who knew them and their assessed needs very well. Where relief staff were required from time to time, the person in charge ensured they worked alongside another staff member who was familiar with the residents and operational needs of the service. As part of the provider's contingency plan for COVID-19, this plan gave due consideration to the arrangements in place, should this centre experience decreased staffing levels, on foot of an outbreak of infection. There was also a number of policies and procedures available to staff in the centre to guide them on various aspects of infection prevention and control that were to be adhered to.

Staff training with regards to infection prevention and control was in place and where refresher training was required in this area, the person in charge scheduled accordingly. In addition to this, the person in charge informed the inspector that a number of staff were currently under-going enhanced training in infection prevention and control, with the view that the lead role would be dispersed to these staff members over the coming months. This had a positive impact for these staff members as it afforded them an opportunity to put their learning in this area into practice and become more familiar and confident in various aspects applicable to the lead role.

With regards to infection prevention and control, the provider had ensured the centre was adequately resourced to implement all required control measures. For example, a sufficient supply of PPE and cleaning products and equipment was available at the centre. In addition to this, the constant monitoring of this centre's staffing levels, also ensured that a sufficient number of staff were always on duty to implement the required infection prevention and control measures. Along with the regular oversight of this aspect of service by the person in charge, the provider also

monitored the effectiveness of this centre's infection prevention and control practices through six monthly provider-led audits. Where improvements were identified to this aspect of the service, time bound action plans were put in place to address these. At the time of this inspection, the person in charge told the inspector that the provider had recently commenced further audits in each designated centre specific to infection prevention and control, and she was awaiting this audit to be completed within this centre subsequent to this inspection.

Along with the previously mentioned staff contingency plan, the provider also had another contingency plan in place to guide staff on what to do, should a resident become symptomatic of COVID-19. The person in charge spoke confidently with the inspector about this plan, which gave due consideration to the initial response required by staff, isolation arrangements and specific enhanced measures that would be implemented to protect the safety and welfare of all residents and staff, should an outbreak of this infection occur. Although this plan was not required to be implemented in this centre to date, the person in charge ensured that staff were continually briefed on the plan and also ensured it was subject to regular review by senior management.

Quality and safety

This was a centre that promoted residents' quality and safety of care through regular monitoring of infection prevention and control measures, while also involving residents as much as possible, in understanding the rationale for the various measures that were in place.

At the time of this inspection, no resident had an acquired healthcare associated infection. However, one resident did require support with their personal care and elimination needs, and from time to time, was prone to infection. Staff spoke confidently about this with the inspector and told of how they carried out daily observational assessments with this resident, to observe for any signs of infection. The inspector also reviewed the personal plans in place with regards to this aspect of this resident's care and these were found to be very informative and clear with regards to guiding staff on how they were to support this resident.

Residents' participation and involvement in the implementation of this centre's infection prevention and control measures was very much regarded and promoted. For example, regular resident meetings included discussions on infection prevention and control and where residents at times, wished not to adhere to some measures, their rights in this regard were respected and risk assessed accordingly. Daily engagement between staff and residents also gave consideration to reminding residents to perform good hand hygiene and encouraged them to use face masks, when out and about in the community. Residents were vaccinated against COVID-19 and facilitated to receive further vaccination, as and when required, in accordance with public health safety guidelines. There was one vacancy in the centre and at the

time of this inspection there was no other resident identified for admission.

On the day of inspection, the centre was cleaned to a high standard and was in a very good state of repair. Although residents were in use of some equipment to aid with their personal hygiene needs, there was no shared equipment between residents. Where maintenance works were required, the person in charge informed the inspector that a new system for reporting these works was in place, which was resulting in the timely addressing of any maintenance that was required. Staff held the overall responsibility for cleaning and were supported to do so by a colour coded system, which gave consideration to the cleaning of general and contaminated areas. An adequate number of cloths, mops and mop heads were available for staff to use, and daily and weekly cleaning schedules were in place to guide them on the specific cleaning that was to be done. These schedules gave good guidance to staff, and at the time of this inspection, were subject to further review by the person in charge to ensure more clarity around the frequency of cleaning that staff routinely performed in the communal bathroom and within one resident's bedroom. To further support staff on the equipment and appliances that required regular cleaning, the person in charge developed a centre specific protocol to guide staff on how to appropriately disinfect and clean these items. Staff were found by the inspector to be very familiar with required cleaning and disinfection processes, and the aforementioned protocol was also being reviewed by the person in charge to give better clarity on the specific cleaning and disinfection products that were approved for use in this centre.

Residents' laundry was completed on-site and dissoluble laundry bags were available for staff to use, if they were required to laundry contaminated clothing. To promote good infection prevention and control, each resident's laundry was appropriately segregated to avoid the risk of cross-contamination. Adherence to waste management was practiced by all staff and where contaminated waste required disposal, the provider had adequate arrangement in place to allow for this.

The risk management of infection prevention and control was primarily overseen by the person in charge. Along with identifying new infection prevention and control related risks, the person in charge was also proactive in responding to these risks and maintained good oversight of the effectiveness of any new measures that were required. Risk assessments were in place with regards to this aspect of the service, and were currently under review by the person in charge to ensure they fully guided and supported her in her on-going monitoring of infection prevention and control related risks.

Overall, the inspector observed many good areas of practice in relation to infection prevention and control, which were regularly monitored to ensure these residents lived in a safe and good quality of service.

Regulation 27: Protection against infection

The provider had implemented many effective infection prevention and control

measures within this centre to ensure residents continued to receive a good and safety quality of service. Systems were in place to identify where improvements to this aspect of the service were required and took appropriate action, as and when required, to rectify. The centre was cleaned to a high standard and where maintenance works were required, effective systems were in place to ensure these works were completed in a timely manner. Residents were involved in the running of this centre and were continually informed about the centre's infection prevention and control practices. Contingency plans were in place, should this centre be subject to an outbreak of infection and these plans were known to the staff. Governance and management arrangements gave due consideration to the oversight and monitoring of the effectiveness of the centre's infection prevention and control measures, which to date, had resulted in no resident being suspected or confirmed of COVID-19.

The cleaning of this centre was performed to a high standard and staff were knowledgeable of the cleaning processes that were to be carried out on a scheduled basis. Where risk related to infection prevention and control was identified, it was responded to in a timely manner and the effectiveness of measures regularly monitored by the person in charge.

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	
Quality and safety	
Regulation 27: Protection against infection	Compliant