



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 14
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	07 March 2024
Centre ID:	OSV-0003754
Fieldwork ID:	MON-0034030

## About the designated centre

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

This designated centre operated by the Muiríosa Foundation, consists of one large private dwelling in a rural setting on the outskirts of a small village in Co. Kildare. The service provides both nursing and social care support to five residents. The designated centre consists of 6 bedrooms, 3 of which are located upstairs, 2 of these bedrooms have an en-suite with another separate bathroom on the same floor. The remaining bedrooms and bathrooms are located on the ground floor. There is a large kitchen and dining area leading to a seating area outside. There is a large sitting room and hallway area with an elevator allowing all residents access upstairs. There is a garden and lawn at the front of the house. The centre has its own transport. The person in charge shares their time between this designated centre and another designated centre. During the day there are primarily two to three staff on duty and at night one sleeping staff and one waking staff .

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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 7 March 2024	10:10hrs to 16:50hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that this centre was operating at a high level of compliance with the regulations, proposed actions by the provider had been implemented since the previous inspection, and residents were receiving a safe and quality service.

This designated centre accommodates residents with varying levels of support requirements. The centre is a spacious detached property situated in a rural setting on the outskirts of a small village in Co. Kildare. The centre offers both nursing and social care support, which is provided to all five residents both day and night. The inspector carried out a thorough walk-around of the centre with the person in charge. The inspector found the premises to be bright, clean, and comfortable, with a relaxed and homely atmosphere. It was also nicely decorated. For example, residents' artwork and St. Patrick's Day decorations were on display.

Each resident had their own large bedroom providing maximum comfort and convenience. Two bedrooms are located upstairs, while the other three are on the ground level. Two of the bedrooms feature an en-suite, while there is a separate bathroom upstairs and downstairs, ensuring that the residents have adequate facilities to cater to their needs. Each bedroom featured a tastefully displayed photograph of the resident, adding a personal touch to the decor.

Residents' bedrooms were decorated in line with personal preferences, such as movie characters, pictures of dogs and cats and personally chosen colour schemes. One resident who had a love of birds and was a member of Bird Watching Ireland had a bird feeder located outside their bedroom window so they could enjoy and encourage bird sightings at their home. The provider identified that one resident did not have full access to their personal belongings as their walk-in-wardrobe was not fully accessible to them, and staff supported the resident in choosing items of their choice. There were plans to make this area more inclusive for the resident.

The centre's large kitchen and dining area were well-equipped to cater to the dietary and mobility needs of the residents. This area leads to an outdoor seating area where residents can unwind and enjoy the surroundings. The inspector was informed of further developments being planned for this outdoor patio space. A vision board was created with residents to incorporate their ideas for the patio, including grass, plants, chimes, and elephant garden ornaments. The centre also features a spacious sitting room and hallway area with an elevator that provides easy access to the upper floor for all residents.

The inspector had the opportunity to meet the five residents living in the centre at

various times throughout the inspection. Residents appeared relaxed in their home and comfortable in the company of staff members. The staff team knew the residents well and was observed supporting them in line with their assessed needs. Staff who were on duty had a very pleasant approach to care and they actively assisted in creating a warm and homely environment. They also discussed with the inspector how the person in charge had a regular presence in the centre and there was ample opportunity to raise issues or concerns which they may have. The person in charge also scheduled house meetings and supervision sessions which facilitated a formal review of both performance and care within the centre.

During the inspection, residents were engaged in different community and in-house activities, such as attending day services, eating out, visiting a museum, going for drives, doing craft work, and listening to music. Residents required different levels of support from staff with their activities. For example, some residents required support from staff for all activities of daily living, while others needed less support due to mobility independence.

As this inspection was announced, feedback questionnaires for residents were sent in advance of the inspection. Three were returned to and reviewed by the inspector. Residents had completed them with support from staff. Topics referenced in the questionnaires included the premises, daily activities, opportunities for privacy, feeling safe in the centre, and the support provided by staff. Residents said that they were safe in the centre and could choose how they spend their time. They also said that staff knew what was important to them, including their likes and dislikes. One resident said they were happy with the visiting arrangements and that their family members could stay for as long as they wished. They also said they liked the communal areas available to them as they could spend time in the company of others or enjoy time by themselves. They explained that they liked to sing and dance in their home and that staff often joined in with them. Another resident said going to Mass on a Sunday was important to them, and staff brought them nearly every week.

The inspector viewed the feedback submitted by families as part of the provider's annual consultation for their annual review. Families' experiences of the service were very positive. One family member said that staff were kind and understood their relative's needs well. Another said that communication with the centre was good, with staff being very open to taking calls and organising visits. One family member mentioned that their relative always appeared happy when they visited.

During the inspection, the inspector spoke with different members of staff and also observed them engaging with residents in a kind manner. The inspector also met with the area director, who was the named person participating in the management (PPIM) of the centre at the commencement of the inspection and for feedback.

A social care worker told the inspector that residents were well-cared for in the centre, which operated to a high standard. They said that staff closely followed residents' care plans to deliver appropriate care and facilitated their individual choices and personal preferences. They spoke about the main risks in the centre, such as residents' aging needs and medical healthcare concerns. They told the

inspector that improvements in the consistency of staff working in the centre had resulted in better outcomes for residents. For example, being able to identify signs and symptoms of infection in residents who could not verbally inform staff. They also spoke about the fire evacuation procedures in the house and demonstrated good knowledge of the administration procedures of medicines and medical devices used in the centre.

In 2023, the centre had a quality focus to increase opportunities for residents to access community activities, hobbies, and pastimes. During the inspection, the inspector saw photos of residents enjoying meals out, shopping, attending concerts and local events, staying in hotels, taking trips on trains and the Luas, participating in women's shed, attending mass, and using local services like hairdressers and beauticians. Additionally, residents enjoyed using a wheelchair bike on the local greenway along during the summer.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

There were management systems in place to ensure that the service provided in the centre was safe, consistent, and effectively monitored. The inspector found that the centre was well-resourced to ensure the delivery of effective care and support. For example, sufficient staff was on duty to facilitate residents' wishes, and an accessible vehicle was available for residents to access their community and areas of interest.

The person in charge, who had worked in the centre since 2018, facilitated this inspection. They were found to have a clear understanding of the centre, residents' needs, and the resources implemented to meet these needs. They openly discussed the day-to-day operation of the centre, including the oversight of risks, quality improvements, and how residents' rights were promoted.

The provider and local management team carried out a suite of audits, including detailed unannounced visit reports and annual reviews, which consulted with residents, and audits on health and safety, infection prevention and control, residents' finances, and medicine management. The audits, particularly the unannounced six-month audits, were comprehensive and identified actions for quality improvement.

The provider had ensured that residents were supported by a consistent staff team. Sick leave and staff annual leave was covered by a relief staff member or agency staff. A review of the names on the roster demonstrated continuity of care with the same staff, as much as possible, supporting the residents as needed. The roster was well maintained with staff members' full names and relevant roles listed on the

roster.

Staff attended regular one-to-one supervision sessions with the person in charge, and there was a schedule of house meetings. These measures ensured that staff could discuss care practices and raise any concerns they may have. The provider had a comprehensive schedule of mandatory training in place to work in this centre, covering areas such as fire safety, safeguarding, patient moving and handling, personal care, epilepsy, oxygen training, enteric feeding, transport and clamping, catheter care and dysphagia which assisted in ensuring that staff could meet the needs of residents. A review of training records indicated that all staff were up to date with regard to the required training for this centre.

After reviewing incidents in the centre, the person in charge notified the Chief Inspector in accordance with the regulations when an adverse incident occurred in the centre.

### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application to renew the centre's registration. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge had a good understanding of the service and also of the resources which were in place to meet the assessed needs of residents. They held responsibility for one other designated centre and they attended this centre regularly throughout the working week.

The person in charge was in a full time role and they were appropriately qualified and experienced to fulfill the duties of this role.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge ensured that an up-to-date roster was in place which included the complete names of all staff members, their scheduled start and end times, as well as their staff grade within the centre. The roster provided clear details for both



daytime and nighttime staffing, and there was also a planned schedule available for staff members to refer to.

It was evident that residents had developed strong relationships with the staff who supported them in the centre, and some of these relationships were very long-lasting.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in delivering appropriate care and support to residents.

Staff spoken with stated that they were well supported in their roles and knew who to contact for support if it was required. Staff were also able to bring concerns up around care and support in local and provider-level audits. A supervision schedule was in place for 2024. A sample of supervision forms were reviewed and it was found that the support provided facilitated the staff to complete their roles effectively.

Staff could also use an emergency on-call service if they required clinical or managerial support outside of normal working hours.

There was a dedicated night staff complement who worked only nights in the centre. Due to restrictions on these staff attending meetings during the day, the person in charge held a night staff only meeting in the evening to ensure they were also kept up to date on the centre's operations.

Judgment: Compliant

### Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for creating, maintaining, storing and destroying records in line with all relevant legislation.

The systems in place ensured that all records, as required by the regulations, were of good quality, accurate, appropriate, up-to-date, and stored securely.

Judgment: Compliant

## Regulation 23: Governance and management

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The management structure ensured clear lines of authority and accountability. Management presence in the centre provided all staff with opportunities for management supervision and support.

The provider's last six-monthly audit found that the centre offered a good quality service. In addition, the centre's annual review provided a comprehensive overview of the service and how it had progressed over the previous year. This review gave a good account of residents' lives, including their preferences, needs and interests. It also highlighted how they were consulted throughout their previous year regarding their home and decisions about their care. The inspector found that these arrangements promoted an open and transparent culture within the centre.

Judgment: Compliant

## Regulation 3: Statement of purpose

As per the requirements of the renewal process, the provider submitted an up-to-date statement of purpose that clearly outlined the service to be provided to residents.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre and found that they had been notified in accordance with the requirements of this regulation. Overall, a low level of incidents occurred in the centre that required notifying.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had implemented an effective complaints procedure for residents which

was underpinned by a written policy. The policy outlined the relevant persons' roles and responsibilities and arrangements for residents to access advocacy services. The procedure had been prepared in an easy-to-read format and was readily available in the centre for residents and their representatives to view.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of residents' care was held to a high standard. This centre focused on person-centred care, and it was clear that the service was designed and delivered to suit their individual needs.

The inspector reviewed the records maintained regarding residents' finances and personal property. Residents residing in this house had a Patient Private Property Account (PPPA). The purpose of a PPPA is to ensure residents' funds are safeguarded for their direct benefit, however in doing so the process restricts residents from full access to their finances. It was self-identified by the provider that this practice was not in line with residents' fundamental right to manage their own finances. However, the current system had been improved at a local level, and residents could now access their money weekly rather than fortnightly until a long-term solution could be found.

Within this residential centre, specific restrictive practices were implemented in the form of bedrails and lap belts for three residents. These practices had been prescribed by an occupational therapist and documented in a detailed risk assessment and care plan. To ensure the safety and well-being of the residents, the occupational therapist, area director, and person in charge conduct a review of all restrictive practices in place every six months or more frequently if required. This is to ensure that restrictive practices in place are used in accordance with established protocols and guidelines and that they are reviewed regularly to ensure that they remain appropriate and effective.

The inspector reviewed a sample of residents' personal plans. The personal plans were up-to-date, guiding the staff team in supporting the residents with their assessed needs. The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans for staff, including plans for communication, dietary needs, nutrition, mobility, safety, intimate care, and specific health conditions. The plans were up to date and readily available to guide staff practices, and they noted residents' participation and preferences. The plans also reflected multidisciplinary team input as required, such as speech and language therapy, occupational therapy and other specialist health services.

There were systems in place to manage and mitigate risk in the centre. A policy on risk management was available, and an internal emergency response plan guided

staff on what to do in certain emergency situations. Individual risk assessments were on file to support residents' overall safety and well-being. A health and safety statement and a centre-specific risk register were also in place for the centre.

### Regulation 11: Visits

Residents were supported to have visitors come to their home. Due to the layout and design of this centre, when residents welcomed visitors, they had multiple areas where they could meet with their visitors in private if they so wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were well supported to have their own personal possessions with their own rooms and their home decorated to their individual tastes.

The service safely and securely managed the residents' finances. Comprehensive oversight arrangements were found to be in place. While the current arrangements did not allow residents to have free access to their finances, as planning was necessary to access funds, and monies were distributed weekly. The inspector was satisfied, however, that residents had timely access to their money, which allowed for everyday expenses, holidays, and private treatments.

The person in charge had also contacted the Decision Support Service (DSS) for advice on how the arrangements for one resident under the Ward of Court system will change with the enactment of the Assisted Decision Making (Capacity) Act 2015.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Residents were supported to have meaningful active days in line with their personal preferences and were also supported to keep in touch with family and friends. Given the generous layout of this centre, residents had their own recreational space to use if they wished to spend time doing separate activities.

Each resident was assessed as requiring a specific level of staff support to access the community. In conjunction with adequate transport arrangements, this meant

that residents regularly got out and about to enjoy the activities they liked to do.

Judgment: Compliant

### Regulation 17: Premises

The house had a warm and welcoming atmosphere. It was clean and well-lit from natural light and met the individual and collective needs of residents.. The walls were adorned with a collection of personal photographs. There was adequate private and communal space for the residents where they can choose to spend time together and apart. The property had sufficient space for the movement and storage of residents' large mobility equipment.

Judgment: Compliant

### Regulation 20: Information for residents

The inspector reviewed the residents' guide prepared by the provider in respect of the designated centre. The guide was written in an easy-to-read format. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had risk management systems in place, with evidence of good oversight of ongoing risks. A centre-specific risk register identified a number of specific risks and was reviewed regularly. Individualised risk assessments were also in place, and they were updated regularly to ensure risks were identified and assessed. There were risk assessments in place for known concerns in regard to epilepsy, aspiration and choking.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans clearly outlined each resident's individual needs and the support they required. Residents were supported to identify and achieve personal goals, and detailed support plans were reviewed by the inspector, which highlighted residents' previous achievements. Pictorial plans demonstrated where residents had gone on holidays, attended events such as music festivals, and also gone on day trips to museums.

All relevant multi-disciplinary team members were involved in the development and ongoing review of these plans.

During the six monthly-unannounced visits improvements were advised in the development and maintenance of the care plans. The inspector found that these actions had been completed, and the care plans had been thoroughly reviewed and contained all of the relevant information. Staff spoken with confirmed that information was now easier to locate and find due to the streamlining of the documentation.

Judgment: Compliant

### Regulation 6: Health care

The provider took appropriate measures to ensure the residents' healthcare needs were met. Healthcare assessments were in place and reviewed regularly, and appropriate healthcare plans were developed from these assessments. Evidence showed that residents were facilitated in accessing medical treatment when required, including national screenings and specialist treatment. The inspector noted nursing care was provided as per the centre's statement of purpose. Residents also had input from various health and social care professionals, such as occupational therapists, speech and language therapists, and physiotherapists.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Restrictive practices were in place to maintain residents' safety. The provider had systems that reviewed the restrictive practices, ensuring that they were appropriate and respected residents' rights.

The person in charge maintained a restrictive practice register and referred restrictive practices to the provider's human rights committee for oversight. Residents and their representatives had provided consent for the use of restrictions affecting them.

Residents appeared to be provided with appropriate emotional and behavioural

support. Overall, the residents living in this centre presented minimal behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with during the inspection were aware of the procedures for reporting safeguarding concerns. There was no safeguarding concerns in the centre at the time of the inspection and residents were very compatible with each other.

Personal and intimate care plans had been developed to guide staff in supporting residents in a manner that respected their privacy and dignity.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had implemented an initiative to support residents' rights. A human rights committee had been established to review any rights issues for residents to ensure that residents' rights were being protected.

The provider acknowledged the rights restriction that the PPPA accounts presented to residents. The senior leadership team (SLT) was reviewing the situation for resolution throughout the organisation.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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 11: Visits	Compliant
Regulation 12: Personal possessions	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 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant