



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area D
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	15 April 2024
Centre ID:	OSV-0004086
Fieldwork ID:	MON-0043382

About the designated centre

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

This designated centre is run by Muiriosa Foundation and can provide residential care for up to ten male and female adults, who are over the age of 18 years and who have an intellectual disability. The service provided is to support residents who are aging, to continue to positively engage in their community and to actively retire. The centre comprises of two houses located a few kilometres from each other in a town in Co. Laois and both houses can each accommodate five residents. One of the houses comprises of two small semi-detached bungalows converted into a single dwelling, providing individual bedrooms, a large kitchen dining room and sitting room. The other house is a large bungalow with individual bedrooms, kitchen, dining room, and large sitting room. Both houses have outdoor garden spaces 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:

10

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 15 April 2024	09:00hrs 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 overall compliance with the regulations. The day was facilitated by the person in charge, and the inspector also had the opportunity to meet with four members of staff, and with six of the residents who lived in this centre. Overall, the findings of this inspection were very positive, with many good areas of care practice found to be in place. However, much of the improvement required was in relation to centre's staffing arrangement, which will be discussed later on in the report.

The designated centre comprised of two large bungalow houses, located within close proximity to each other, within a town in Co. Laois. Each house could accommodate up to five residents, with both houses fully occupied at the time of inspection. In recent months, two new residents had transitioned to one of these houses, and were reported to have settled in very well into their new home. Another resident, who already lived in one of these houses, transitioned to the other house, and was also reported to have settled well. Each house was well-maintained, spacious and had a warm homely atmosphere. Each resident had their own bedroom, with shared bathrooms and access to communal kitchen and dining area, sitting rooms, staff office and staff sleepover rooms. Both houses also had garden areas, for residents to use as they wished. The inspector was brought on a walk-around of both premises, and each were found to be tastefully decorated, with comfortable furnishings and areas available for residents to relax. Many photographs of the residents enjoying outings and activities were displayed, and there was a real sense of home as residents went about their house, while staff took care of the days duties. Some residents were being supported by staff to have their breakfast, while others were later made comfortable on recliner chairs to nap before dinner. Of the bedrooms visited by the inspector, it was clear residents were involved in the decoration of their rooms. Many liked colour and had used bright and calming colours to paint their bedrooms with. Many more photos of family and friends were proudly framed and displayed, some had a keen interest in crafts and soft furnishings, and had used these to accessorize their rooms. Upon the last inspection in May 2022, the inspector was informed of plans that the provider had at that time, to complete upgrade works to a communally used bathroom. These works had since been done, which gave more space and ease of access to the residents who used this bathroom.

As mentioned, five residents lived in each house, with some having lived together for quite a number of years, and all got on very well. Most were of an aging profile, with some of them having retired from their day services. Many had assessed health care needs, required staff support with their social care, with their personal and intimate care needs, and some also required staff to assist them at mealtimes. There was a significant emphasis placed within both houses on the timely recognition of any changes to these residents' needs, with re-assessment and personal planning reviews occurring on a very frequent basis. In recent months, some residents were assessed with increased mobility needs, requiring two staff to

now support them with all transfers, with the aid of a full hoist. Other residents, who had assessed neurological needs, also were experiencing changing needs with regards to their care, and at the time of this inspection were requiring increased staff support and supervision. Although some of the care needs that residents had were complex in nature, staff were aware of these assessed needs, and the person in charge held very regular oversight of the care and residents were receiving.

Some of these residents had limited communication skills and although they did respond when the inspector said hello to them, they were not able to engage with her about the care and support they received. However, in one of the houses, the inspector did get to speak to one resident for a few minutes, who said that they were very happy in their new home. They spoke of the passing of a fellow resident within the last twelve months, and of how they were planning to remember them in their upcoming anniversary. They said they got on well with the new resident who now lived in the centre, and said that staff were very good to them. This resident had a keen interest in knitting and crafts, and often donated their works to hospitals for newborn babies. They also liked to travel overseas to visit family and also liked to keep active within their local community. They spoke of an upcoming music event that they had booked tickets for, and later that afternoon, they had planned to meet with friends from a local group for lunch out in the local town. In the second house, the inspector also had the opportunity to meet with another resident, who was also getting ready for their day. This resident had previously taken part in Special Olympics, and had medals and photographs of their time spent at the sport displayed in their bedroom. They also loved to dress with jewellery and had many necklaces hung near their dressing area. This resident also liked to get out and about, liked to go shopping and visited nearby cities and towns. As the day progressed, residents were observe to come and go from their homes, while others who required more care and support from staff, preferred to relax at home for the day. Other residents had already left for their day service, by the time the inspector arrived to their home. Interactions between residents and staff were kind and respectful, and along with the person in charge, of the staff who spoke with the inspector, they were found to be very knowledgeable on the assessed needs of each resident.

Fundamental to the running of this centre, was the continuity of staff provided. Many of the staff working in this centre had supported these residents for a number of years and knew them very well. There was minimal use of relief staff; however, when relief staff were required, the person in charge ensured they were familiar with the service and with the residents who they would be supporting. Although there were many positive aspects to this centre's staffing arrangement, there was a significant deficit found in the provider's urgency to review the staffing levels for this centre, based on the changing needs that some residents had been assessed with. This was an area of service which local management recognised required review; however, at the time of this inspection, this review had not been completed by the provider.

The overall findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

Overall, this was a well-run centre that provided residents with good quality care. Following the last inspection of this service in May 2022, the the areas identified for improvement were satisfactorily addressed. Although the provider was found to be in compliance with most of the regulations they were inspected against upon this inspection, there were improvements required to this centre's staffing arrangement. Some other minor improvements were also found to aspects of risk and governance and management.

The person in charge held responsibility for this service, and was supported in their role by their staff team and line manager. They were regularly present in both houses each week, and were well-aware of the evolving operational needs of this service, based on the changing needs of the residents. They held monthly meetings with their staff team, attended various management team meetings, and also kept in regular contact with their line manager. At times when they were not on duty, the provider had on-call management arrangements in place, ensuring staff had at all times, access to a member of management, should it be required.

The quality and safety of care in this centre was largely attributed to the regular presence of the person in charge at the centre, coupled with incident trending and clear internal communication systems between staff and management. Various audits were also being completed on a scheduled basis, to include, six monthly provider-led visits. Although these monitoring systems had proved effective for maintaining good oversight of various aspects of this service, this inspection did find deficits in the provider's review of this centre's staffing levels in line with the changing needs of residents. For example, in one house, a long standing staffing arrangement of two staff on duty both day and night was in place. Despite residents' changing needs being identified in this house, along with local management raising the need for a review of staffing levels, at the time of this inspection, the staffing arrangement for this centre had not been reviewed, to inform if any changes were required to staffing levels, in order to meet the current assessed needs of these residents.

Although at the time of this inspection, this had not resulted in any incident occurring, or noted negative impact to residents, the potential risk it posed was not appropriately recognised or monitored by the provider.

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present in both houses to meet with staff and with the residents. They had strong knowledge of each resident's assessed needs and were equally familiar with the operational needs of

the service delivered to them. They were responsible for another centre operated by this provider, and current governance and management arrangements ensured they had the capacity to effectively manage this centre.

Judgment: Compliant

Regulation 15: Staffing

There was good consistency of staff maintained in both houses, and of the staff who met with the inspector, they were very knowledgeable of the assessed needs of each resident.

However, significant improvement was required on the part of the provider to review the staffing arrangement for this designated centre, in accordance with the changing needs of residents. While at an organisational level, the provider had undertaken a formal review of residents' needs and staffing levels across their designated centres, at the time of this inspection, this had not resulted in any changes yet being made to the staffing arrangement for this centre. For instance, due to the aging profile of these residents, local management and staff were vigilant in ensuring the timely re-assessment of residents needs. In recent months, some residents' re-assessment identified increased mobility needs, which meant that they now required manual handling equipment and the support of two staff for all transfers, and personal and intimate care needs. This level of care was carried out by staff multiple times during the day, which meant that when only two staff were on duty, other residents went unsupervised during those times. Despite local management bringing it to the attention of the provider that a review of staffing levels was required in response to the changing needs of residents, this had not been addressed, or any interim measures or supports put in place. These increased changing needs, also had an impact on fire evacuation, where although staff could still support residents to evacuate, there was a noticeable increase in evacuation times in some recently completed fire drills. At the time of this inspection, local management were in the process of proactively addressing this; however, the provider had not addressed this issue in this particular designated centre as part of their organisational review of staffing levels.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the running of this centre. Good internal communication systems were in place, with regular staff and management team meetings occurring. The provider had also ensured six monthly provider-led audits were completed in line with the

requirements of the regulations, and there were also a number of internal audits occurring on a scheduled basis. Where improvements were required, action plans were put in place to address these.

However, although the provider had adequately resourced this centre in terms of equipment and transport, a review of this centre's staffing arrangements was required, to ensure the centre was resourced with a suitable number and skill-mix of staff, in line with the assessed needs of residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

This was very much a resident-led service, which operated in a manner that gave due consideration to the aging profile and changing needs of residents. These residents had many social interests, and staff endeavoured to ensure they were provided with meaningful engagements and social activities.

There were very effective assessment and personal planning arrangements in this centre. All staff were aware of the changing needs of residents, and were vigilant in re-assessing for, and responding to these. Some residents had assessed health care needs, and required specific daily support and observation. In one instance, in recent months, a resident presented with increased neurological care needs, where they required increased staff support and supervision, along with more frequent multi-disciplinary review of their care. These changes had also impacted their risk of injury secondary to falls, and there were good examples seen by the inspector of how staff were mitigating against this increased risk, so as to keep the resident safe from any harm. Following changing mobility needs of another resident, they also now required increased staff support, and use of manual handling equipment. Staff who met with the inspector spoke confidently about these particular residents, and of how they routinely provided them with the care and support that they required.

Positive risk-taking was promoted, with some residents taking responsibility for administering their own medicines, and the person in charge told the inspector that,

to date, this was working very well. As stated, there was good practices observed in relation to falls management, whereby, regular trending of falls was occurring, and informing risk management activities to make the service safer for residents. Since the last inspection, the person in charge made improvements to the overall assessment of risk, and this was evident in a number of the risk assessments reviewed by the inspector. However, this system had not been fully utilised by the provider, to demonstrate how they were assessing, overseeing and monitoring for any potential risks relating to this centre' staffing arrangement.

Following on from the last inspection, the provider reviewed and made improvements to the evacuation of residents from this centre. However, following changing needs of some residents, this had impacted the length of time it was now taking to evacuate residents. This was an issue that local management had already identified for themselves, prior to this inspection, and had put measures in place to respond to this.

Overall, this inspection found many good areas of care, that were being practiced within a service that was driven by the wishes, assessed needs and personal interest of it's residents. Residents appeared happy and content in their homes, and were being supported by a staff team that were familiar to them. Although some areas of improvement were identified, it is important to note, that this did not take away from the good quality of care that these residents were already receiving.

Regulation 13: General welfare and development

Arrangements were in place to ensure residents enjoyed activities and had meaningful engagements. Staff were cognisant of the capacities and changing needs of residents, and scheduled suitable activities in accordance with their assessed needs. Some residents liked to regularly access their local community, others attended day services, while others enjoyed more recreational time in the comfort of their own home. The provider had transport available to both houses, and there was a variety of local amenities, restaurants, shops and cafes located within close proximity.

Judgment: Compliant

Regulation 17: Premises

This designated centre comprised of two bungalow houses, located a short distance from each other, within a town in Co. Laois. In each house, residents had their own bedrooms, shared bathrooms and communal access to kitchen and dining areas, sitting rooms and there were garden area also available for residents to use. Each house was well-maintained, clean and comfortably furnished. Where maintenance

and up-grade works were required to either premises, there was a system available for staff to report this to be rectified.

Judgment: Compliant

Regulation 26: Risk management procedures

Where resident related risk was identified, it was quickly responded to, to ensure the safety and welfare of residents were maintained. Staff were also aware of the provider's risk management system, and knowledgeable of the specific control measures that were put in place in this centre in response to specific risks.

However, the provider had not utilised their own risk management system to oversee and monitor for any potential risks pertaining to this centre's staffing arrangement. For example, although there was a staffing risk assessment in place in this centre, the provider had not demonstrated through this assessment process, how they were overseeing any potential risk to the quality and safety of care, up until such a point, that a review of staffing levels for this centre was completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

In both houses, the provider had ensured there were effective fire detection and containment arrangements, multiple clear fire exits were available, emergency lighting was installed and all staff had received up-to-date training in fire safety. There were also a number of fire drills being carried out, and staff who met with the inspector, spoke confidently of how they would respond, should a fire occur in this centre.

Since the last inspection of this centre, the provider had put more effective arrangements in place, to support the timely evacuation of residents from this centre. Since the assessed needs of some residents had increased, this had an impact on the evacuation timeframes in this centre. This was recognised locally by management and staff, who were liaising with fire officers and other professionals, in the review of residents' evacuation plans. The day subsequent to this inspection, the provider had scheduled a fire drill to occur in each house, to test the effectiveness of more recently recommended evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were effective assessment and personal planning arrangements in place, whereby, each residents was subject to re-assessment on a very regular basis. There was a key-worker system in place for this, and this was regularly overseen by the person in charge, to make sure it was working well in maintaining all documentation up-to-date, in line with residents' changing needs. Some residents had transitioned to this centre in recent months and had settled well. At the time of this inspection, there were no further residents 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 suitable arrangements were in place to cater for these needs. For example, some residents had assessed neurological care needs, others had nutritional care needs, and others had specific mobility and falls management requirements. Where the input of allied health care professional was required in the review of residents' care, there was a referral system in operation for this. Residents also had regular access to their GP, as and when required. Of the staff who met with the inspector, they spoke confidently about residents' specific health care needs, and of their role in supporting them. There was also nursing support available to both houses. Over the course of the inspection, three residents' were reviewed, which found clear assessments and personal plans pertaining to their specific health care needs.

Judgment: Compliant

Regulation 8: Protection

The provider had clear procedures in place to guide staff on how to identify, report, respond and monitor for any concerns relating to the safety and welfare of residents. All staff had also received up-to-date training in safeguarding. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre. Along with recognising residents' own individual interests, wants and wishes, staff were respectful of the aging profile of these residents when planning their care. Residents were encouraged to participate as much as possible in choosing how they wanted to spend their time. Where residents had some communication needs, staff supported them to express their wishes, and also advocated for them. The running of this centre was very much resident-led, whereby, residents' assessed needs, capacities and wishes formed the structure of daily activities.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	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 D OSV-0004086

Inspection ID: MON-0043382

Date of inspection: 15/04/2024

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: A business case has been prepared and submitted to the HSE by the Service Provider. Approval has been received for the allocation of additional staffing for the Designated Centre. Rosters are currently being prepared to incorporate additional hours.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A full review of the staffing arrangements and skill mix has been ongoing and additional, appropriate staffing has been approved by the Service Provider.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk management plans were incorporated into the overall staffing review and a robust Risk assessment and management plan was undertaken by the PIC. This Risk management plan supported the Business case requesting additional staff resources.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	10/05/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	10/05/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	24/04/2024

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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