



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area T
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	28 August 2023
Centre ID:	OSV-0005680
Fieldwork ID:	MON-0031935

About the designated centre

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

This designated centre is operated by Muiriosa Foundation. The centre can cater for the needs of up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one bungalow house, located in a cul-de-sac, in a village in Co. Offaly. Here, residents have their own bedroom, some en-suite facilities, a shared bathroom and communal use of a sitting room, utility and kitchen and dining area. A garden and patio area is also available 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:	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 28 August 2023	11:00hrs to 15:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection which was facilitated by the person in charge, and over the course of the day, the inspector also had the opportunity to meet with two staff members and with two of the residents who resided in the centre.

Upon the inspector's arrival, two residents were attending an appointment, while the third resident had already left for their day service. These three residents were of an aging profile and primarily required care and support with regards to aspects of their healthcare, personal care, social care and positive behavioural support needs. Two of these residents later returned to the centre; however, although the inspector met briefly with them, due to their assessed communication needs, they were unable to speak directly with her about the care and support that they received. The inspector observed these residents to sit in communal areas to have a cup of coffee and relax, and staff spoke with the inspector about the various aspects of these residents' assessed needs that they supported them with. Staff told the inspector most of the residents had lived in the centre for quite some time and got on very well together. They led active lifestyles and liked to regularly get out and about in their local community. Two of these residents had retired from their day service and adequate staff support was available to them during the day, in the comfort of their own home, to ensure they continued to engage in meaningful activities.

The centre comprised of one bungalow house, located within a village in Co. Offaly. Each resident had their own bedroom, some of which were en-suite, bathrooms and shared use of a kitchen and dining area, utility, sitting room and staff office. There were multiple exits in this centre, with a patio door opening out onto a well-maintained garden area, which residents could avail of, if they wished. Staff told of how some residents had an interest in gardening and liked to help with sowing and maintaining flower pots. Residents' bedrooms were personalised, with many photographs and items of interests displayed. One resident had a pet goldfish, which they were supported by staff to look after. There was a good maintenance system in place, which ensured that should any repair works be required to this centre, it was quickly attended to. Rooms were bright and airy and overall, the centre provided residents with a very comfortable and homely living environment.

Many of the staff working in this centre had supported these residents for a number of years and during their interactions with the inspector, the two staff on duty demonstrated strong knowledge and competence in their role in supporting and caring for these residents. They spoke of how some residents liked to regularly visit their family, with some planning to go on a short break with family members in the coming weeks. Due to age profile and communication needs of some residents, staff reported how these residents responded best to more sensory based activities. For example, staff told of how some residents liked various audio sounds and enjoyed going to nearby tractor runs and going to traditional music sessions. Others liked to help staff with grocery shopping and going for walks, and as these residents got on well together, they often went together on various outings. As the provider had

ensured adequate staffing levels and transport were available in this centre, this allowed for these residents to be as active as they were.

Although the inspector did identify where some improvements were required, overall, this was a positive inspection which found many good care practices that resulted in residents receiving a service in line with their assessed needs. The specific findings will now be discussed in the next two sections of this report.

Capacity and capability

The provider had ensured many aspects of this service were effectively overseen and managed, with regards to, staffing, residents' assessed needs, fire safety and residents' rights. However, this inspection did identify where some improvements were required to aspects of behavioural support, restrictive practices and risk management.

The person in charge held the overall responsibility for this centre and was regularly present each week to meet with residents and with their staff team. They were very familiar with the assessed needs of the residents and were also aware of the operational needs of the service delivered to them. They were supported in their role by a team leader, a staff team and line manager in the running and management of this centre. They held regular meetings with their staff team, which meant that residents' specific care was regularly reviewed and discussed. They also attended various management meetings and maintained frequent contact with their line manager about any operational matters relevant to the oversight of this centre.

The staffing arrangement was maintained under regular review by the person in charge, who ensured a sufficient number of staff were at all times rostered, both day and night, to support these residents with their assessed needs. Where additional staff support was required, there were relief staff, who were familiar with these residents, available to provide roster cover. Due to the changing needs of some residents, the provider had recently increased the day time staffing levels on certain days of the week, so as to provide additional supervision to residents who were identified at risk of falls. At the time of this inspection, the person in charge reported that this was working well and was being maintained under regular review to ensure its continued effectiveness.

The quality and safety of care was regularly monitored through six monthly provider-led audits, which reviewed a vast number of areas of care practices. Where improvements were required, time bound action plans were put in place to address these. At the time of this inspection, the inspector was informed that this process was under review by the provider, to ensure that going forward, a more focused approach to the monitoring centre was incorporated as part of these six monthly visits. Along with this, the person in charge also maintained regular oversight of the care practices in this centre through regular auditing, checks and walk-arounds,

which again informed any improvements required within this centre.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and had strong knowledge of the residents' needs and of the operational needs of the service delivered to them. They were supported in their role by their staff team and line manager. They held responsibility for two other designated centres operated by this provider, and current governance and management arrangements gave them the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was maintained under regular review by the person in charge, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents. Many of the staff working in this centre had supported these residents for a number of years, which provided good continuity of care for residents. Where additional staffing resources were required by this centre from time to time, the provider had suitable arrangements in place to provide this.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents maintained in this centre, which included all information as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. Suitable persons were appointed to oversee and manage this service, and the person in charge regularly held meetings with their staff team to discuss resident related care and support arrangements. They also maintained frequent contact with their line manager to review operational matters. Should a new risk be identified or additional resources be required, an escalation pathway was available to the person in charge to raise this directly with the provider, which had a positive impact on the quality of service delivered to these residents.

Six monthly provider-led audits were completed as required by the regulations and where improvements were identified, timebound action plans were put in place to address these. At the time of this inspection, the provider was in the process of reviewing this monitoring system to ensure it would continue to be effective in reviewing specific aspects relevant to this service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose available at this centre, which included all information as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting and review of all incidents that occurred, ensuring notification to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the provider was cognisant of the aging profile and changing needs of some residents and ensured that care practices were subject to regular review to ensure residents were getting the care and support that they required.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, fire drills were regularly occurring, multiple fire exits were available in the centre and staff also regularly carried out fire safety checks. A waking staff member was on duty each night, which meant, that should a fire occur, staff were available to quickly respond. Effective arrangements were also found with regards to the assessment and personal of residents' needs. This process was maintained under regular review by the person in charge and where any changes to residents' needs or care interventions were identified, this was communicated to staff in a timely manner as part of daily handover.

Where risk was identified in this centre, it was quickly responded to by the provider. For example, following a review of falls which had been occurring for one resident, the provider put in additional staff support and specific supervision arrangements to ensure this resident was maintained safe from harm. These measures were subject to regular review by the person in charge and all staff were aware of the additional support that they were to provide to this resident. However, although there was an effective response to risk in this centre, some improvement was required to the overall assessment of risk. Even though the provider had risk assessment in place for various identified risk in this centre, some didn't clearly outline the specific measures that were put in place in response to these. Furthermore, some areas of organisational risk that were maintained under regular monitoring by the person in charge, such as risks associated with staffing arrangements and residents' changing needs, didn't have a corresponding risk assessment in place.

Where some residents' required behavioural support, the provider had ensured these residents received regular multi-disciplinary reviews, as and when required. Staff told the inspector that they received very regular support from a behaviour support specialist, who provided guidance to them in relation to residents' behavioural support interventions. However, although behaviour support plans were in place, the inspector observed that some would benefit from additional review to ensure they better reflected the specific proactive and reactive interventions that staff regularly implemented, that residents responded well to. In addition, where chemical restraint was prescribed, the supporting protocols also required further review to ensure better clarity was provided to staff on the administration of this intervention.

Although some improvements were identified as part of this inspection, it is important to note that these did not negatively impact the quality of care that these residents received.

Regulation 10: Communication

Where residents had assessed communication needs, the provider ensured these residents received the care and support that they required to express their wishes. As there was good continuity of care maintained in this centre, this meant that residents were at all times supported by staff who knew how to effectively communicate with them, based on their assessed needs. Various easy-to-read information was also made available to residents in this centre.

Judgment: Compliant

Regulation 11: Visits

Residents were supported and encouraged to welcome visitors to their home. Equally, residents were supported by staff to visit family and friends, as and when they wished.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured each resident was provided with appropriate care and support in accordance with their assessed needs and wishes. Residents had regular opportunities to get out and about and to do activities that they enjoyed. Due to the age profile of these residents, staff were cognisant in the planning of the days activities, to ensure these residents had meaningful interactions and that they were supported to maintain personal relationships and links with their local community.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that this centre was well-maintained, clean and provided residents with a comfortable living environment. Each resident's bedroom was decorated in accordance to their taste, with multiple photos of family and friends, along with items of interest to them, prominently displayed. Residents also had access to a large back garden, with ample seating for them to use as they wished. Should any maintenance works be required, the provider had a system in place for these to be reported and quickly attended to.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that there was adequate provision for the planning, preparation and cooking of residents meals. For residents who required support at mealtimes, and for those who had assessed nutritional needs, the provider had ensured these residents received the care and support that they required. Residents were encouraged to help with the preparation of their meals, if they so wished, and were consulted about daily meal choices.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in this centre which contained all information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response and monitoring of risk in this centre. Where risk was identified, it was quickly responded to, which had positive outcomes for the residents who lived in this centre.

However, some improvement was required to the overall assessment of risk. Although the provider had many risk assessments in place to support the action they had taken in response to identified risk, some required review to ensure they adequately reflected the specific control measures that had been put in place. For example, in response to a number of falls which had occurred, the provider had put very specific measures in place to protect the safety and welfare of the resident involved. However, these were not reflected in the corresponding risk assessment. Similar findings were further observed in the centre's fire risk assessment, which also had not clearly identified the specific fire safety control measures that the provider had in place within this centre. Furthermore, although risks associated with residents' assessed needs and the centre's staffing arrangement, were frequently monitored by the person in charge, specific risk assessments were not available within the centre's risk register to support this on-going work of the person in charge.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place, to include, fire detection and containment arrangements, regular fire safety checks were carried out by staff, all staff had received up-to-date fire safety training and there were multiple fire exits that were maintained clear at all times. Regular fire drills were also occurring and records of these demonstrated that staff could support these residents to evacuate the centre in a timely manner. Although there was a fire procedure in place, it did require a minor review to ensure it clearly guided staff on what to do, should a fire occur. This was brought to the attention of the person in charge who made arrangements for this document to be reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were regularly assessed for and personal plans were then developed to guide staff on the level of support each resident required, in accordance with their assessed needs. These re-assessments were supported by a key-worker system, whereby, individual staff members were assigned responsibility for ensuring these were maintained up-to-date. The outcome of these assessments also informed the staffing arrangement and resource management for this centre, to ensure adequate supports were at all times available to these residents, in line with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents received the care and support that they required. This service was supported by a team of allied health care professionals, and referrals were made by the provider on behalf of residents, as and when required. Multi-disciplinary input was routinely sought as part of the re-assessment of residents' needs and where recommendations were made, these were incorporated within the health care plans for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured adequate arrangements were in place to meet their needs. Staff received regular support from a behaviour support specialist in the review of residents behavioural interventions, and where changes were required to these, this was promptly identified.

However, some improvement was required to some behaviour support plans to ensure these accurately reflected the specific interventions that staff applied each day, to support residents with behaviour support needs. In addition, although the use of restraints was regularly monitored in this centre, where chemical restraint was prescribed, improvement was required to the protocol in place supporting its administration, to ensure better guidance was afforded to staff.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had procedures and systems in place for the identification, response and monitoring of any threat to the safety and welfare of residents. 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, where residents were regularly consulted in the running of their home, their interests and preferences were considered as part of daily care practices, and their individual assessed needs were respectfully catered for by staff. They were supported to exercise choice in how they wanted to spend their day, and provided with the resources that they needed in order to live their lives as they wanted to.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area T OSV-0005680

Inspection ID: MON-0031935

Date of inspection: 28/08/2023

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The person in charge has reviewed in detail and updated specific fire control measures and risk assessments as identified in this report. 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none"> • Behaviour support plans have been updated to ensure that they accurately reflect the specific interventions in place to support residents with their behaviour support needs. • Positive behavior support plan is reviewed at least quarterly and sooner if required. • The person in charge updated the PRN protocol to provide adequate guidance in relation to the chemical restraint that was in place, however this medication has since been discontinued as of 12/09/2023. 	

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 26(2)	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.	Substantially Compliant	Yellow	19/09/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	19/09/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures	Substantially Compliant	Yellow	04/09/2023

	including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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