



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 18
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	20 January 2025
Centre ID:	OSV-0002724
Fieldwork ID:	MON-0037288

## About the designated centre

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

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

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 20 January 2025	10:45hrs to 16:35hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was an announced inspection, to assess the provider's compliance with the regulations, and to follow-up on the areas of improvement required from the last inspection in April 2024, so as to inform a registration renewal decision. The day was facilitated by the person in charge and was later joined by the person participating in management. The inspector also met with the three staff members who were on duty, and with the three residents who lived in this centre.

The last inspection of this centre in April 2024, found significant improvement was required in relation to this centre's staffing arrangement. In response to this, the provider submitted a compliance plan response to the Chief Inspector of Social Services, outlining how they planned to address this. This inspection found that this had been satisfactorily rectified, with increased staff now on duty each day to meet the assessed needs of these residents. In addition to this, this inspection also reviewed other aspects of this service and found multiple examples of where a good standard of care was being provided to residents. There were some minor areas of improvement found to aspects of residents' re-assessment and to risk assessments, which will be discussed further on in this report.

The centre comprised of one large two-storey house, located within a town in Co. Laois. Each resident had their own en-suite bedroom and there was ample space and equipment available to meet the assessed needs of residents with mobility requirements. Also available, was a kitchen and dining area, a sitting room, a bathroom, and two enclosed garden spaces. All bedrooms were ground floor level, with the upstairs of this centre used for a staff office and sleepover area. The house was nicely decorated, spacious, clean and well-maintained. Given its central location, there were shops, cafes and other amenities within very close proximity to the centre. Wheelchair accessible transport was also allocated to this service for residents' use.

Three residents resided full-time in this centre, and had lived together for a long time. They were of an aging profile, with multiple assessed health care needs, some required support with manual handling, two of whom were full-time wheelchair users, and most of them required full support from staff in relation to their personal and intimate care needs. Each also required a certain level of staff support to be able to get out and about. Following on from the inspector's last visit to this centre, some of these residents had required hospital admissions, which had resulted in some changes being needed to their care and support arrangements, and increased staff vigilance was now also required with regards to supervising and supporting mealtimes. There was active involvement from various multi-disciplinary professionals, with increased reviews also required to see how residents were getting on, with the recent changes made to their care and support arrangements.

Upon the inspector's arrival, one of these residents was heading out the door with staff to go to a chair yoga class in the town, and later on in the day went back down

town to light a candle in the local church. Another resident sat in the sitting room watching television, before they later headed down the town with staff. The third resident was having a lie on in bed and later when they got up, they sat for a time at the kitchen table watching music on their Ipad. While these residents had alot of assessed care and support needs, they all liked to regularly engage in activities inside and outside of the centre. They often went out for coffee, liked to go to matinee shows when they were on locally, some visited family members, headed to do the grocery shopping with staff, some liked to knit, and one resident in particular was looking forward to resuming social farming which was due to soon start back up. Given their aging profile, staff spoke of how sometimes some of the residents opted to spend the day at home to relax, and this was also respected. From speaking to staff members, the increase in staffing levels during the day had made a positive impact on the range of options for social activities now available for these residents, as it meant there was more opportunity and flexibility in being able to get out in the community with them.

Staff who met with the inspectors, were well informed about the specific risks associated with some residents assessed health care needs. They spoke of how important it was that each resident was adequately supported and supervised, and ensured that any concerns they had were brought to the attention of the person in charge. Over the course of the inspection, they were observed to interact very respectfully with these residents, and there was friendly banter between staff and residents, which made for a warm and homely environment.

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

## Capacity and capability

Overall, following on from the the inspection in April 23024, the provider had effectively implemented their own compliance plan, which resulted in a better levels of compliance being found upon this inspection.

Increased staffing levels were put in place, which had made a positive impact on the quality and safety of care. This increase had allowed for increased support to be available for residents' social care, and to meet their other assessed needs. The provider had made adjustments to this arrangement since it was initially put in place, which now worked better with residents' preferred morning time routines. The provider was also aware of the aging and changing needs of these residents, and was monitoring for any further changes that may be required to this centre's staffing and skill-mix. The centre continued to be rostered by a well-established staff team whom the residents were all very familiar with, and nursing support was also available to this centre, as and when required.

The person in charge held the overall responsibility for this service, and they were supported in their role by their line manager and staff team. They held regular

meetings with staff, and minutes of these meetings evidenced that in depth discussions were had about each resident's' care and support arrangements, along with any other business that needed to be addressed. Management team meetings were also attended by the person in charge, which focused on case reviews of each resident, along with other operational matters.

Following their own internal reviews, the provider had changed how they conducted annual reviews and six monthly provider-led audits, so as to better monitor for specific aspects of their services. The last annual review and six monthly provider-led audit for this centre were both carried out in line with the time frames set out in the regulations, and did identify improvements required relating to specific aspects of they quality and care provided in this centre. At the time of this inspection, this again was being subject to review, so as to allow certain aspects of health care provided to these residents, to be subject to increased monitoring and oversight.

### 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 role and as it was the only designated centre operated by this provider in which they were responsible for, this allowed for them to be based full-time at the centre. They were very familiar with the assessed needs of the residents, and with the operational needs of the service delivered to them. They had allocated administration hours each week to support their managerial tasks, and this was being reviewed by the provider to ensure they had sufficient time allotted to them, to fulfill their role. They were also supported by their staff team and line manager in the management and oversight of this centre.

Judgment: Compliant

### Regulation 15: Staffing

Since the last inspection, the provider had increased staffing levels, in accordance with residents' assessed needs. Due to the aging and changing needs of these residents, the provider was continuing to maintain these staffing levels under very regular review. The centre was resourced with a regular staff team, who were very

familiar with the three residents living in this centre. Where additional staffing resources were required from time to time, the provider had arrangements in place for this. There was also a well-maintained roster, which clearly outlined the full names of all staff members, and their start and finish times worked at the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had received up-to-date training appropriate to their role, and refresher training was scheduled by the person in charge, as and when required. All staff also received regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of these residents, particularly with regards to staffing, equipment and transport. Suitable persons were appointed to manage and oversee the running of this centre, and there was also regular staff and management team meetings held, to review resident specific care arrangements, and to also discuss any operational changes.

Since the last inspection, the provider had revised their internal monitoring systems. Six monthly provider-led audits were more focused on reviewing certain aspects of this service, which resulted in specific improvements being identified to be addressed. The way in which the annual review was being conducted was also revised so as to give better information relating to how the centre was performing. Given the specific care and support being provided in the centre in relation to assessed health care needs, this was again being looked at so as to ensure consideration was being given to increasing the provider's oversight of this aspect of their service, as part of their improved internal monitoring arrangements.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, which included all information as set out in the regulations



Judgment: Compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Quality and safety

This was very much a resident-led service, that ensured residents were being supported in line with their capacities, personal preferences, and assessed needs. There were good examples of care found over the course of this inspection, and there was also consistent oversight being maintained of the implementation of safety measures, relating to residents' care.

Residents' health care needs formed a large part of the care and support being provided in this centre. Some residents had complex nutritional care needs, and had identified risks associated with this. These residents also required care and support with regards to epilepsy management, and sometimes required emergency medicine in response to this. Others required two-to-one staff support with all personal, intimate and manual handling care needs. The provider had suitable arrangements in place to cater for this, including, up-to-date staff training, personal plans gave clear guidance to staff on what to do, any safety concerns staff had were immediately raised, and there was also regular multi-disciplinary input. Although at the time of this inspection, no resident was assessed as requiring nursing support, the provider did have arrangements in place for this, should it be required. Due to the changes in some residents' needs in the months prior to this inspection, their needs were subject to more frequent review; however, this inspection did identify where one resident's incontinence care assessment did require re-assessment.

The management of risk was an on-going process in this centre. Although there was a low rate of incidents occurring, of those that were happening, the provider had ensured a timely response to these. For example, a recent incident report relating to the changes in a resident's skin integrity status, had prompted a referral for nursing intervention to be sought. Along with daily handover, team meetings were also utilised to discuss any new risks in the centre. Although it was evident that work had been done to improving risk assessments since the last inspection, these still required further review, particularly with detailing any additional control measures

that the provider was putting in place in response to identified risks.

Prior to this inspection, each resident completed a questionnaire to give feedback on the service that they received. These were made available to the inspector, where residents were noted to have praised the staff support that they received, said they liked living with their peers, were very happy with the different activities available to them, complimented the food choices, with some mentioning how they were supported by staff to choose new colours and furniture to decorate their bedroom with.

Overall, good practices were found to medication management, implementation of specific care and support arrangements, and up-keep and maintenance of the centre. Due to previous inspection findings, fire safety was also another aspect of this service that the provider maintained under constant review. Prior to this inspection, through a series of fire drills that had been completed, the provider had identified some increase in the evacuation timeframe at night, and was in the process of addressing this at the time at the time of this inspection.

### Regulation 17: Premises

The centre comprised of one two-storey house, which was designed and laid out in a manner that met the assessed needs of these residents. Residents who were wheelchair users had enough space to comfortably get around, and hoists were available to those that required them. The centre was spacious, tastefully decorated, clean and well-maintained. Residents' bedrooms were personalised to their own personal interests, with photographs proudly displayed, along with other personal items. There were two enclosed garden spaces for residents to use, with raised bedding and seating. The maintenance of this centre was kept under regular review, and where any repair works were required, there was a system available for staff to report this to be rectified.

Judgment: Compliant

### Regulation 20: Information for residents

There was a Residents' Guide available at the centre which contained all information as set out in the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

Where incidents occurred, there were reported and responded to in a prompt manner. In addition to this, where risks associated with residents' assessed needs were identified, there were effective measures put in place by the provider, to ensure residents were maintained safe and well. Resident specific risks relating to their care and were well-known by staff, regularly communicated about at meetings, and were also a topic of agenda for discussion at management and multi-disciplinary meetings.

Since the last inspection, there was evidence to suggest that work had been put into the review and improvement of risk assessment in this centre. The provider had reduced the number of risk assessments in place for each resident, which had resulted in more concise risk assessments that focused in on the specific risks that required mitigation. However, there was still some improvement required to these. For example, where some risks were rated as requiring further and on-going monitoring, the provider had not always identified what additional controls that had put in place to allow for this. In addition, while the risk register had also been reviewed and improved upon since the last inspection, some operational risks that were being maintained under regular monitoring were not supported by a risk assessment in the register. This was found in relation to the oversight of healthcare and changing needs of residents, and also with regards to the centre's staffing arrangement.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had ensured fire precautions were in place in this centre, to include, fire detection and containment arrangements, emergency lighting, fire exits were maintained clear, and there were also regular fire safety checks being carried out by staff. Regular fire drills were also occurring and upon review of these, it was identified that there had been a slight increase in the evacuation timeframe at night. This was discussed with the person in charge and their line manager, who were aware of this and were in the process of having this reviewed, and tested with a subsequent fire drill.

Since the last inspection, residents' personal evacuation plans had also been reviewed, and now provided better clarity in relation to the exact support that each resident required in order to evacuate the centre. There was a fire procedure in place, and although it was clear about the action to be taken in the event of a fire, it required minor updating to reflect additional support arrangements for staff, should they required assistance at night with an evacuation. This was being updated by the person in charge by close of the inspection

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place to support safe medication management practices in this centre. Medicines were administered via blister pack systems, and clear prescribing records were in place. Suitable medication storage arrangements were made in each resident's bedroom, and weekly checks were completed by staff upon each medication delivery to the centre. In addition to this, the person in charge also conducted scheduled medication audits, and any medication errors were reported using the centre's incident reporting system. Of the prescribing and administration records reviewed by the inspector, these were found to be well-maintained and legible.

Judgment: Compliant

## Regulation 6: Health care

Some of these residents had complex health care needs, and required on-going support and supervision from staff, as well as, regular reviews from the relevant multi-disciplinary professionals. Each residents' health care needs were well-known by staff, and well-documented. The provider had ensured there were sufficient staff on duty to provide the level of support required with manual handling, with nutritional care, personal and intimate care and with epilepsy management, and there was good communication maintained with staff where any issues or changes occurred. There was also a regular check completed of residents' health care screens and medical tests, to ensure all of these were up-to-date for each resident. However, the inspector did identify for one resident, that they had not had a re-assessment of their incontinence care needs within the last 12 months, as required by the regulations.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider had arrangements in place to support staff to identify, report, respond to and manage and concerns relating to the safety and welfare of these residents. All staff had up-to-date training in safeguarding, and there were no active safeguarding concerns in this centre at the time of this inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were actively promoted in how this centre operated on a daily basis. The service was resident-led, where residents were actively involved in how their home was ran. Residents meetings happened on a scheduled basis, and staff also engaged with them daily about how they wanted to spend their time. Staff were respectful and friendly in their approach to residents' care, and advocated for residents during staff team meetings, when informing about any changes that may need to be required to their care arrangements.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 18 OSV-0002724

Inspection ID: MON-0037288

Date of inspection: 20/01/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider in consultation with the person in charge will conduct a review of risk assessments. Additional controls that are in place to allow for further and ongoing monitoring will be included in the risk assessments. The oversight of healthcare, the centres staffing arrangement and changing needs will be supported by a risk assessment.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The person in charge shall ensure that all residents receive Health Care related reviews where required within 12 months as per regulation. Shortcomings identified in this inspection have since been completed.</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 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	20/03/2025
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/01/2025