



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 23
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	22 May 2024
Centre ID:	OSV-0005245
Fieldwork ID:	MON-0034592

About the designated centre

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

This designated centre provides a full-time residential service and supports for four adult residents with varying needs in relation to their intellectual disabilities and require a multi-disciplinary approach to care. This service provided dementia specific care in a very comfortable and relaxed community based setting. The centre is a dormer bungalow and consists of six bedrooms (one is a staff room and one is a multipurpose room). There is a kitchen, utility room, a sitting room and dining room alongside a large and a small bathroom. Some of the bedrooms in the house had ensuite bathrooms. Outside there is a large garden to the back and front of the house. The person in charge shares their time between this designated centre and another designated centre. There are nurses, social care workers and care assistants employed in this centre. Transport is available to the centre to facilitate and promote community integration.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 22 May 2024	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This announced inspection was carried out following the provider's application to renew the centre's registration. The findings were positive, with all reviewed areas found to be compliant with the regulations on the day of inspection.

Throughout the day, the inspector was introduced to the four residents and met with two staff members and the person in charge. The inspector also reviewed a large volume of information relating to how the service was managed and the care and support provided to the residents.

Through observations, information reviews, and discussions, the inspector was assured that the residents were receiving a good service developed around their needs. To further corroborate this, family members had submitted feedback regarding the service as part of the 2023 Annual review. The feedback was positive.

The four residents had a dementia diagnoses. The impact of the condition varied across the four residents. One of the residents remained active outside of their home on a regular basis, whereas the other residents preferred to engage in familiar activities in their homes or other familiar environments. Three of the residents had mobility issues and were supported to mobilise using wheelchairs, and when relaxing at home, they utilised specialised chairs.

When arriving at the residents' home, the inspector was introduced to two of the residents. One of the residents was sitting with a staff member, listening to their preferred music. The staff member interacted with the resident and showed the resident a sensory tool, which had recently been prescribed for the resident by their occupational therapist. The resident appeared comfortable in their specialised chair.

The inspector was introduced to the second resident, who was watching a concert via a projector with another staff member. The resident appeared happy but chose not to interact with others when the concert was paused so that staff could introduce the inspector. The resident re-engaged in the activity when the person in charge and the inspector left the environment.

The inspector was sitting at the kitchen table when the third resident entered. The resident was busy looking for items and said hello to the inspector. The staff explained that this was part of the resident's routine. The residents again appeared happy in their environment and interactions with staff members.

The fourth resident was introduced to the inspector later in the day after resting as part of their fatigue management. The resident smiled when staff members spoke to them. The resident was observed to have their lunch with the support of a staff members and the inspector noted that the resident's food had been prepared in line with the eating and drinking care plan. The residents were under regular review by the providers Speech and Language Therapist with a focus on safe eating and

drinking practices.

During the opening meeting the person in charge explained to the inspector that the communication skills of some of the residents had deteriorated due to their diagnoses. The person in charge spoke of the staff team knowing the residents and responding to their non-verbal communication cues and also being aware of the residents fatigue levels. The inspector found that communication care plans had been developed for the residents. The staff team were observed to interact with the residents in a respectful manner and to respond to their needs during the inspection.

The residents' home had been adapted to suit them. The provider had ensured that the house had been appropriately resourced with mobility and transition aids installed and readily available. The ground floor where the residents resided was well presented, therapeutic music was played and this added to a calm and homely environment.

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

Capacity and capability

This service was previously inspected in early 2023. The findings from that inspection identified that there were a number of areas that required improvements. The provider responded with a comprehensive action plan. The inspector reviewed the actions identified in the 2023 inspection and found that the provider and the services management team had responded to the actions.

A number of the actions identified in the 2023 inspection were related to poor upkeep of records with conflicting information captured in documents and a need to improve the oversight of information. This inspection found that the provider and person in charge had ensured that the governance and management of the service had improved. The current arrangements ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored. The person in charge actively followed the provider's systems, demonstrating their strong oversight of the service being provided to the residents.

Following the review of a sample of rosters, the inspector found that the provider had maintained safe staffing levels and that the skill mix of staff was appropriate to the residents' needs.

The appraisal of staff members' training showed that the person in charge was ensuring that staff members had access to and completed training when required.

The inspector also reviewed the provider's arrangements regarding the statement of

purpose and notification of incidents. The review found that these areas comply with the regulations.

In summary, the information review demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

As part of the inspection, the inspector reviewed the current staff roster and rosters from early January this year. The inspector found that there had been minimal changes to the staff team; there was a consistent staff team in place, which ensured that the four residents were receiving continuity of care from persons they knew. The review of staffing arrangements also identified that the provider and person in charge had ensured that safe staffing levels were maintained. The person in charge explained that consistent relief staff were utilised if required. This was corroborated when reviewing the rosters. Furthermore, the person in charge explained that a relief staff member was due to begin working full-time in the service, further increasing the continuity of care.

The inspector also found, through the review of information and documentation, that the provider had ensured that the skill mix of staff was appropriate to meet the residents' needs. The staff team comprised staff nurses, social care workers, support workers, and facilitators.

Four staff members were rostered Monday to Saturday with three on duty during the day on a Sunday. The arrangements for nighttime were that there was one live night staff and one sleepover staff. The inspector found when reviewing information regarding the residents' care that the staff team was proactive in reviewing and updating documents when required. This approach led to care and support plans accurately reflecting residents' changing needs, which will be discussed in more detail in later sections of the report.

As part of the ongoing assessment of compliance with safe recruitment and selection processes, a sample of staff files for the centre was reviewed separately from this inspection. The review found that the person in charge had ensured that information required in schedule two of the regulations was in place.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the

provider developed to capture staff members who had completed training. Evidence showed that the matrix was under regular review and that staff members were attending training when required.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- safe administration of medication
- infection prevention and control
- human rights-based approach
- feeding, eating, drinking and swallowing
- moving and handling
- food safety
- epilepsy
- oxygen
- intellectual disability and dementia
- dysphagia
- managing feeding, eating, drinking and swallowing in people with intellectual disabilities

The inspector was also provided with information that demonstrated that staff members were receiving supervision. Two staff members' supervision records were reviewed; the sample showed that the supervision focused on performance management and ensuring the best possible service was provided to the residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The provider's audit and reporting mechanisms were also reviewed, and they were found to be effective in ensuring the safety and relevance of the service to the residents' needs. The management structure was clearly defined, with the person in charge leading a competent staff team that provided a good standard of care to the residents. The provider had completed the required annual and six-monthly reviews, which focused on the quality and safety of care and support provided in the centre.

The provider had developed a schedule of audits, including weekly, monthly, quarterly, and six-month audits. The monthly audits covered checks on the following:

- health and safety,
- vehicle checks,
- infection prevention and control (IPC),

- fire inspection,
- complaints,
- cleaning schedules.

The quarterly checks covered similar topics with a more in-depth review. These included

- IPC and outbreak management
- Health and Safety
- fire drills
- fire detection system
- training needs review

The six monthly audits were focused on

- fire precautions
- staff supervision

There was also a system where residents' records were reviewed every month. The document was called "individual audits". The audit tool covered topics including:

- residents finances and personal possessions
- risk assessments
- health checks
- medication management

The inspector found that the audits and checks identified areas that required improvement. Action plans were created, and there was evidence of the actions being addressed by the person in charge.

The review of information identified that the group of residents were under six weekly reviews by members of the provider's multidisciplinary team due to their diagnosis. The MDT team reviewed topics such as the residents'

- overall presentation
- their health
- their medications
- seizure activity
- eating and drinking

The inspector found that the six-week review was further enhancing the effective monitoring of the service being provided to the residents. There was evidence of residents receiving regular input from the providers' occupational therapist, speech and language therapist, and physiotherapist.

In summary, the inspector found adequate governance and management arrangements. The provider had created systems, and the person in charge was engaging with them, which led to effective oversight of the service being provided to the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incident and restrictive practice logs. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

Quality and safety

The review of information and observations found that the residents were receiving a service tailored to their specific needs and provided in a way that respected their rights.

The provider ensured that the residents' needs were comprehensively assessed, and support plans were developed to guide staff members in promoting positive outcomes for the residents. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

The inspector reviewed several aspects, including risk management, premises, food and nutrition, health and fire precautions. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team delivered a safe service

that met each resident's needs.

Regulation 10: Communication

The inspector reviewed records for two residents regarding their communication skills. Communication support plans had been developed for both. The inspector found that the plans gave the reader information on how best to communicate with the residents, how residents liked to communicate, and how they expressed their emotional state using verbal and nonverbal communication.

As mentioned earlier, some of the residents' communication skills had deteriorated due to their diagnoses. Staff members were given guidance on how to effectively communicate with the residents in such scenarios.

In summary, the review of the two residents' information showed that there were guidance directives in place to help staff members communicate with the residents in a manner that was appropriate to both residents.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found, through the review of residents' daily notes, care and support plans, and observations, that the residents were receiving appropriate care and support.

As discussed earlier, the provider's MDT reviewed the residents every six weeks, and their health and general well-being were closely monitored. Evidence of support plans being reviewed and updated regularly indicated that this was responding to the residents' changing needs.

The inspector also reviewed two residents' daily note recordings for the previous two weeks. As noted earlier, some residents were engaging in regular activities outside their home, while others had more activities at home.

The review of the daily notes showed that both residents had been supported in engaging in activities in the community. Residents had gone on short trips and day trips, where they had lunch out with staff members. One of the residents had gone on a day trip to Dublin to go shopping.

Judgment: Compliant

Regulation 17: Premises

As discussed in the opening section of the report, the provider had ensured that the residents' home had been adapted to suit them. The person in charge showed the inspector the residents' home. The inspector found that the ground floor of the residents' home was well-maintained and well presented. The living areas were homely, and the residents' bedrooms were decorated to the residents' preferences and, again, well presented.

Some painting was required on the first floor of the residents home and the person in charge explained that there was a plan in place to address this. During the review of the premises the inspector identified a storage issue. The person in charge acknowledged the issue and provided the inspector that the issue would be responded to promptly.

In summary the inspector found that the provider had ensured that the residents home was appropriately resourced and the staff team were ensuring that it was well maintained and presented.

Judgment: Compliant

Regulation 18: Food and nutrition

During the opening meeting, the person in charge informed the inspector that residents had been prescribed modified diets. The inspector reviewed information regarding this for two of the residents'. The residents had been assessed by the provider's speech and language therapist in recent weeks. "Eating and drinking care plans" had been updated following the review. The plans gave the reader clear guidance on preparing the residents' food and supporting them when eating and drinking. As noted earlier, the staff team was provided with training in this area.

The inspector spoke with a staff member and asked them about both residents' diets. The staff member demonstrated that they had appropriate knowledge and understanding of the plans and how to support the residents at meal times.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to identify risks and respond to adverse incidents. Risk assessments had been conducted for each resident. The inspector reviewed two of the residents' assessments and found that they were linked to the residents' care and behavior support plans. The assessments provided guidance on steps to ensure the residents' safety.

Following the review of the risk assessments of two residents, the inspector found that the control measures introduced to manage the risks were appropriate to the level of risk. The inspector also reviewed adverse incidents that had occurred this year. Incidents were reviewed by the person in charge and by senior management if required. They were also reviewed at team meetings, and learning was identified to reduce the likelihood of re occurrence and the level of risk. There were examples of the resident's presentation being reviewed post-incident by general practitioners and members of the provider MDT.

During the inspection and discussions with staff, the inspector identified an area that required review. The person in charge responded promptly to the request and developed a draft document. The person in charge sent the document for review by members of the provider's MDT and explained to the inspector how the information would be shared with staff members. The inspector was therefore satisfied that the potential risk had been identified and addressed.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to identify risk and respond to adverse incidents. Risk assessments had been conducted for each resident. The provider captured all information regarding fire precautions in one document folder. The inspector reviewed this and found that the provider had established appropriate systems. There was guidance for staff on responding to emergency scenarios, including major fires. A document called "fire orders" listed the steps staff members should take. There was a written plan regarding the order of evacuation of residents and the steps staff should follow.

The inspector reviewed two of the residents' personal emergency evacuation plans, which outlined how residents should be evacuated under both day and nighttime scenarios. The fire drill records demonstrated that the residents had been safely evacuated. Three residents were evacuated under nighttime circumstances using RES Q Mats. The inspector asked to review these, and the person in charge supported them. The mats were stored in the residents' bedrooms, ready to be used if required. The provider had ensured that the fire detection system and firefighting equipment had been serviced appropriately. The inspector also found that the fire containment measures were appropriate

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of two residents' information that there were appropriate systems for assessing residents' health and social care needs. Residents' needs were assessed, and care and support plans were created. The inspector reviewed the plans relating to two residents and found they were under regular review. The care plans captured the changing needs of the residents and gave the reader directions on how to support them best.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed aspects of three residents' records regarding their health needs. The inspector found that the provider and staff team had identified the residents' needs and that procedures were in place to maintain their health.

Care and support plans had been developed that gave staff members information on how to respond to residents I unwell and also how to maintain their health.

In summary, the review of the three residents' information demonstrated that the residents' health was being closely monitored and that steps were being taken by the provider and those supporting them to maintain it.

Judgment: Compliant

Regulation 9: Residents' rights

During the inspection, the inspector noted that the residents' rights were being respected and promoted by the staff. The care and approach were tailored to the residents, and the staff interacted with them in a caring and respectful manner. The residents' health was regularly reviewed, and efforts were made to engage them in activities outside of their home when possible.

A staff member mentioned that the service provided had been adapted to meet the changing needs of the residents. For example, some residents were entering their "palliative care journey," and the care and approach were being adjusted accordingly. The staff member emphasized the importance of treating each resident as an individual and mentioned that their human rights-based training had further enhanced this approach.

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 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
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant