



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 27
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	08 May 2024
Centre ID:	OSV-0005772
Fieldwork ID:	MON-0034620

About the designated centre

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

This designated centre provides full-time residential services for one female adult with an intellectual disability. The centre is a detached bungalow and is based on the outskirts of a small town in County Kildare. The building consist of three bedrooms, one of which has an ensuite. There is a spacious kitchen/dining area, a sitting room and an activity/relaxation room. There is also a bathroom and utility room. There is a patio area out the back with a small garden and a separate garden to the front of the house. A car is available to the centre to support the resident attend community activities. The resident is supported 24 hours a day, seven days a week by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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 8 May 2024	10:00hrs to 15:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what the resident told them and what the inspector of social services observed, this was a well-run centre where the resident was empowered to make choices and decisions. They were involved in the day-to-day running of their home. The staff team were found to be creative in their approach in assisting the resident to live a life of their choosing. The residents' strengths, talents and uniqueness were being encouraged and celebrated.

Community Living area 27 is a bungalow accommodating one resident close to the centre of a town in County Kildare. There is a living room, main bathroom, a kitchen come dining room and a separate utility room. The resident's bedroom has an ensuite bathroom and there is a staff office come sleepover. There is also a multi-purpose room to support the resident with some of their interests such as beauty therapy, music and relaxation. There is a well maintained driveway to the front of the house and a small self-contained garden at the back of the house. The centre is within driving distance of a number of towns and villages and there is a vehicle to support the resident to attend appointments, to visit their family and friends, or to take part in activities they enjoy.

The inspector had an opportunity to meet and spend some time with the resident, the person in charge, the person participating in the management of the designated centre (PPIM) and one staff member. In addition the resident had completed a survey "Tell us what it is like to live in your home" in advance of the inspection. In this survey the resident indicated they were happy with their home, what they do every day, the staff that support them, and their opportunities to have their say. Examples of a comment the resident put in their survey was, "I made friends with my neighbours".

When the inspector arrived the resident was in the living room with their armchair reclined watching a comedy show on the television. They appeared very comfortable and happy watching this show. Once they had finished watching the show they prepared to go out-and-about with staff. Their plans included posting birthday cards to two of their siblings, and then going out for lunch. Later in the evening they were planning to go to a crochet class which they and a staff member had signed up to for 8 weeks. Over the course of the inspection they told the inspector "I am happy" and spoke about some of their books, their knitting, and their plans for the day.

The resident has lived in this centre for a number of years and prior to this they had lived on a campus close to the centre. Through a review of documentation including a number of compliments, and discussions with staff it was evident that the resident's quality of life and opportunities to be part of their local community had improved since they moved to this centre. They are now involved in a number of local groups such as the local women's shed, a crochet group, a fitness group, and an art class. They are regularly visiting the local library and a local book exchange programme and having their nails done and using the services of a local beautician

and hairdresser.

The resident has a person-centred support plan and picture books in their sitting room which show their goals and achievements using a picture format. One of their recent goals included creating an art wall to display some of their art pieces in their home. This was now in the hallway and contained a number of their paintings and art pieces.

There are photos of the resident and the important people in their life displayed throughout their home. Some of the residents recent achievements included winning a music competition where they got a plaque and award, winning a competition for a wreath making class, and doing a perfume review for the local residents' newsletter. They regularly featured in the local residents newsletter and in three reviewed by the inspector they were featured in relation to celebrations they enjoyed, some of their craft making such as yarn bombing, taking part in the women's shed and pictures of their art and craft pieces.

Throughout the inspection the resident appeared very comfortable and content in their home. They choose to sit chatting with staff or to spend time alone in different part of their home. Warm, kind, and caring interactions were observed between them and the staff team. Staff were very familiar with their communication preferences and took every opportunity to speak with the inspector about the resident's goals and talents.

Overall, from meeting the resident and staff, and through a review of documentation, it was evident that they were keeping busy and had things to look forward to. Their person-centred plan outlined their likes, dislikes, hopes and dreams. Their assessment of need and personal plan described some of the activities they found meaningful. Some of their favourite home-based activities were dance/fitness class online, listening to and playing music, reading, knitting, arts and crafts, watching comedies, playing board games, reading, knitting and crochet, painting and drawing, undertaking craft projects, and building LEGO. They had lots of arts and crafts supplies, wool, board games and books to choose from in their home, and plenty of storage for these items.

They were supported to make choices around how and they wished to spend their time, what and when they would like to eat and drink, and to what extent they wished to take part in the upkeep of their home and garden. There was information available in posters, easy-to-read documents and social stories for the resident in relation to areas such as complaints, rights, safeguarding, the availability of independent advocacy services, and infection prevention and control (IPC). There were also picture rosters on display. The resident was meeting with staff regularly and these meetings were documented. Agenda items included activities, appointments, the house, goals and plans, safeguarding, visiting, IPC, and anything else the resident wished to discuss.

The provider was seeking the residents' opinion on care and support and their home through an annual questionnaire. The resident had highlighted some areas where they would like to see improvements in the latest questionnaire they completed.

These related to painting some parts of their home and the need for new garden furniture. Following this, areas of their home were painted and new garden furniture was purchased.

The inspector reviewed a sample of eight compliments which were made by the resident's family members in recent years. They were complimentary towards the residents' level of engagement and opportunities to take part in activities they enjoyed, the supports to maintain contact with their family and friends, the staff team, the resident's levels of happiness, and how they were supported to stay health and eat healthy. The resident's family members input were also sought as part of the annual review of care and support in the centre. The inspector viewed the 2023 family questionnaire which included comments such as, "care given to ... could not be better", "all staff looking after ... has her very best interest at heart. They look after her very well", "I have a very good level of communication with all staff, they keep me informed of all that is happening in ...life", and "she has a really nice quality of life".

In summary, the resident was busy and had things to look forward to. The staff team were motivated to ensure they were happy and safe and taking part in activities they found meaningful. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required.

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

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. Overall, the findings of this inspection were that the resident was supported and encouraged to take part in the day-to-day running of their home and in activities they find meaningful. The service provided was specifically designed to meet their needs. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. There was a clear focus on quality improvement initiatives in this centre. The inspector had an opportunity to speak with the resident, the person in charge, the PPIM, and a staff member during the inspection.

There were clearly defined management structures and staff who spoke with the inspector were aware of the lines of authority and accountability. The person in charge was providing supervision and support to the staff team and the PPIM was providing support and supervision to the person in charge. There was an on-call manager available to the resident and staff out-of-hours.

The provider system's to monitor the quality and safety of service provided for the

resident included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. Each of the regulations reviewed were found to be complaint during this inspection. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

The staff and members of the management team who spoke with the inspector were motivated to ensure the resident was happy, safe and regularly engaging in activities they enjoyed. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision with their managers, training, and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider with the application to renew the registration of the designated centre and found that they had submitted the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection the inspector found that they had systems to ensure oversight and monitoring in this centre. They were completing sleepover shifts in the centre and had eight hours fortnightly to complete administration duties associated with the person in charge role.

The residents was observed to be very familiar with them and appeared very comfortable and content in their presence. The resident laughed and smiled as they spoke to, and about the person in charge. The staff member who spoke with the inspector was also complimentary towards the support they provided to them.

The person in charge was self-identifying areas for improvement and had implemented the required actions to bring about these improvements. They had a clear focus on quality improvement initiatives and were very motivated to ensure the resident was living a life of their choosing.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. Prior to the inspection, an inspector reviewed a sample of three staff files for this centre and found that they contained the required information.

The centre was fully staffed in line with the statement of purpose at the time of the inspection. The inspector reviewed planned and actual rosters from January to April 2024 and found that they were well maintained. The rosters showed that a small number of shifts were covered by the same two regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and five staff's certificates of training. The inspector reviewed the provider's policy and found that each staff had completed training listed as mandatory in this policy including, fire safety, safeguarding, manual handling, IPC, safe administration of medicines, complaints and food safety training.

Five of the six staff had completed training on applying a human rights based approach in health and social care. The inspector did not have an opportunity to speak to any of the staff who had completed it.

The inspector reviewed five staff's supervision records. This included the records for one regular relief staff. The agenda was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as staff's roles and responsibilities, training, policies procedures and guidelines, keyworking, team meetings, and staff's strengths and areas for development.

One staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or the resident's care and support in the centre. They spoke about the provider's on-call system and the availability of the person in charge by phone out-of-hours.

Staff meetings were being held every second month. The minutes of these meetings for January, March and May 2024 were reviewed by the inspector. They were resident focused and well attended by staff. Agenda items varied and included areas

such as, accidents and incidents, actions from audits, the residents' personal plan and goals, safeguarding, complaints, restrictive practices, record keeping and documentation, IPC, and fire safety.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that the records set out in the regulations were available for review by the inspector during the inspection. These records were found to be well-maintained, accurate and up-to-date.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with those described by staff during the inspection. From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and a review of staff files there were identified lines of authority and accountability amongst the team.

The provider's last three six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the lived experience of the resident living in the centre. They were focused on the quality and safety of care and support provided for the resident, areas of good practice and areas where improvements may be required. The action plans for these reports showed that all the required actions had been completed in line with the identified timeframes.

Area specific audits from January to April 2024 were reviewed by the inspector. These included the audit of documentation relating to the resident and house audits. There were weekly and monthly checklists to ensure oversight of areas such as, the

resident's finances, risk management, the resident's personal plan, fire safety, medicines management, food safety, first aid, vehicle checks, health and safety checks, complaints, cleaning and staff training. The inspector reviewed the actions from these audits and found that they were leading to improvements in relation to the residents' care and support and their home.

Monthly person in charge and PPIM meetings were held and the minutes of those for January, February and March 2024 were reviewed by the inspector. These meetings were attended by each person in charge reporting to the PPIM. Attendees shared learning relating to areas such as IPC, restrictive practices, residents' finances, health and safety, training, safeguarding and complaints.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available and reviewed in the centre. It was found to contain the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incident report for 2024 and completed a walk about the premises to identify restrictive practices and found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the Schedule 5 policy folder in the centre and found that the 21 required policies were available and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the resident had opportunities to take part in activities and be part of their local community. They were making decisions about how they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their family. They lived in a warm, clean and comfortable home.

The inspector reviewed the resident's assessments and personal plan and found that these documents positively described their needs, likes, dislikes and preferences. They had their healthcare needs assessed. Care plans were developed and they were accessing health and social care professionals in line with their assessed needs.

The resident, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies. Staff had completed training in fire prevention and emergency procedures and the resident was supported to become aware of fire safety procedures. Fire equipment was serviced and maintained and fire safety checks were completed regularly and this was recorded.

The resident was also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Staff were working to promote and develop the residents' relationships and to ensure they continued to develop their roles in the community. They were friendly with their neighbours, part of the local women's shed, taking part in art and craft classes, and attending local events. Their daily routine was led by them and they had access to their own transport to support this. This was an individualised service and throughout the inspection, the inspector observed them indicating their choices to staff around what they wanted to do, and when they required their support. The inspector observed the resident's right to privacy being upheld by staff ensuring that they were given time and space to be alone, if they wished to. The staff team had done training in a human-rights based approach to health and social care.

Regulation 11: Visits

Visiting arrangements were detailed in the provider's visiting policy, the statement of purpose and the residents' guide which were all available and reviewed in the designated centre during the inspection. These documents detailed how visits were facilitated unless it posed a risk or if the resident did not wish to receive visitors.

Through a review of documentation and discussions with the resident and staff it was clear that they were being supported to visit and be visited by the important people in their life. The inspector reviewed the residents' personal plan and found that they were completing an art class with two friends regularly and they were also visited each other in their homes and in the community. They were also supported by staff to visit or be visited by their family members. The resident also had a text group with their family where they shared pictures and stories about life events, their achievements and activities they were enjoying.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was ensuring that the resident was supported to take part in activities they enjoyed. Through discussions with the resident and staff and a review of documentation it was evident that they regularly had opportunities take part in activities they enjoyed both at home and in their local community.

They were attending the local women's shed and a number of classes such as art class, fitness classes and knitting and crochet classes and clubs. From attending these groups they had built up a number of friendships in their local area. As part of the local women's shed Christmas celebrations they had also turned on the Christmas lights. Their talents included art and crafts and they had displayed both their art and some of their craft projects in their local community. They had also completed courses and received certificates in areas such as make up and nail application. They also had a number of awards for their art projects.

They were constantly exploring their local community and trying different activities to find out which ones they found most meaningful. They were planning a night away just after the inspection and were hoping to get tickets to see their favourite music act over the summer.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the premises with the person in charge during the inspection. The provider had ensured that the premises was designed and laid out to specifically meet the needs of the resident. There was a driveway at the front of the house and a small garden at the back of the house.

The resident had a large bedroom with an ensuite bathroom and a multipurpose room which they could use to relax or play music in. There was a cosy sitting room

with a stove and lots of storage for their personal items such as their favourite book collections and photos. There was also a large kitchen come dining room with double doors out to the garden.

The house was found to be clean and homely. Overall it was well maintained. There were plans in place to re-grout the tiles in the main bathroom, to remove some glue from the floor around the base of the bath, and to put new sealant around the hand basin and bath. These were reported on the provider's online maintenance system and due to be completed just after the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and reviewed in the centre. It was found to contain the required information as set out in the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The resident had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency. The inspector observed emergency evacuation procedures on display in the hallway.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were reviewed by the inspector for 2023 and 2024.

The fire alarm was regularly activated and checked and documentation relating to this was maintained, available and reviewed. The inspector viewed service and maintenance records for emergency lighting, the alarm system and fire fighting equipment and found that they had all been serviced and maintained in line with regulatory requirements.

There had been three fire drills in 2024, two were completed at night and one was completed during the day. Detailed records of these drills were maintained and these were viewed by the inspector. Staff had completed fire safety training.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the residents' assessment and personal plan and found that their healthcare needs were assessed and healthcare plans were developed and reviewed as required.

They were accessing health and social care professionals in line with their assessed needs such as an occupational therapist, dietician, physiotherapist, GP and dentist. A record of all their appointments was recorded and the resident was being supported to choose to access the relevant national screening programmes in line with their wishes and preferences.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix 100% of staff had completed safeguarding and protection training. The inspector spoke with the person in charge and a staff member and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse. The provider had a safeguarding policy which was available and reviewed in the centre. The resident had an intimate care plan in their personal plan folder.

Judgment: Compliant

Regulation 9: Residents' rights

Through a review of documentation, discussions with the resident and staff, and a review of compliments in the centre it was evident that the resident lives in an individualised service where they were empowered to make choice and decisions about where and how they spend their time. Their uniqueness and talents were celebrated and they had developed a number of talents and interests as a result of the staff team supporting them to try different activities in their local community. Their opinions were sought on a daily basis and staff were listening to them and their views were defining the service.

From a review of resident meetings in 2024 it was evident that they were provided with information on their rights. They had an account in a financial institution and to manage their finances in line with their wishes and preferences. There was information available on a notice board in their home on how to access independent advocacy services and this was regularly discussed at resident meetings.

Staff were observed to treat the resident with dignity and respect through the inspection. Their privacy was maintained and they were observed to seek out staff support if and when they needed it. Throughout the inspection the inspector observed the resident chose what they wanted to do and when.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant