

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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 41
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	13 August 2024
Centre ID:	OSV-0005846
Fieldwork ID:	MON-0035767

## About the designated centre

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

Community Living Area 41 is a house located near a town in County Kildare which provides full-time care and support to three residents who have complex health and social care needs. The centre supports individuals with varying needs in relation to their intellectual disabilities and require a multidisciplinary approach to care. Residents are supported to access community-based services and facilities. Each of the individuals are actively supported to develop valued social roles and expand their life experiences. Residents receive care 24 hours a day from nursing staff and care staff.

**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
Tuesday 13 August 2024	10:00hrs to 17:10hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was evident that residents living in this centre were well supported by a regular staff team. The inspection found full levels of compliance with regulations inspected, and these are outlined in the body of the report.

The designated centre is a two-storey house set in a housing estate near a town in county Kildare. It is home to three residents, all of whom have complex health and social care needs related to their intellectual and physical disabilities. Residents moved into the house in 2019 from a large unit on a campus, where some of them had lived for many years. Downstairs in the centre comprises a sitting room, three resident bedrooms, an accessible bathroom equipped with a parker bath and a shower trolley, and a large kitchen and dining area. Upstairs is a staff sleepover room and a separate office. To the back of the house is a patio which had a refurbished bicycle which had been planted with beautiful flowers. Some upgrades had been carried out to the house which included painting and replacing some external patio doors. Staff told the inspector that they recently purchased a projector to enable them to project movies onto a wall in the sitting room. They had held a movie night the previous week and reported that residents appeared to have enjoyed it.

The inspector found the house to be beautifully decorated, clean and warm. There were photographs on the walls of the residents, and each of their bedrooms had been personalised to suit them. On the day of the inspection, one of the residents went shopping to purchase new items for their bedroom. They had recently gotten a new wardrobe fitted and there were photographs of people important to them in their bedroom.

The inspector had the opportunity to meet with all three residents living in the centre over the course of the inspection. Residents in the centre communicated using eye contact, vocalisations, body language, gestures and required staff to know them well to best interpret and respond to their communication. The inspector observed their interactions with staff and spoke with each of them.

On arrival to the centre, two of the residents were going about their morning routines and were being supported to have their breakfast. The inspector noted that staff supporting them to eat were seated beside them, and that they supported them in a calm and dignified manner. One of the residents was getting ready with staff to go out to purchase some new items for their bedroom and go to have their lunch with staff. The resident responded to interactions with the inspector using eye contact and vocalisations. Staff supported the resident to show the inspector their bedroom. They had recently visited their family home and had been supported to access the house and see their childhood bedroom. Staff showed the inspectors the photographs of the day, and the resident was noted to vocalise in response. They spoke about a recent hotel stay with the resident had enjoyed with staff. The

resident was well presented and appeared to be very comfortable and content. Staffs' interactions with the resident were warm and kind.

The inspector met with the other two residents later that morning. One of the residents was observed relaxing in their wheelchair in front of the television. They were observed to be content and appeared happy to be relaxing. Staff told the inspector about some of the activities that they had done recently such as a hotel stay. The resident was a rugby supporter and staff had liaised with an inclusion officer of a national rugby team to enable a resident to get maximum enjoyment and access to a match. Staff spoke about plans to go to another match with the resident's family member the next rugby season. Their bedroom was decorated with family photographs and outside their window, staff had purchased colourful trellis for the resident to enjoy while they relaxed in their bed each afternoon.

The third resident was seated in their comfort chair and being supported to enjoy a coffee by staff. The resident appeared to enjoy the coffee and turned to the staff to indicate that they wanted more. Again, they were well presented and appeared to be comfortable and content in their surroundings and with the staff supporting them. At the time of the last inspection, the number of meaningful activities which residents had the opportunity to engage in outside of their home was limited. Since the last inspection, staffing arrangements had changed to better suit the needs of the centre. The inspector noted that residents had been out in their community going shopping, out for coffee, to the cinema and visiting friends and family.

The inspector received three resident questionnaires which had been circulated to the centre prior to the inspection. These were completed by staff and a family member on each resident's behalf. The questionnaire seeks feedback on residents' experiences of their home, their daily routines and choices, staff and having a say in their home. Feedback was positive from all questionnaires, with one family stating *"the home is always very welcoming and comfortable"*. The staff were described as *"considerate, compassionate, supportive and knowledgeable in ....'s care."* The inspector reviewed the family and resident survey which they undertook as part of their annual review. One of the families stated that *"The staff go over and beyond with their care. They are personable and professional with their interactions with him. We are amazed how well the staff can pick up on xs requirements and they do everything possible to satisfy his needs."* Another described how staff regularly communicated with their family member, saying *"the staff looking after X make sure i know what is happening"*. There were no complaints made in the 12 months prior to the inspection taking place. The inspector viewed three compliments which had been made about the centre, two of which were from health and social care professionals and complimented the delivery of health care in the centre, particularly related to skin integrity of residents.

All of the staff in the centre had completed training in a human rights-based approach to health and social care. The person in charge reported that additional training in human rights was due to be provided to staff in the months following the inspection. Due to the complex communication and health care needs of the residents in the centre, staff were required to build up relationships to interpret their micro communication attempts in order to gauge their reactions to different

experiences. These formed the building blocks of choice making which in turn informed all aspects of their care plans. At a broader level, residents' rights to choose their routines at bed time were now promoted due to an increase in staffing. At the last inspection, all residents had been required to be in bed prior to the night staff coming on shift. Staff spoke about how one resident preferred to sit up a bit later, and that they appeared to be enjoying this time. Residents' rights to privacy and dignity were upheld by the staff during the inspection and were noted to be knocking on residents' doors before entering and, as described earlier, mealtimes and supporting residents to have a drink was done in a dignified and calm manner.

At the time of the last inspection, access to finances for residents was identified as an area which required improvement. Residents had been able to access their finances every two weeks. The provider had responded to this by enabling residents to access finances on a weekly basis. Staff reported that this was a positive development, and that they had not encountered any difficulties in accessing finances since the last inspection.

In summary, residents living in this centre were found to be receiving a person-centred service which was providing good quality care. The next two sections of the report present the findings in relation to the governance and management of the centre, and how these arrangements affected the quality and safety of care of the service being delivered.

## Capacity and capability

This was an announced inspection which took place to monitor compliance and to inform a decision about the application to renew the registration of this designated centre. The centre had an unannounced inspection in July 2023 which had poor findings across a number of areas such as staffing, governance and management, general welfare and development, risk management, residents' rights and fire precautions. Immediate action was taken by the provider on the day of that inspection to increase staffing levels to ensure the ongoing health and safety of residents at night-time. At the time of that inspection, there were two houses in the designated centre. The provider submitted an application to vary the conditions of registration of the centre in April 2024 to enable this centre become one house only. The person in charge reported that this had a positive impact on their oversight and monitoring of the centre, due to reduced numbers of residents and staff. This inspection found that the provider had come back into compliance in all regulations inspected, and that they had strengthened their monitoring and oversight of the service.

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the residents' care and support needs. There was a clearly defined management structure in place that outlined lines of accountability and responsibility. This meant that all staff were aware of their

responsibilities and who they were accountable to. The person in charge reported to the area director, who in turn reported to the regional director. The person in charge regularly met with their manager and reported that they were well supported in their role. The provider had carried out an annual review and six-monthly unannounced provider visits in the centre which met regulatory requirements. There were a variety of audits carried out on key aspects of the service involving residents, health and safety and infection prevention and control. This meant that the service was able to identify any areas requiring improvement and put actions in place to address them. Information was regularly shared with the staff team and local management team on these areas.

The provider had employed a staff team who had the skills, qualifications and experience to meet the assessed needs of the residents. While there were vacancies for the sleepover shifts, these were well managed to strive to ensure that residents had continuity of care. Staff had received a number of training courses to inform and guide their work practices in the centre. They were in receipt of supervision and reported to be supported in their roles.

#### Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed all of the information submitted by the provider with their application to renew the registration of the centre and found that all relevant information was submitted in line with regulatory requirements.

Judgment: Compliant

#### Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information which was submitted for the person in charge prior to the inspection taking place. This information, and interactions with the person in charge demonstrated that the person in charge had the required experience, qualifications and skills to fulfill the role of the person in charge. The person in charge had responsibility for two designated centres and split their time between the two houses. They demonstrated good knowledge of each of the residents' assessed needs.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed staff rosters for five weeks before the inspection took place.

Day and night rosters were separately managed by the person in charge, and the night manager respectively. There was a vacancy on the day of the inspection for sleepover shifts, and in the interim period while recruitment was ongoing, this was managed by using relief and agency staff. Some staff from the centre took additional shifts where possible to ensure residents received continuity of care.

Since the last inspection, the staffing allocation in the house had increased to have two staff on duty at night-time. The house now had a waking night and a sleepover staff each night to ensure that residents' care and support needs could be met in line with their preferences. This increase also ensured that in the event of a fire, that safe evacuation of all residents was possible within the staffing complement on duty.

Since the last inspection, the provider had carried out a review of staffing levels across the organisation. A new arrangement was in place to enable the person participating in management to approve additional staffing as required to facilitate community outings, holidays or events where it was required. Both the person in charge and person participating in management reported that this was working well, and that there had been an increase in the number of opportunities available to residents since this arrangement had been put in place.

A sample of Schedule 2 documents for three staff were reviewed prior to the inspection taking place and these were found to meet regulatory requirements.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and training certificates for eleven staff in the designated centre. This demonstrated that staff had completed training in mandatory areas such as fire safety, safeguarding, the safe administration of medication, food safety and manual handling. They had completed additional courses in infection prevention and control, cardiopulmonary resuscitation (CPR) and there was a first aid responder employed in the centre. All of the residents required support with feeding, eating, drinking and swallowing, and staff had completed courses to ensure they had the knowledge and skills they required to best support residents at mealtimes. As outlined at the beginning of the report, the team had completed training in a human rights-based approach to health and social care.

The person in charge maintained a calendar to ensure that all staff completed supervision sessions and an annual appraisal with them each year. The inspector reviewed supervision records for three staff members. These indicated that there was a mix of support, and role-based discussions in areas required such as attending meetings, rostering, training and audits. There was a specific induction and supervision form which took place with new staff on all aspects of residents' personal care including dressing, bathing, oral hygiene and administering

medication. This meant that staff were clearly shown how best to support each resident in these areas to deliver good quality care in line with residents' assessed needs.

Judgment: Compliant

### Regulation 23: Governance and management

As outlined earlier, the provider had management systems and a clear reporting structure in place to oversee and monitor residents' care and support in the centre. The inspector reviewed the annual review which was carried out by the provider in addition to two six-monthly unannounced provider visits. These demonstrated that the provider was identifying areas requiring improvement and had systems in place to ensure that these areas were progressed in a timely manner.

The person in charge was responsible for the day-to-day operation of the centre. They carried out audits in line with the provider's schedule in areas such as food safety, fire, finances and infection prevention and control. For residents, there were audits in place to ensure that their finances, risk assessments, health checks, medication and care plans remained current and that where any gaps had occurred, that these were updated and actioned. The inspector reviewed a sample of audits and found that they were carried out in line with the provider's schedule and were identifying actions required.

Information was shared with staff and management in a number of ways to ensure the smooth running of the service and to drive quality improvement. This included staff meetings, meetings between the person in charge and the person participating in management and the person in charge also attended a meeting with other persons in charge in the region each month. Staff meetings took place every two months. Night staff were invited to attend these meetings, and minutes were also available to them.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the provider's statement of purpose which was available in the centre on the day of the inspection. This was found to meet regulatory requirements and was regularly updated.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector reviewed incidents and accidents which had occurred in the centre over a 12 month period in addition to the restrictive practice log. These combined indicated that all notifiable events had been notified to the Office of the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Residents' care and support in the centre was found to be person-centred and was ensuring residents had a good quality of life where their health care needs were well met, and their preferences honoured. Each resident had a care plan in place in line with their assessment of need, and this was regularly reviewed. Residents had person-centred plans in place, and these were in the process of being reviewed on the day of the inspection. The inspector saw photographic evidence of residents engaging in activities such as going shopping, going out for walks. Since the last inspection, it was evident that residents were accessing services and enjoying amenities in their local community on a more regular basis since the last inspection.

Residents in the centre had changing and complex health care needs. The inspector found that residents were well supported to ensure that they maintained best possible health, that their health was monitored, that they attended all relevant appointments, and that where necessary, they were facilitated to transfer safely to hospital. The provider had policies and procedures in place in relation to safeguarding, and staff were familiar with how to report any concerns. Residents' personal possessions were found to be well protected through keeping clear records, and regularly checking on these records.

The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented.

## Regulation 13: General welfare and development

The inspector viewed each residents' care plan in addition to a monthly record of activities which residents had done in the last two months. These demonstrated that there was a significant improvement in the number of opportunities offered to

residents to access activities in the community where they wished to do so.

Residents were going out for walks and drives, going shopping, getting their hair done, going to the cinema and out for coffee. The staff told the inspector that they knew what restaurants could serve food in line with residents' dietary needs, as all residents were on modified diets. In the months prior to the inspection, two residents had stayed in a hotel for a short break and were reported to enjoy this greatly. The inspector saw a compliment on file from one of these residents' families stating that the trip was "the icing on the cake" for the resident. Another residents' love of rugby had led staff to engage with an inclusion officer in a national rugby club. The resident had attended a match which they were reported to enjoy and the staff were planning another match with a family member.

It was evident that staff were supporting residents to maintain relationships with those important to them. For example, staff showed the inspector photographs of a recent trip to the west of Ireland with a resident. The resident met with their family and had been facilitated to access their childhood bedroom. This had required significant planning to ensure physical access was suited to the resident, and it was evident by the resident's facial expressions looking at the photograph that they had enjoyed it. Other families were regularly in touch by phone, and were welcome to visit the centre. Friendships with other residents were also supported, with one resident meeting with another male resident who lived nearby for coffee.

Judgment: Compliant

### Regulation 17: Premises

The inspector did a walkabout of the centre with the person in charge. The house had been painted and doors replaced since the last inspection. It was a beautiful home, which was tastefully decorated. It was warm and clean throughout. Residents had ample space to store their belongings and to spend time alone or in company. Each room was equipped with overhead hoists and the bathroom was accessible to enable residents to enjoy either a shower or a bath.

Judgment: Compliant

### Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Office of the Chief Inspector prior to the inspection taking place. This met regulatory requirements.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector reviewed the centre's risk register, risk assessments relating to each resident, the location-specific safety statement and a record of incidents and accidents from the previous 12 months. It was evident that the person in charge and the person participating in management had reviewed and updated the risk register since the last inspection, and that this was a live document. These documents combined indicated that the registered provider had systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Incidents and accidents were reviewed at staff meetings to ensure that any learning was shared with the team.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector did a walkabout with the person in charge and observed that the house was equipped with fire fighting equipment, emergency lighting, smoke alarms and fire doors. Fire doors had been fitted with swing closers and the inspector released these doors and found that they were all in good working order. There was oxygen in use on the premises and it was now appropriately stored, with signage in the house to show where it was situated. Evacuation aids were also in each residents' bedroom.

The inspector reviewed each of the residents' personal emergency evacuation plans. These were regularly reviewed and gave clear guidance on actions required by staff in the event of a fire by day or by night. The inspector reviewed a sample of five fire drills which had taken place by day and night to ensure that safe evacuation of residents was achievable within staffing allocations. These demonstrated that where they had been delays or difficulties encountered during fire drills, meetings had been held with the organisation's fire officer which outlined safe evacuation times and actions required to improve evacuation times.

Judgment: Compliant

### Regulation 6: Health care

The inspector reviewed each of the residents' care plans and these demonstrated that residents in the centre were well supported to have best possible health. This

included access to a general practitioner and a variety of health and social care professionals including physiotherapy, psychology, speech and language therapy and dietetics. Some residents accessed a consultant psychiatrist and others were facilitated to attend medical consultants in line with their assessed needs. Residents were facilitated to access national screening programmes such as BreastCheck or Bowel screen, and to de consent where appropriate. Care plans were in place for all assessed areas of need, and these were regularly reviewed. Residents' health checks were audited each month to ensure that clear records were kept of residents' skin integrity, weight, blood test results and other health indicators, and actions were identified. This ensured that residents' health was closely monitored to ensure that they continued to be comfortable and well cared for.

Residents had hospital passports in place to ensure that all essential information relating to the resident and their assessed needs and the person in charge had drawn up a 'transfer checklist' to ensure that all required actions were taken when a resident was transferred to hospital. There was evidence that this was discussed with staff at supervision and in meetings. Advance planning for residents' end-of-life care plans had occurred in some cases with the clinical nurse specialist in palliative care.

Judgment: Compliant

## Regulation 8: Protection

The inspector reviewed the provider's policy on safeguarding vulnerable adults, residents' personal and intimate care plans, financial audits and ledgers and documentation relating to one safeguarding incident which had occurred in the centre.

The provider was found to have good systems in place to ensure that all residents were safeguarded from abuse. All staff had completed training in safeguarding and were aware of procedures to follow in the event a safeguarding concern arose. Safeguarding was on the agenda for staff meetings.

The inspector found that residents' personal possessions and finances were safeguarded in the centre. An inventory of personal possessions was kept for each resident and updated where any new purchases were made. Residents finances were checked each day and audits were regularly carried out.

Residents' personal and intimate care plans were found to be detailed to guide staff practice. As outlined earlier, there was a specific induction which was carried out with staff to ensure that they were familiar with, and competent to deliver personal care in line with each residents' care plan. Language used in these plans was person-centred and found to promote residents' rights to privacy and dignity. The inspector observed staff respecting residents' privacy by knocking on residents' bedrooms before entering

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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant