



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 29
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	23 October 2024
Centre ID:	OSV-0005878
Fieldwork ID:	MON-0036098

About the designated centre

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

Community Living Area 29 is situated in the outskirts of a small town in Co. Kildare. The designated centre consists of a bungalow which has the capacity for three residents, male and female over the age of 18 years. At the time of inspection, there were two residents living in the centre. The residents in the designated centre have varying needs in relation to their moderate intellectual disability, diagnosis of Autism, mental health needs, mobility and physical disabilities. The bungalow is decorated to the residents' personal tastes and interests. Residents have their own sizeable bedroom, kitchen, sitting rooms and bathroom and is wheelchair accessible. The aim is to provide a home like environment and to encourage each individual to live to their full potential by encouraging choice, providing adequate resources to support each individuals to function at an independent level as possible. A suitable car is available at the location. Residents are supported by health care assistants, social care workers and the person in charge. Staff members provide security, company and support for each individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 23 October 2024	09:30hrs to 16:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This announced inspection was completed to inform a decision regarding the renewal of registration for the designated centre. The inspection took place over one day and was completed by one inspector.

Overall, the findings of the inspection indicated that residents were in receipt of good quality care and support with positive outcomes noted for the residents that lived in the centre. Full compliance with all regulations reviewed was found. The provider had demonstrated very stable and consistent levels of compliance in this centre, with person-centered care at the forefront of all aspects of care and support.

In order to gather a sense of what it was like to live in the centre, the inspector spent time with the residents, met with the staff and management team and spent time reviewing key pieces of documentation in relation to care and support needs.

The designated centre had capacity to accommodate three residents. Two residents were living in the centre on the day of inspection. The inspector met both residents and spent time speaking with them and observing aspects of the care and support being delivered.

The residents lived a detached bungalow building in a rural area in Co. Kildare. There was a large well maintained garden area surrounding the property. The inspector completed a walk around of the designated centre and garden as part of the inspection process. The centre comprises of four bedrooms, one of which was en-suite. Two bedrooms were assigned to residents and two bedrooms were used as staff sleep over rooms/office. A large accessible bathroom, a separate sitting room, kitchen area and utility area were all available to residents. All areas of the home were tastefully decorated with pictures of the residents with their families and friends found throughout the home both in the residents' bedrooms and communal areas. The home was warm, clean and well maintained.

On arrival at the centre the inspector met with a resident. They were sitting in the sitting room and engaged in a sensory activity of their choosing. Preferred music was playing on their smart speaker. They appeared very comfortable and content. With the support of staff the resident told the inspector about a garden project they recently completed. The resident with the assistance of staff got ready to bring the inspector out to the garden to show them the structure that they had built with the assistance of staff. Two staff were present to support the resident and it was noted that they kindly asked permission before care and support was delivered. For example, they gave choices on what outer clothes to wear and asked permission from the resident before they assisted with dressing.

The inspector went outside with the resident and they proudly showed the replica old style cottage that had been built. This structure was put in place as it was aesthetically pleasing and reminded the residents of previous homes that close

relatives had lived. It was clear that a lot of thought and effort was put into this project and both residents in the home had been involved in this process. Other items had been added to the garden to ensure it was well presented. For example, a tractor from a residents' childhood home had been restored and put in the garden, a sensory garden surrounded this. Staff spoke about how the resident liked some of the different textures and would spend time looking at the tractor in the garden. There was also raised flower beds, a seating area and other items on display.

The resident left for their day service later in the morning. Although the resident did not directly converse with the inspector they smiled and gave one word answers. Staff were seen to interact with the resident and understand their means of communication. It was apparent that the resident was very comfortable with the staff supporting them.

The inspector met the second resident throughout the course of inspection. Initially they were a little reluctant to spend time with the inspector but as they got more comfortable with the inspector in their home they were happy to tell the inspector about different aspects of their life. They received a full wrap around service from their home as they had retired from day service. On the day of inspection they had plans to go out shopping and to collect items they needed. The resident spoke to the inspector about buying clothes and what was their favourite shop and online service that they purchased items from. The knew the staff in the local post office and was very much part of the local community life. The resident was very familiar with the staff team and had a very good rapport with all staff and management. The resident like to know who was on duty each week and had their own copy of the roster and talking tiles to support them with this. They showed the inspector their copy of the roster. The resident, when asked, stated they were very safe in their home. They often talked about their peer they lived with and it was clear that they had a good relationship. Photo's of the two residents out on different day trips were on display though out the home.

Written feedback from the residents on the quality and safety of care was also viewed by the inspector. Staff supported both residents to provide this feedback. The residents reported that the house was a nice place in which to live, they liked the food options available, they were supported to make their own decision and choose their own daily routine, people were kind, they felt safe, staff knew what was important to them, management and staff listened to them, staff provided support when required and, staff and family members would advocate on their behalf. One resident had signed the survey form.

In addition to speaking with residents, the inspector had the opportunity to speak with a family representative via phone call. The family member was very complimentary of the care provided to the resident especially in relation to managing their complex healthcare needs. They specifically stated that the staff team were excellent and that they were always made feel very welcome when visiting the centre.

Overall, this inspection found that the residents appeared relaxed and very content in their home. The staff team were very experienced and were observed to be kind,

caring and person centred in their interactions with the residents. Residents had a very good quality of life where their assessed needs were being very well met.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Overall, the findings of the inspection were that the residents were in receipt of a service in line with their specific assessed needs, the service was person centred and a rights based approach to care and support was evident at all times. This resulted in residents enjoying a very good quality of life. Full compliance with all regulations reviewed was achieved.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge facilitated the inspection process and were found to be very knowledgeable about residents' care and support needs. They utilised the providers systems in a very effective manner and demonstrated they had comprehensive oversight of the care and support being delivered. They were supported in their role by an area director and a stable and consistent staff team.

As previously mentioned the provider had demonstrated consistent levels of compliance since the centre began operation in 2019. There were well established systems to monitor and audit all aspects of care and support with clear action plans put in place as required.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included the submission of a statement of purpose and floor plans.

In addition, the provider had ensured that the fee to accompany the renewal of registration of the designated centre under section 48 of the Health Act was paid.

Judgment: Compliant

Regulation 15: Staffing

As part of the inspection process the inspector reviewed rosters, both planned and actual, in place from the 26 July 2024 to 31 October 2024. All rosters were well maintained with staff full names and relevant delegation clearly represented on the roster. For example, the designated centre had a staff member designated as an Infection Protection Control (IPC) champion. Their role was to ensure the IPC needs of the centre were met to a high standard. This role was clearly stated on the roster and the hours they had dedicated to completing this role was also stated.

On a review of the sample of rosters, it was found that two staff were to support residents during the day and two sleepover staff to support residents at night. This ensured there were sufficient staff on duty to support residents in line with their specific assessed needs. At times relief and agency staff were utilised to ensure there were sufficient numbers of staff in place. This was kept to a minimum and the provider had systems in place to monitor and ensure that agency staff use had minimum impact on the residents' continuity of care. For example, all agency staff were provided with their own online log on code to the provider's systems to ensure they could access all guidance in relation to residents' care and support needs.

All staff spoken with during inspection were very knowledgeable about the support needs of the residents, their likes and dislikes. The inspector met and spoke with five members of the staff team.

Schedule 2 documentation which relates to staff records were reviewed prior to the inspection by a Regulatory Support Officer employed by the Office of the Chief Inspector. Three staff files were reviewed and were in line with regulatory requirements which included evidence of professional references and vetting by An Garda Síochána.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and a sample of training certificates for eight 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, and manual handling. One 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 the resident at mealtimes. In addition, the staff team had completed diabetes training and epilepsy training to support residents' with these specific assessed needs. All the staff team had completed training in a human rights-based approach to health and social care. All staff had up-to-date training which enabled them to

provide evidence based care and support.

The inspector reviewed supervision records and annual appraisal for three staff members. The supervision notes covered key areas related to the staff members role such as training needs, meeting residents' needs and residents' person centred goals. Human rights and utilising the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles were also discussed during supervision sessions.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre. The inspector reviewed the documentation and found that the insurance in place covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to a person in charge. The person in charge was supported by the service manager.

The provider had in place a series of comprehensive audits both at local and provider level. For example, at local level, regular hand hygiene, medication management and environmental audits were completed. The monthly house audit tool was also utilised to ensure all relevant oversight systems were been completed in a timely manner. The inspector reviewed the house audit tool for September 2024. This identified that a fire safety checklist had not been completed for three weeks in September. This was rectified by the person in charge.

At provider level, six monthly unannounced visits and an annual review had taken place in line with the requirements of the regulations. The inspector reviewed the most recent six monthly provider-led unannounced audit dated the 8th May 2024. An action plan had been devised and 35 actions had been identified. All actions were completed on the day of inspection. For example, it identified that improvements in staff training were needed. All staff were found to have up -to -date training in place on the day of inspection.

Information was shared with staff and management in a number of ways to ensure the effective running of the service and to drive quality improvement. Regular

management presence was also noted in the centre. 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. The inspector reviewed staff meeting notes dated the 9th of October 2024 and found that the agenda was resident focused and evidenced good communication around pertinent issues occurring at this time. For example, residents' specific healthcare needs and upcoming appointments were discussed in detail.

Overall the systems in place were effective in ensuring care and support was of good quality and maintaining residents' good quality of life.

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. For example, the most recent version had been updated to ensure the care and support needs of residents was accurately reflected.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, it was found that residents lived in a very comfortable home, their preferences and choices were carefully considered and their individual assessed needs were well met.

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. When hospital admissions occurred residents were well supported.

The provider had policies and procedures in place in relation to safeguarding, and staff were familiar with how to report any concerns. Any concerns that had been reported had been managed in line with the requirements of the regulations.

There were systems in place to ensure care and support was provided in a safe manner. When required risk assessments were put in place, regularly updated and clearly guided staff practice. In addition, fire safety systems were in place and were

effective in mitigating the risks posed in the event of an outbreak of fire.

Regulation 17: Premises

As previously mentioned the inspector completed a walk around of the centre with the person in charge. The inspector reviewed each resident's bedroom and found them to be decorated to each resident's individual tastes. For example in a resident's bedroom there was a large painted mural on the wall above the bed. Personal items, pictures, soft furnishings and other items were placed and displayed in the residents' bedrooms.

All other parts of the home were equally well maintained and kept. Accessibility equipment was in place as required and there were ramps from the exits of the home to ensure residents could enter and exit the building with ease.

Outside was also very well presented as discussed in the Resident views. However, although some areas of the garden could be accessed by cement paths, not all parts of the garden were as easily accessible due to the gravel driveway. The provider had identified this through their own audits and had plans to apply for funding in 2025 to ensure good accessibility to all parts of the garden.

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. For example, it outlined the arrangement for in relation to visitors to the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall it was found that effective risk management systems were in place. The inspector reviewed the centre's risk register, risk assessments relating to each resident, and a record of incidents and accidents from the previous 12 months. It was found that all relevant risks has been identified, assessed with comprehensive control measures put in place. For example, there were risk assessments in place around safeguarding needs, risk of aspiration, raised anxiety, manual handling, and epilepsy. All control measures as stated in risk assessments were in place. For

example, in the risk assessment for manual handling a control measure was for all staff to provide a count down before a transfer of a resident from one area to another. On the day of inspection, on multiple occasions, the inspector heard the staff team provide a count down to the residents before they transferred them to wheelchairs or other mobility aids within the centre.

The person in charge provided a summary of all relevant incidents before the inspector reviewed incident forms. It was clear that trending of incidents was done on a frequent basis. The inspector reviewed 12 incidents for one resident that occurred in 2024. All incidents had been reviewed for learning and any actions stated had been completed. For example, there was an incident recorded in relation to a minor scald from a hot water bottle. Following this a risk assessment had been devised and the learnings identified discussed at the team meeting. The control measures had been effective and no other incidents had occurred to date.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the systems in place to mitigate the risk of fire were in line with the requirements of regulation. 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 closure mechanisms which would ensure the doors would automatically close in the event of a fire. All fire escape routes were clear. The provider had installed an additional fire escape route from a staff bedroom to ensure that safe evacuations could occur at both ends of the home.

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. For example, a resident had recently been provided with a new hoist. The personal evacuation plan had been updated to reflect how to use this equipment in the event of a fire.

The inspector reviewed a sample of three fire drills which had taken place by day and night. There were sufficient staff in place to safely evacuate the residents.

On the day of inspection one of the residents spoke to the inspector about what they would do in the event of a fire. It had been discussed and practised with the resident on a regular basis as they clearly described the area they needed to go to during practice drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicines. A review of one resident's medicine administration records indicated that medicines were administered as prescribed. Both residents had up -to -date self administration of medicine assessments completed which indicated that both residents' needed full support in this area.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

There were systems in place to record medicine errors if they occurred.

Medication prescribed as necessary (PRN) had clear protocols in place with the maximum dosage of medication clearly stated. The enabled staff to provide this medicine in a safe manner.

Judgment: Compliant

Regulation 6: Health care

Residents attended a range of health and social care appointments to ensure their specific needs were met and to have the best possible health. This included access to a general practitioner 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.

The inspector reviewed both residents' healthcare plans in relation to their specific assessed needs. The residents' healthcare plans were stored on the provider's online system and were found to be up -to -date and regularly reviewed. The inspector reviewed healthcare plans in relation to epilepsy and diabetes and they clearly guided staff practice and accounted for all aspects of healthcare in relation to these specific assessed needs. For example, the diabetes care plan accounted for the need of the resident to engage with the National Screening process in relation to Diabetic Retina Screening and had attended appointments on a regular basis.

Residents had hospital passports in place. In addition, easy read documentation was in place for residents to discuss information in regards to upcoming hospital procedures. One resident spoke with the inspector about a procedure they were scheduled for in the coming weeks. It was evident that residents were regularly

updated and kept informed of their specific needs.

Judgment: Compliant

Regulation 8: Protection

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

All safeguarding incidents had been identified, investigated and reported as required. Although there were no active safeguarding plans at the time of inspection the person in charge spoke about the importance of identifying learning from all relevant incidents.

Residents' personal and intimate care plans were found to be detailed to guide staff practice. Language used in these plans was person-centred and found to promote residents' rights to privacy and dignity. In addition, the a staff member spoke in detail of what was important to residents when personal care was being delivered, such as having a familiar staff with them, or having the right to choose a staff member to assist them with this process.

Judgment: Compliant

Regulation 9: Residents' rights

The findings of the inspection indicated that a rights' based approach to care and support was embedded within the culture of the designated centre.

A number of discussions with the members of staff indicated that the resident always had the right to make a choice.

All language used about residents was respectful and professional. Residents were encouraged to take part in all discussions on the day of inspection and the staff team asked the inspector to provide feedback on the inspection process directly back to a resident that had requested this.

All staff members had completed training in relation to human rights.

Staff were aware of their responsibilities under the Assisted Decision Making (2015) legislation and necessary referrals to the Decision Support Service has been made.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant