



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 40
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	27 November 2024
Centre ID:	OSV-0008749
Fieldwork ID:	MON-0043467

## About the designated centre

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

Community Living Area 40 is a designated centre located in a rural setting in Co. Kildare. The centre provides care and support to four residents with intellectual disabilities who have medium to high support needs. The house is a bungalow and comprises a reception room, a sitting room, kitchen, utility, office, conservatory, four resident bedrooms and two accessible bathrooms. There are ramps to the front and rear of the house and the house is accessible throughout and fitted with overhead hoists. The staff team comprises nurses, social care workers and support workers. Residents have access to two vehicles.

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

Number of residents on the date of inspection:

4

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 27 November 2024	10:00hrs to 16:30hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

From what residents told the inspector, and what the inspector observed, it was evident that residents living in this designated centre were receiving a good quality service which was person-centred, and that they were living in a comfortable home. The inspection found high levels of compliance with the regulations.

The designated centre is a bungalow set in a rural area in county Kildare. The bungalow comprises a reception room, a sitting room, kitchen, utility room, office, conservatory and dining area, four resident bedrooms and two accessible bathrooms. The house had been decorated since the centre's last inspection and was found to be very homely and warm. Each of the residents' bedrooms were found to be beautifully decorated with family photographs and other items of importance to them on display. Two of the residents had fish tanks in their bedrooms which they were reported to enjoy. Each of the bedrooms had an overhead hoist installed. Both bathrooms were accessible, with one having a parker bath and a shower trolley in place. The house had a ramp to the front and rear of the house, and there was a large patio area for residents to enjoy.

Residents in the centre presented with medium to high support health and social care needs. One resident communicated verbally, while the other three residents had more complex communication support needs. This meant that residents used a combination of vocalisations, body language, eye contact and facial expressions to communicate. To best support these residents, staff were required to build up relationships and knowledge of residents' communication signals and their overall presentation to ensure that they were able to respond to them appropriately. Each resident had a communication care plan in place which detailed their unique communication needs and how best to interpret and respond to them. There was also a Disability Distress Assessment Tool (DisDAT) assessment in place to ensure that any signs of discomfort or distress were identified in a consistent manner.

The inspector had the opportunity to meet all of the residents, the person in charge, the person participating in management, and two staff members on the day of the inspection. As described above, due to the communication support needs of three residents, the inspector observed them in the company of staff to gain insight into their lived experiences in the centre. On arrival to the centre, one resident took the inspector by the hand and sought out the bus. The resident left with a staff member a short time later to go for a cup of tea, which was their expressed preference. They returned a short time later. The other two residents were seated together watching the television. One resident made eye contact and smiled in response to interactions while the other resident vocalised their wish to be alone. Residents went to a shopping centre to purchase new clothes, and appeared to be happy going out for the day. The inspector met the fourth resident in the afternoon when they returned from their day service. They were noted to be content to be home, and walked freely about the house. All of the residents were well presented, and interactions with staff were noted to be friendly and kind. The inspector observed that staff

offered residents a choice of what they wanted to do, and that their requests were swiftly responded to. There was a calm and relaxed atmosphere in the house.

Residents in the centre required modified diets which meant that staff had to cater to specific dietary requirements, and prepare food and drink of different textures for each resident in line with their assessed needs. The inspector found that residents were offered a variety of foods, and that staff were familiar with their dietary requirements. Residents were involved in menu planning each week, and where they wished to, were involved in taking part or observing the preparation of meals. There were enough staff on duty to provide the support each resident required for their meals.

Residents in the house were supported to engage in activities of interest to them, and the person in charge reported that each residents' key worker was in the process of exploring more activities for residents to do. For example, staff were exploring the possibility of a resident resuming swimming, which they had previously enjoyed. One resident went to an external day service five days per week and engaged in a range of activities there including horse riding. Some of the residents had recently attended a show in a theatre, and some had done overnight stays in hotels. Residents enjoyed complementary therapies such as reflexology in their home. They enjoyed going shopping, going out for meals and attending a local barber. Within the house, residents enjoyed baking, cooking, music and watching television. Residents' families were able to visit the centre at any time, and throughout the inspection, it was evident that there was good communication between the centre and families in relation to residents' health and wellbeing.

Staff had completed training in a human-rights based approach to health and social care. It was evident that where residents had complex communication needs, their will and preferences were used to inform their care and support, including their daily routines. For another resident who communicated verbally, the inspector observed their requests being facilitated in a timely manner, and that their activity in the morning was planned with them in line with their interests. Resident meetings took place on a weekly basis. A review of the minutes from five of these meetings showed that these meetings were used to plan out the menu and to discuss activities for the week ahead.

In summary, the inspector found that this was a well-run centre which was providing good quality person-centred care. There was a focus on continual quality improvement. The next two sections of the report will present the inspection findings in relation to the governance and management arrangements in the centre, and how these arrangements impacted on the quality and safety of residents' care and support.

## Capacity and capability

This was a short-notice announced inspection which took place to monitor

compliance with the regulations. The house was originally part of another designated centre run by the provider. However, in April 2024, the provider applied to register this as a standalone centre. As outlined at the beginning of the report, there were high levels of compliance found in the centre across a number of regulations. Improvements were required in staffing, which is discussed under Regulation 15: Staffing below.

The inspector found that the provider had a clear management structure in place, which outlined roles and responsibilities. This meant that each member of staff and management were aware of who they reported to. The provider shared information in a number of ways to ensure that learning was shared with staff and with management to ensure ongoing quality improvement. There was evidence of monitoring systems in place to ensure that residents received good quality care and support.

The provider had employed a suitable number of staff who had the required skills to support residents in line with their assessed needs. However, due to a number of vacancies on the day of the inspection, there were a number of different agency staff used in the two months prior to the inspection and this impacted upon continuity of care for the residents.

Staff were found to have completed a number of training courses to enable them to fulfill their roles to best support residents. They received supervision and support to promote continuous professional development.

### Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications relevant to their role. The person in charge worked on a full-time basis. They had responsibility over one other designated centre and split their time evenly between the two houses. The person in charge demonstrated good knowledge of the residents, and demonstrated good oversight of the centre.

Judgment: Compliant

### Regulation 15: Staffing

The inspector reviewed the rosters for the centre for the two months prior to the inspection taking place. These demonstrated that there was an adequate number of staff with the required skills to meet residents' assessed needs. The staff team comprised nurses, social care workers, and support workers. However, there were a number of vacancies on the day of the inspection. In order to fill these shifts, it was

necessary to use agency staff. A review of the rosters showed that in the eight weeks prior to the inspection, there had been 19 agency staff used to fill a total of 46 shifts. On two occasions, night time cover had been provided by only agency staff. This affected the continuity of care for residents.

The provider had a risk assessment in place on residents' ability to engage in activities outside of their home in the evening times or after 2pm at the weekend due to the staffing levels. Where an activity was planned for an evening, the provider had put a system in place to enable the person in charge seek additional hours to support the residents to do so as much as possible.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and found that staff had completed in areas which the provider deemed mandatory such as fire safety, safeguarding, manual handling and food safety. They had completed a suite of training in infection prevention and control , and additional training in human rights. All staff had completed additional training in line with residents' needs such as managing feeding, eating, drinking and swallowing and transport.

The inspector reviewed a schedule of staff supervision sessions in addition to a sample of three staff members' supervision notes. These indicated that all staff had received supervision in line with the provider's policy, and supervision sessions included discussions on roles and responsibilities and on training. Staff meetings occurred every month. The inspector reviewed a sample of three sets of minutes. It was evident that there was a focus on residents, that information was shared with the team from other areas of the organisation and that learning from incidents and accidents was discussed.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had a management structure, and a number of systems in place to ensure that the quality and safety of residents' care and support was monitored on an ongoing basis. The inspector reviewed the centre's six-monthly unannounced audit and this identified areas for improvement along with an action plan. There were systems in place to ensure that information and transfer of learning relating to reach resident, risks, safeguarding, incidents and accidents and quality initiatives were shared with staff throughout the organisation. For example, the person in charge attended regular meetings with their line manager, alongside a forum with



other persons in charge in the area. A sample of minutes of the last two forums covered a range of topics including infection prevention and control, learning from inspections, and risk. Staff meetings also occurred on a monthly basis, and a sample of minutes of the last three meetings demonstrated that information was shared across the team to ensure that all staff had up-to-date information to carry out their respective roles.

The inspector reviewed a sample of three months of audits which were being carried out at set times which included audits of care plans, finances, health and safety, and medication. These identified areas requiring action which were in the process of being progressed on the day of the inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the provider's most recent Statement of Purpose and found that it contained information required in the regulations, and that it reflected the services and facilities available to residents on the day of the inspection.

Judgment: Compliant

### Quality and safety

Residents were found to be supported to have a good quality of life in the centre. The health and wellbeing of residents was supported through accessing health care services, having nutritious diets, and engaging in meaningful activities. Residents had access to a range of health and social care professionals, and these professionals informed their care plans as appropriate.

The provider had systems and processes in place to ensure that residents were protected and safe from harm. This included a policy on safeguarding, staff training and supervision, educating residents, and carrying out regular checks on residents' personal possessions and finances. Residents' general welfare and development was promoted and supported by ensuring residents had access to meaningful activities, and that they were in contact with their family members and those important to them. The designated centre was found to be beautifully decorated and had a homely atmosphere. It was found to be in a good state of repair, and there was a system in place to report any areas requiring maintenance or repair in the house. Residents were provided with a varied and nutritious diet, and supported to buy and prepare meals where they wished to do so.

The inspector found that the provider had risk management systems in place to

ensure that risks were identified, assessed, managed and reviewed. Incidents and accidents were documented and reported in a timely manner, with risk assessments amended where this was required. Residents, visitors and staff were protected against fire in the centre. There were detection and containment systems in place, emergency lighting and fire fighting equipment. This is discussed further under Regulation 28: Protection against Fire below.

### Regulation 13: General welfare and development

The inspector found that residents were supported to engage in meaningful activities within their home, and within their local community. For example, from speaking with staff, a review of three care plans and minutes from residents' meetings, the inspector saw that residents engaged in activities in line with their will and preferences. These included going out for coffee and meals, going to shows and live music and going shopping. One resident had a day service five days a week. Another enjoyed reflexology twice a week. Within the house residents enjoyed activities such as watching television, listening to music, taking part in baking and meal preparation, and doing gardening in the summer months.

It was evident from residents' person-centred plans that staff were endeavouring to further explore options for the following year such as swimming, having a hotel break, and going to a show. Residents were supported to maintain relationships with those important to them. Throughout the day, there was evidence of family involvement in residents' care and support. For example, on daily care notes, and following appointments family members were contacted where appropriate. One resident had recently had a birthday party in a hotel with all of their family. Family members were welcome to visit the centre at any time.

Judgment: Compliant

### Regulation 17: Premises

As outlined in the opening section of the report, the inspector carried out a walk about of the centre with the person in charge. The house was accessible throughout, and had ample space for residents to spend time together, or time alone. Each residents' room was personalised and reflective of their life experiences and interests. The house had been recently decorated and was found to be homely and warm throughout.

Judgment: Compliant

## Regulation 18: Food and nutrition

The inspector reviewed menu plans for the three weeks prior to the inspection taking place and found that there were a range of options available to residents in line with their dietary requirements and preferences. A menu plan was discussed and chosen each week, and residents were supported to take part in preparing meals where they wished to do so. All of the residents had care plans in place relating to feeding, eating, drinking and swallowing.

Some residents were on modified diets , and required direct support at meal times, and there were an adequate number of staff to provide this support. Other residents required supervision, which was also achievable within the available staffing numbers. One of the staff members demonstrated clear knowledge of residents' dietary requirements and the modifications they required. They had suitable equipment to blend food as required.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspector found that the provider had good risk management systems in place to ensure that risk was identified, assessed, managed, and regularly reviewed. The inspector reviewed risk assessments relating to residents, in addition to the safety statement and associated risk register. These indicated that where risk was identified, that the provider had put measures in place to mitigate against risks, including staff training. There was a schedule of checklists relating to health and safety , fire and risk which were done on a monthly basis.

The inspector reviewed a record of incidents and accidents in the centre. These were reviewed by the person in charge and person participating in management and where required, learning was shared with the staff team and risk assessments were updated to mitigate against reoccurrence.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector carried out a walk around of the centre and observed emergency lighting, smoke alarms and fire doors with swing closers throughout. Double doors were installed in one bedroom to allow evacuation using a bed, if required. Fire orders were on display at the entrance, and there was clear signage on where

oxygen was stored. Each resident had a recently updated personal emergency evacuation plan.

The inspector reviewed fire drills which had been carried out in 2024. These indicated that a number of different staff had completed drills, and that evacuation was achieved within reasonable time frames. Where an issue had occurred, it was evident that this had been reviewed, and that a resident's personal emergency evacuation plan was amended to mitigate against risks.

Judgment: Compliant

## Regulation 6: Health care

The inspector reviewed three of the residents' care plans and found that residents were well supported to maintain their health. Residents in the centre had a range of complex health care needs. From the care plans, it was evident that they were facilitated to attend a range of health and social care professionals. These included a general practitioner, a range of medical consultants, a speech and language therapist, an occupational therapist, a physiotherapist and a dietitian. Records of each appointment attended was kept, and there was evidence of oversight of health care monitoring, and ensuring follow-up appointments were booked.

The inspector saw evidence that residents were supported to access National Screening programmes such as BreastCheck and Bowel screen. Where a resident had difficulty during the screening, there was evidence of this being discussed with the general practitioner to ensure that their health care was monitored.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that the provider had systems in place to ensure that residents were safeguarded from abuse. There had been four safeguarding notifications to the Office of the Chief inspector in the twelve months prior to the inspection taking place. The inspector viewed corresponding documentation submitted to the HSE Safeguarding and Protection Team which included safeguarding plans. This demonstrated that the provider was recognising and notifying safeguarding concerns in line with national policy, and that they were putting appropriate measures in place to mitigate against any risks.

The inspector reviewed three personal care plans and found that they were written in a manner which promoted residents' rights to privacy and dignity while receiving care.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Community Living Area 40 OSV-0008749

Inspection ID: MON-0043467

Date of inspection: 27/11/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>It is recognised that there is a deficit in consistent staff available to CLA 40. There is currently a recruitment process underway and a staff member has been identified to commence on 24th January 2025. In addition to this, due to reconfiguration of services, an additional staff member has been identified to start in CLA 40 on 24th January 2025. Both staff members are the equivalent of two whole time equivalents, which in turn will comply with CLA 40 Statement of Purpose &amp; rostering needs. It is expected that this will reduce the need for agency and support CLA 40 to deliver a consistent approach to care for the residents.</p>	



**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/01/2025