



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 18
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	02 February 2022
Centre ID:	OSV-0002724
Fieldwork ID:	MON-0027450

About the designated centre

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

Community Living Area 18 is a designated centre run by Muiriosa Foundation. The centre provides residential care for up to three male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of one two-storey townhouse, centrally located within a town in Co. Laois. Residents have their own en-suite bedroom, shared kitchen and dining area, sitting room and staff office spaces. There is also an enclosed courtyard and rear garden area for residents to use, as they wish. Staff are on duty both day and night to support the residents who live at this centre.

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
Wednesday 2 February 2022	10:55hrs to 15:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

Overall, this was found to be a centre that was considerate of residents' assessed needs and capacities, ensuring they received the care and support that they required.

This designated centre comprised of one two-storey townhouse located in a town in Co. Laois, close to shops and other local amenities. Residents had their own en-suite bedroom, kitchen and dining area, sitting room, staff office areas and bathrooms. A well-maintained enclosed courtyard was accessible to residents from the main hallway and from the kitchen area. Here, some residents liked to pot and arrange flowers, which were proudly displayed. In addition to this, the centre's rear garden contained a polytunnel, which some residents liked to grow vegetables in. The design and layout of the centre was considerate of the mobility needs of residents, with ramped exits and entry points, hallways were wide and fitted with handrails and there also was a wheelchair accessible lift, which allowed access to the first floor of the centre, if required. Residents' bedrooms were also spacious in layout, which allowed for ample space for the use of specific manual handling equipment. Photographs of the residents were displayed throughout, which gave the centre a lovely homely feel. Overall, the centre was tastefully decorated, clean and provided residents with a very comfortable living environment.

Upon the inspector's arrival, the centre was found to have a very calm and relaxed atmosphere, where staff were supporting residents with their morning routines. Two residents were having their breakfast together in the kitchen and another resident was in the sitting room using exercise equipment. These residents had lived together for many years, were very familiar with each other and appeared to be very comfortable in each others company. Due to their communication needs, staff members on duty supported these residents to communicate briefly with the inspector. They told of their involvement in local active retirement groups and of their plans for the day. Many of these residents were full-time wheelchair users and required staff support to get around the centre, and the inspector observed staff to support residents to do so in a very kind and caring manner. Although these residents had communication needs, staff knew these residents well and were able to interpret what residents wanted to say.

Much effort was made by staff to ensure these residents had opportunities to engage in meaningful activities, in accordance with their preferences, wishes and capacities. The person in charge told the inspector about how residents liked knitting, painting, gardening and making jigsaws. Family visits to the centre and home visits were encouraged and residents were supported with this, as they wished. For one resident, who was always very active in the town growing up, staff continued to support them to run errands and collect messages. The person in charge told the inspector that this was an important aspect of this resident's social care, to maintain this level of engagement with their local community. Local active retirement groups played a pivotal role in the social care of these residents. Here,

residents had the opportunity to meet with other members of their local community and take part in various activities. Since the introduction of public health safety guidelines, residents had not attended this group, but staff told the inspector that they were planning to support them to return. The quality of the social care provided in this centre was largely attributed to the adequacy of transport and staffing arrangements, meaning residents had the support and resources they needed to engage in activities that they enjoyed.

Due to the assessed needs of these residents, much emphasis was placed on ensuring continuity of care was provided. As previously stated, staff knew the residents very well and spoke respectfully about the residents with the inspector. Where newly recruited staff or unfamiliar relief staff were appointed to the centre, the person in charge told of how these staff members were supported to get to know these residents and their assessed needs, prior to working directly with them. Over the course of this inspection, staff interaction with residents was found to be pleasant, kind and caring.

The next two sections of the report outline the findings of the inspection.

Capacity and capability

The inspector found that this was a well-managed centre that ensured residents were receiving a good quality and safe service. Although the provider was found to be in compliance with many of the regulations inspected against, improvement was identified to fire safety and an urgent action was issued on the day of inspection. Subsequent to the inspection, the provider submitted their response which gave assurances that this issue had been addressed. This inspection also highlighted that other improvements were also required to aspects of health care, infection, prevention and control, risk management and governance and management.

The person in charge was based full-time at the centre and she had very good knowledge of the residents' needs and of the operational needs of the service delivered to them. She was supported by her staff team and line manager in the running and management of the service and had allocated administrative time to fulfill her duties as person in charge. This was the only designated centre operated by this provider in which she was responsible for, and current governance and management arrangements supported her to have the capacity to effectively manage the service.

The centre's staffing arrangement was subject to regular review to ensure a suitable and adequate number and skill-mix of staff were always on duty to meet the needs of residents. In response to the changing needs of some residents, the provider had recently revised the night-time staffing arrangement to ensure residents had access to a waking staff member, should they require further support at night. Arrangements were also in place to provide additional staffing resources to this centre, which included relief staff who were familiar with the residents and with the

care and support that they required. Due to the specific assessed needs of these residents, particularly in the areas of mobility and communication, continuity of care was an important aspect of the service that the provider strived to provide for these residents. This had a positive impact for all residents as it meant they were always supported and cared for by staff members who were familiar to them. Effective staff training arrangements were also in place and closely monitored by the person in charge, ensuring all staff received the training they required appropriate to their role.

The provider had ensured that this centre was adequately resourced in terms of staffing, equipment and transport. The person in charge held regular staff team meetings, which facilitated regular discussions about the care and welfare of residents. Separate to these meetings, she had frequent contact with her line manager to review operational related matters. Monitoring systems were in place to oversee the quality and safety of care in this centre, which included, six monthly provider-led visits and a range of other internal audits. However, some improvement to these monitoring systems was required to ensure their overall effectiveness in identifying where specific improvements may be required within this centre. For example, although the last six monthly provider-led audit did look at areas such as fire safety and health care, due to the extensiveness of the areas of practice reviewed as part of this visit, it failed to support the provider in identifying the specific improvements to fire safety and health care required within this centre, that were identified upon this inspection.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present at the centre to oversee the quality and safety of care delivered to residents. She was very familiar with residents' assessed needs and with the operational needs of the service delivered to them. This was the only designated centre in which she was responsible for, which gave her the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were on duty to support these residents.

Judgment: Compliant

Regulation 16: Training and staff development

Effective arrangements were in place to ensure staff had access to the training they required appropriate to their role. In addition to this, all staff were subject to regular supervision with their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and transport. Although monitoring systems were in place, these required improvement to ensure their overall effectiveness in identifying where specific improvements were required within this centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre which included all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that this centre was operated in a manner that was

considerate of residents' assessed needs, preferences and capacities.

The centre comprised of one two-storey townhouse centrally located in a town in Co.Laois. Here, residents had their own en-suite bedroom, shared kitchen and dining area, sitting room, staff office areas and bathrooms. Residents also had access to an enclosed courtyard and rear garden area. The design and layout of the centre was considerate of the mobility needs of residents, with ramped exits and entry points, wide hallways, handrails and a wheelchair accessible lift. Overall, the centre was found to be spacious, clean, nicely decorated and had a lovely homely feel to it.

The provider had fire safety precautions in place, such as, fire detection and containment arrangements, fire extinguishing equipment, up-to-date staff training in fire safety, a waking night-time staff arrangement, emergency lighting and staff were also conducting regular fire safety checks of the centre. The provider was very proactive in ensuring regular fire drills were completed with all staff and residents, which included, conducting frequent fire drills using minimum staffing levels. Although, many areas of fire safety were maintained to a good standard, the arrangements in place to effectively evacuate all residents in a timely manner at night required improvement. As a result of this concern, an urgent action was issued to the provider and subsequent to the inspection, the provider submitted their response which gave adequate assurances that this issue had been addressed.

There was a fire procedure available at the centre; however, it required further review to ensure it gave clearer guidance to staff. For instance, one of the identified fire exit points led into an enclosed garden area. However, it was unclear from the fire procedure what arrangements were in place to ensure the safe evacuation of residents and staff from this area, should they use this particular fire exit route. In addition to this, suitable wheelchair accessible transport arrangements had not been identified on the fire procedure to ensure all residents could be brought to a safe location, in the event an evacuation. Furthermore, the fire procedure didn't clearly guide on the arrangements for the evacuation of staff residing in upstairs accommodation, should the downstairs fire exits become inaccessible to them at night, in the event of a fire.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to protect the safety and welfare of all residents and staff. Regular temperature checking, appropriate use of PPE and good hand hygiene was consistently practiced at the centre. The provider had contingency plans in place, should an outbreak of infection occur at the centre and to also guide on the response to decreased staffing numbers, on foot of an outbreak. These contingency plans were reviewed by the inspector and it was identified that these would benefit from further review so as to ensure clearer guidance was provided to staff, should a resident present symptomatic and require isolation.

The person in charge had ensured that a comprehensive assessment of each resident's health, personal and social care needs was completed on a minimum annual basis. Some residents had assessed health care needs and required staff support with aspects of their activities of daily living. The person in charge spoke with the inspector about some of these health care needs and demonstrated a very

good knowledge of how these residents were supported on a daily basis, particularly in the areas of neurological care, skin integrity and falls management. The provider was very responsive to residents' changing needs, for example, for one resident who required specific skin integrity management, the provider had ensured that they had access to the pressure relieving equipment that they required. In addition to this, where one resident's mobility needs had recently changed, the provider had ensured appropriate allied health care professional input was sought, so as to further guide staff on the specific care interventions that this resident now required. Furthermore, the provider had revised night-time staffing arrangements to ensure this resident and access to the staff support that they now required at night. The person in charge told the inspector that these new measures had proved positive for this resident, resulting in no further falls in this centre since these measures were implemented.

In response to the changing needs of the residents, the person in charge had a robust system in place for ensuring supporting risk assessments and personal plans relating to residents' assessed health care needs were maintained up-to-date. A sample of these personal plans were reviewed by the inspector and although it was evident that these were subject to very regular review, some improvements to these were identified. For example, although there was a protocol in place for one resident who was prescribed emergency medicines, this protocol required review to ensure it clearly guided staff on what to do, should this medicine be required by the resident. For another resident who required support with their mobility needs, their personal plan also required review to ensure it clearly described the care that this resident received from staff on a daily basis.

The identification and timely response to risk was largely attributed to the regular presence of the person in charge at the centre and regularity of staff team meetings. From conversations the inspector had with the person in charge, it was clear that where any risk relating to the care and welfare of residents was identified, it was quickly discussed with staff and appropriate measures were put in place to mitigate against re-occurrence. However, some improvement was required to aspects of how risk was assessed in the centre. For example, following a recent fall at the centre, the supporting risk assessment required review so as to ensure it gave clearer hazard identification and description of the specific control measures that the provider had put in place to mitigate the risk. Accuracy was also required with regards to the overall risk-rating of identified risks. For instance, within the aforementioned risk assessment, the risk rating didn't give due consideration to the positive impact the recently implemented control measures had made to reducing the occurrence of falls in the centre.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensure suitable arrangements were in place to support these residents to effectively

communicate their wishes.
Judgment: Compliant
Regulation 17: Premises
The centre was found to be clean, well-maintained, in a good state of repair and provided residents with a comfortable and homely living space. The design and layout of this centre also gave due consideration to the mobility needs of the residents living there.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had systems in place for the identification, response and monitoring of risk in this centre. However, some improvement was required to the overall assessment of risk to ensure risk assessments gave clear hazard identification, identified the specific controls that were put in place and better accuracy in risk-ratings, particularly with regards to the risk management of falls in this centre.
Judgment: Substantially compliant
Regulation 27: Protection against infection
Since the introduction of public health safety guidelines, the provider had put measures in place to protect the safety and welfare of all residents and staff. Contingency plans were in place should an outbreak of infection occur at the centre and also in response to decreasing staffing levels. However, these plans required additional review to ensure they provided additional clarity on how the centre would respond to an outbreak of infection at this centre.
Judgment: Substantially compliant
Regulation 28: Fire precautions
Although, many areas of fire safety were maintained to a good standard, the evacuation of residents at night required improvement. As a result of this concern,

an urgent action was issued to the provider and subsequent to the inspection, the provider submitted their response which gave assurances that this issue had been addressed.

Some improvements were required to the fire procedure to ensure it gave consideration to, and guidance to staff with regards to:

- arrangements to ensure the safe evacuation of residents and staff from the rear garden, should this particular fire exit route be used
- arrangements for staff and residents to access wheelchair accessible transport, should they be required to be brought to a safe location, following an evacuation of the centre
- arrangements for the evacuation of staff residing in upstairs accommodation, should the downstairs fire exits become inaccessible to them at night, in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place, ensuring residents' needs were assessed for on a regular basis. The person in charge also ensured each resident was supported by staff to identify personal goals and to work towards achieving these.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured adequate arrangements were in place to support these residents. However, improvement was required to some health care care plans and emergency medicine protocols to ensure these clearly guided on the specific care that residents required, particularly in the area of neurological care and falls management.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had adequate arrangements in place to support staff to identify,

respond, report and monitoring any concerns relating to the safety and welfare of residents. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with residents being supported by staff to be part of the running of their home. The general operations of this service was very much led by residents' assessed needs, preferences and capacities.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 18 OSV-0002724

Inspection ID: MON-0027450

Date of inspection: 02/02/2022

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:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.</p> <p>The organisation's audit tools were reviewed and updated in January 2022. These tools are in operation since February 2022 and should now effectively identify concerns in relation to safety and quality issues. Out of this any concerns identified will have an action plan developed.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</p> <p>The register provider shall review risk assessments ensuring clear hazard identification and control measures specific to the designated centre. This will address shortfalls identified in the inspection which include falls and fire.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.</p> <p>The registered provider shall develop a contingency and outbreak management plan in relation to infection prevention and control applicable to the designated centre to improve practises.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.</p> <p>Regulation 28 (5): The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.</p> <p>The register provider shall review arrangements for evacuating residents safely with clearer guidance on:</p> <ul style="list-style-type: none"> • evacuating services users and staff • arrangements to ensure the safe evacuation of residents and staff from the rear garden • arrangements for staff and residents following an evacuation of the centre • arrangements for the evacuation of staff residing in upstairs accommodation, should the downstairs fire exits become not accessible to them at night, in the event of a fire 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.</p> <p>The registered provider shall ensure appropriate health care needs for each resident. A comprehensive review of care plans and risk assessments shall be carried out by the person in charge to include PRN protocols, epilepsy care plan and risk assessments.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	06/04/2022
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	23/03/2022

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	16/03/2022
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	30/04/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	13/04/2022