



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 4
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	09 September 2021
Centre ID:	OSV-0003749
Fieldwork ID:	MON-0026320

About the designated centre

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

Community Living Area 4 is a residential centre located in Co. Laois. The centre has the capacity to provide a service to three adults over the age of 18 years with an intellectual disability. The designated centre is located in a rural setting within a short drive to a number of towns with access to facilities and amenities. The designated centre is a detached bungalow which consisted of two staff bedrooms, two individual resident bedrooms, a sitting room, kitchen/dining room and a shared bathroom. The designated centre is staffed by health care assistants, social care workers and support workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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 - 2015 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
Thursday 9 September 2021	10:10hrs to 15:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from an area in a staff bedroom of the designated centre. The inspector ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

On arrival to the centre, the inspector had the opportunity to meet with the two residents of the designated centre as they prepared for the day, albeit this time was limited. One resident who communicated through vocalisations and using limited verbal communication, greeted the inspector while finishing a cup of tea. They communicated that they did not wish to engage with the inspector and this was respected. The second resident was finishing their coffee at the dining room table. They spoke positively about their life in the centre, a recent visit from their physiotherapist and spoke highly of the staff team. They said that they liked living in the designated centre and told the inspector about their upcoming plans to update the curtains in their bedroom.

In the afternoon, the residents were observed to access the community with the support of staff. The residents had prepared a shopping list and organised to go for lunch in a local restaurant to meet with family members. On return to the centre, the residents informed the inspector that they enjoyed their lunch and were then observed to relax in their home watching TV. Overall, the residents appeared content in their home. The inspector observed positive interactions between residents and members of the staff team through out the inspection. Also, the inspector observed that the staff team were responsive to the residents needs.

In addition, the two residents completed questionnaires describing their views of the care and support provided in the centre. Overall, these questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported them.

The inspector carried out a walk through of the designated centre accompanied by the person in charge. The designated centre is a detached bungalow which consisted of two staff bedrooms, two individual resident bedrooms, a sitting room, kitchen/dining room and a shared bathroom. There was a large well-maintained garden to the rear of the centre. Overall, the centre was well-maintained and decorated in a homely manner with residents' personal possessions and pictures throughout the centre. The person in charge informed the inspector of additional plans to improve the quality of the premises including planting a hedge along the boundary for privacy.

However, some improvement was required in the accessibility of the designated

centre. For example, the centre was wheelchair accessible throughout, apart from a bedroom door and utility room leading from the centre to the garden. This had been self-identified by the provider and the person in charge noted that plans were in place to address same.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, there was two areas for improvement which included the accessibility of the premises and fire containment.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2020 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, the inspector observed that there was sufficient staffing levels and skill-mix in place to meet the residents' needs. There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked in a full-time role and was suitably qualified and experienced. The person in charge also had responsibility for one other designated centres and arrangements were on place to maintain oversight of the two centres.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The designated centre was staff by two staff at all times during the day. At night, two staff members were present on sleepover. Staff spoken with demonstrated a good knowledge of the residents and their needs.

The person in charge maintained a planned and actual roster which demonstrated that there was a core staff team in place which ensured continuity of care and support to residents. While the centre was operating with vacancies, continuity of care was ensured by the use of regular relief and agency staff. The inspector was informed that the provider was actively recruiting to fill the vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling and safeguarding. This meant that the staff team had the skills and knowledge to support the needs of the service users.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was appropriately resourced to ensure the effective delivery of care and support. There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for one other designated centres and was supported in their role by delegating tasks to staff members. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The audits identified areas for improvement and action plans were developed in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose which was up to date. The statement of purpose accurately described the service provided in the designated centre and contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a homely environment. However, improvement was required in the premises and fire containment.

The inspector reviewed a sample of residents' personal files. Each resident had an up to date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team in supporting the resident with their needs. The residents were supported to access health and social care professionals as appropriate which included General Practitioners (GPs), speech and language therapy, psychology and psychiatry.

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. The previous inspection identified improvements were required in relation to the containment of fire and an emergency light requiring repair. This had been addressed. However, the inspector observed a number of fire doors which had been adjusted in a manner that may have altered the integrity of the fire door. This was identified to the person in charge and reviewed by the provider's fire officer shortly after the inspection.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well-maintained. The designated centre is a bungalow located close to a number of towns in County Laois. There was a large well-maintained garden to the rear of the centre. The centre was decorated with residents' personal possessions and pictures throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

However, some improvement was required in the accessibility of the centre. For example, the centre was wheelchair accessible throughout, apart from a bedroom door and utility room leading from the centre to the garden. This had been self-identified by the provider and the person in charge noted that plans were in place to address same.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place for the assessment, management and ongoing review of risks in the designated centre. A risk register was maintained which was up-to-date and outlined the controls in place to mitigate the risks. Each resident had number of individual risk assessments on file, where

required. The individual risk assessments were also up to date and reflective of the controls in place to mitigate the risks. Staff spoken with were knowledgeable of the risks in the centre and the controls in place. Overall, the risk management systems resulted in a safe environment for the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. There was sufficient access to hand sanitising gels and hand-washing facilities observed through out the centre. All staff had adequate access to a range of personal protective equipment (PPE) as required. The centre had access to support from Public Health.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting the resident to evacuate.

However, a number of fire doors had been adjusted in a manner that may have altered the integrity of the fire door. This was identified to the person in charge and reviewed by the provider's fire officer shortly after the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The residents had up-to-date comprehensive assessments of need in place which identified the residents health, personal and social care needs. The assessments informed the residents' personal support plan. The inspector reviewed the personal support plans and found them to be person-centred and suitably guided the staff

team in supporting the residents with their assessed needs.
Judgment: Compliant
Regulation 6: Health care
Appropriate health care for the residents was provided. The health-care needs of the residents were suitably identified and assessed. Healthcare plans outlined supports provided to the residents to experience the best possible health. There was evidence that the residents were facilitated to attend appointments with health and social care professionals as required.
Judgment: Compliant
Regulation 7: Positive behavioural support
The residents were supported to manage their behaviours. The residents were facilitated to access appropriate health and social care professionals including psychology and psychiatry as needed. There were some low level restrictive practices in use in the centre on the day of the inspection. From a review of records, it was evident that it was appropriately identified and reviewed on a regular basis by the registered provider.
Judgment: Compliant
Regulation 8: Protection
The registered provider and person in charge had systems to keep the residents in the centre safe. The residents were observed to appear relaxed and content in their home. Formal safeguarding plans were in place for identified safeguarding concerns. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse.
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 - 2015 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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 4 OSV-0003749

Inspection ID: MON-0026320

Date of inspection: 09/09/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The bedroom door leading to the garden is due to be altered to ensure it is fully accessible for the resident.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire officer reviewed the doors identified. Work was carried out on these doors on the 24.09.2021 to ensure they are fully sealed.	

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 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	07/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	24/09/2021