



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area E
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	14 September 2021
Centre ID:	OSV-0004087
Fieldwork ID:	MON-0031495

About the designated centre

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

This centre comprises of a bungalow in the centre of a rural town and can provide a residential service for up to four residents. This centre is home to male and female residents over the age of 18 who present with moderate to severe intellectual disability and/or other diagnoses such as autism. The house operates on a 24 hour, seven days a week basis with staff present both day and night to support residents. This centre strives to provide a home like environment where individuals are encouraged and supported to become as independent as possible in their daily lives. The centre promotes and encourages community involvement and places an emphasis on personal choice and person centered planning.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Tuesday 14 September 2021	09:00hrs to 16:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On the day of inspection the inspector had the opportunity to meet with the three residents who resided in the centre. Conversations with residents took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Residents had regular contact with family members and during the health pandemic were supported to keep in contact with their family on a regular basis, this was primarily through video and telephone calls. The Person in Charge advised that family contact has been very good for the residents and residents who have family contact have received phone calls and used video call applications to maintain contact with parents or siblings. When restrictions eased, face to face visits were supported for families and residents.

The residents were all up and about on the morning of inspection and were either having breakfast or getting ready to go out. The residents were in and out on the morning of inspection and interacted with the inspector at various times, some had verbal capacity and others interacted through gestures and smiles. All the residents were very well dressed and had taken great pride in their appearance and commented on their outfits and the colour and style they had chosen. The residents were very pleasant and welcoming and they seemed very proud of their home. One resident was happy to show the inspector their bedroom and it was decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home. One resident was a huge Liverpool fan and there Liverpool items around the house that would indicate this.

The inspector observed the residents on the day and found them to be very comfortable and happy in the centre. The residents interacted positively with staff and it was evident that staff were kind to them. The staff present were very knowledgeable about the residents' needs and preferences as indicated by the residents' vocalisations. One resident had a speech difficulty and the inspector did not understand fully what they were saying but the staff were able to explain what the resident was saying. The residents were active on a video conferencing system during the pandemic, engaging with family and friends which residents were said to have enjoyed. Residents were observed to go out and enjoyed walks with staff and also went out for coffee and cake. However it was noted that residents had limited activities since the restrictions had lifted and had not gone on holiday during the summer. The residents seemed to have limited meaningful activities outside the house. Residents enjoyed TV and particularly the soaps and also enjoyed listening to

music.

Residents were encouraged and supported around active decision-making. Residents participated in weekly residents' meetings where household tasks, and other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. Families are involved closely in the lives of two residents and the third resident is supported by a board of trustees. The inspector saw that consent forms and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. One resident was a fan of John Wayne and his bedroom was decorated with a John Wayne throw on his bed, cushions and posters. The residents indicated that they were happy in their home.

In summary, the inspector found that each residents well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

The next two sections of the report present 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 the service being delivered to each resident living in the centre.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe and appropriate to their assessed needs. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core team of staff known to the residents. The person in charge demonstrated the relevant experience in management and was effective in the role.

The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example they were very aware of the residents diagnosis of a Diverticulum bladder condition and the treatment for this condition which involved support with use of an in dwelling catheter.

The person in charge had a training matrix for review and the inspector noted that all mandatory training was up to date including fire safety training, safeguarding of vulnerable adults and medication management training. There was also significant training completed by staff in relation to protection against infection such as Breaking the chain of infection, Hand Hygiene Training and Infection prevention control training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in other areas such as manual handling and positive behaviour management.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in 2021 and 2020 and a review of the quality and safety of service was also carried out in 2020. The provider also carried out a survey in Nov 2020 with the residents in an easy read format to find out if they were happy with the service. However this audit or the Annual review did not include family views, the annual review did state that the staff had offered support to families throughout the pandemic and had updated them in regards to COVID 19 but it did not show that the provider had sought the views and opinions of the family members. The annual report did review staffing, quality and safety, safeguarding and a review of adverse events or incidents. In areas highlighted for improvements it was noted that risk management plans and staff supervision requires attention at this centre. There was also evidence throughout 2020 that drug administration forms required update. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or are actively being addressed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received all mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured clear management structures and lines of accountability were in place. However for the purpose of the annual review the provider had not consulted with resident representatives or sought their views.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for the residents which included support, care and welfare of the resident and the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

All individuals have an up to date care plan in place and health concerns are monitored closely by the PIC. All residents also have a communication plan in place which are very informative and based on assessed need as well as knowledge of both residents.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. This included support plans to supplement this assessment of need. The inspector viewed support plans in areas of mental health and medical diagnosis such as Diverticulum bladder condition. These plans were noted by the inspector to clearly identify the issues

experienced by the residents and how a resident may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for Diverticulum condition was comprehensive and included cause, symptoms and a treatment plan created by the staff and consultant. There was also a detailed document regarding the care of the residents in dwelling catheter, how often it required to be changed, signs of possible infection to be vigilant for and a stock check was also in place to ensure there was always enough medical supplies for the resident. Staff spoken with acknowledged that these support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by residents. An example of a health care support plan noted by the inspector was in relation to mental health issues experienced by one resident. A plan of care was in place which provided guidance to staff on how to support the resident with their mental health. However this support plan was out of date and there was no evidence of review.

A comprehensive behaviour support plan was noted to be in place by the inspector. This included an in depth functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place. The inspector observed the staff effectively and positively managing minor issues during the day.

As part of the person centred planning process the person in charge had outlined goals that had been decided upon with the resident. However the goals were out of date and had been carried forward from the previous year. The goals outlined were areas that would be considered rights such as 'To be supported by staff that understand me'. The PIC was committed to reviewing this area and supporting the residents in developing more person centred goals and to monitor the progress and achievement of same.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television and Internet and a electronic device was available to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers was through regular video calls.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. However there was no evidence that the residents had meaningful activities outside the centre. They had not been on a summer holiday and the inspector could not see other activities in the community. The residents went for drives and a cake but it appeared to be the same locations on each occasion. The residents utilised the Internet and video calls and enjoyed the soaps on tv.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. PPE in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and Infection Prevention Control (IPC) were completed. Supplies of alcohol based Hand Sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid residents understanding and compliance also. Standard Operating Procedures were created in line with national IPC guidance to support staff manage if a resident or staff is suspected or confirmed as having COVID-19. During the COVID-19 pandemic a protocol for visiting was developed in line with the HSE Covid-19 Guidance on Visitations to Long Term Residential Care Facilities. The residents families were communicated with in relation to the new visiting protocol and were kept updated in line with government guidance. A crisis management Team (CMT) was established to provide governance and oversight of the services respond to the COVID-9 pandemic. Advice from the team is circulated via PIC and staff teams with a daily update provided to each manager.

The person in charge had ensured that there was an effective fire management system in place. All fire equipment was maintained and there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the residents could be safely evacuated in 1 minute and 30 seconds. No issues were highlighted as part of the evacuation drill, however some residents required prompting to leave. Personal egress plans were in place for the residents. Fire doors were in place and automatic magnetic closers were on doors however they required to be checked by the fire engineer as two of them did not appear to close properly. The PIC arranged a review with the fire engineer straight away. The back door exit was also obstructed by mop buckets and a clothes airer which was addressed immediately.

The provider had ensured that the premises were laid out to meet the needs of the resident and overall the centre was clean and warm. There was adequate communal and private space for residents. The centre was decorated to the residents personal taste. One resident was a fan of John Wayne and his bedroom was decorated with a John Wayne throw on his bed, cushions and posters.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for

the COVID - 19 and flu vaccine.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the residents received appropriate care and support in accordance with assessed needs. However there was no evidence that the residents had meaningful activities outside the centre.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place however two of the fire doors did not appear to close properly and a fire exit was obstructed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents. However residents goals had been carried forward from the previous year. The goals outlined were areas that would be considered rights.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre however one residents mental health support plan was out of date and had not been reviewed.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

A comprehensive behaviour support plan was noted to be in place by the inspectors. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the residents rights were respected and that they exercised choice and control in their daily lives.

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	
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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area E OSV-0004087

Inspection ID: MON-0031495

Date of inspection: 14/09/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An annual questionnaire is sent to families seeking their views on services provided, this will be noted in the Annual report and any views expressed will be addressed.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Keyworkers will work with residents to ensure they engage in meaningful activities outside of the centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire doors were reported immediately and reviewed by the servicing company. Fire door will be free of any obstructions.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All residents will have annual PCP reviews with SMART goals identified and updated.	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All care plans including Mental health with be reviewed and updated 6 monthly.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/10/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/12/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	18/10/2021

Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/10/2021
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	30/10/2021