



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

Issued by the Chief Inspector

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| Name of designated centre: | Meath Westmeath Centre 4 |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 May 2023 |
| Centre ID: | OSV-0005787 |
| Fieldwork ID: | MON-0035314 |

About the designated centre

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

The designated centre is a community house in close proximity to the nearest town which accommodates four adults, both ladies and gentlemen, with an intellectual disability. Each resident has their own bedroom, and there is sufficient private and communal space including a functional outside space at. The centre is staffed by two members of staff during the day, and a sleepover staff at night. There are vehicles for the use of residents, and a variety of activities available and supported.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 24 May 2023 | 10:30hrs to 16:30hrs | Julie Pryce | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor compliance with the regulations.

On arrival at the designated centre, the inspector found a spacious, clean and pleasant home. It was immediately evident that there was a pleasant and homely atmosphere. Some of the residents were having tea and interacting with staff, and although residents did not communicate verbally, it was evident that staff were familiar with them, and were communicating with them in accordance with their abilities and preferences.

One of the residents had already gone out for their morning activity, and another was enjoying a leisurely start to the day. The inspector observed this resident enjoying listening to music, and it was evident from their facial expression and movements to the music that this was an activity that they enjoyed and was meaningful to them.

The inspector conducted a 'walk around' of the centre and was assured by staff that residents had given permission for the inspector to visit their private bedrooms, although one of the residents would prefer to show them around their own room. The inspector therefore limited the areas visited until this resident returned from their activity.

Rooms viewed within this restriction showed that, rooms were individualised in accordance with the preferences of residents, and the inspector found that each room was decorated and furnished in an individual style so that it was clear that residents had an input into the way their rooms were presented. Some people liked to spend significant amounts of time in their own rooms, and rooms were full of their chosen items including photos and soft toys

Throughout the house there was easy-read information for residents. This included information about infection prevention and control (IPC), the complaints procedure, staff on duty and activities for the day. This information was presented in pictorial form including photos.

One of the main communal areas was the kitchen/dining room, where there was a large table and chairs, and a seating bar. Attached was a comfortable living area with comfortable sofas and easy chairs. There was also a nicely laid out garden with seating areas, and a nicely painted and decorated enclosed wooden decking area with pleasant garden decorations.

There was evidence throughout of imaginative ways of engaging residents in activities, such as oversized games.

During the course of the inspection one of the residents returned home, and was

observed to greet everyone, both staff and residents with smiles, and was immediately chatting about their day, and telling staff about their plans for the next day without hesitation, giving the inspector the impression that this was normal discourse, and that they would be supported to prepare for the next day's activity. They told staff that they would like to phone their friend, and support for this was immediately offered, and the phone call made.

This resident welcomed the inspector, and conducted a tour of the house, including their own room. They immediately pointed out the sign on their door which read that people must knock before entering. They were clearly proud of their home, and their own room, and in particular of their bathroom and their accomplishments in attaining some of their goals pertaining to self-care. They showed the inspector their social story which was supporting them towards independence in mouth care and their increasing independence in tooth brushing.

When asked about their personal plan, the resident went through their person centred plan with the inspector, and showed their photos and social stories, and was particularly keen to share their preparation for the following day's activity which was horse-riding. They showed the inspector that their bag was ready for the next day, and were clearly excited and looking forward to the activity.

However, some other residents who did not have verbal communication had not been supported on a regular basis to engage in activities outside of their home, as further discussed in this report.

Overall, whilst there was an emphasis on supporting the rights of residents, and on supporting their activities, a repeated shortage of staff had a negative impact on this over recent months, And whilst residents appeared to be comfortable in a pleasant home, their rights to a meaningful day had not always been upheld.

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

Capacity and capability

There was a well-defined management structure with clear lines of accountability. Various monitoring strategies were in place including six-monthly unannounced visits on behalf of the provider and a suite of audits undertaken by the person in charge.

The person in charge was appropriately skilled and qualified, and demonstrated clear oversight of the centre, and a detailed knowledge of the support needs of residents.

The person in charge kept a planned and an actual roster, however staff shortages had been on-going for a significant time-frame, and this was having a negative

impact on the quality of life for residents.

Staff training was up-to-date, and included both mandatory training and additional training in relation to the specific support needs of residents. A system of formal staff supervisions was in place, although it was not yet up to date, there were effective daily supervision systems in place.

There was a clear and transparent complaints procedure, and complaints were investigated and responded to appropriately.

Regulation 14: Persons in charge

There was an appropriately experienced and qualified person in charge who had clear oversight of the centre, and was knowledgeable about the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

The expected staffing numbers and skills mix were appropriate on the day of inspection to meet the needs of residents. Staff spoken with were knowledgeable about the support needs of residents, and indicated a caring and knowledgeable response to the needs of residents.

However, there had been repeated shortages on the staff roster over recent months, and this had a negative impact on residents in that their activities were based on staffing rather than on their assessed needs. For example during the week prior to the inspection there was a staff shortage on four consecutive days, and whilst two of the residents went out to days services, the other two residents' activities were curtailed because of this shortage.

Judgment: Not compliant

Regulation 16: Training and staff development

All mandatory training was up-to date, and staff engaged by the inspector spoke clearly about their learning. Additional training relating to the individual needs of residents had also been completed.

Whilst there was evidence of informal supervision of staff, formal supervision

conversations had not been undertaken. A plan was in place to regularise formal supervisions, but on the day of the inspection these had not been undertaken in accordance with the organisation's policy.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and any required actions were clearly identified. All actions reviewed by the inspector had been completed within their required timeframes.

A suite of audits included audits of health and safety, infection prevention and control (IPC) restrictive practices and finances. There was also a regular review of any accidents and incidents, and clearly documented responses to incidents which identified any required actions to reduce the possibility of recurrence.

Regular staff meetings were held, and a record was kept of the discussions and required actions. Staff were required to sign the minutes of the meetings. Discussions included issues relating to individual residents together with IPC, safety and restrictive practices, and any areas for improvement were identified.

An annual review of the care and support of residents had been prepared in accordance with the regulations, and this review included information on the views of residents and their families. This review identified any required actions, and for the most part the required actions had been completed. However the requirement for staff supervisions to be up to date by 24/02/2023 had not been completed.

Staff shortages had been acknowledged by senior management, and recruitment was on-going, however, on the day of the inspection, the issue had not been resolved, and there was a negative impact on residents, as further discussed in this report.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure, and information relating to the process of making a complaint was readily available to residents and their families and friends. Both complaints and compliments were documented.

A complaint had recently been submitted by staff on behalf of the residents in relation to the on-going staff shortages in the house. A new member of relief staff is in the process of being inducted to the centre, and the person in charge is actively seeking further relief staff, however the issue was still on-going at the time of the inspection.

The centre had received some compliments from family members in relation to the care and support of their relatives, and these were recorded for reference.

Judgment: Compliant

Quality and safety

Whilst residents were supported to have a comfortable life by a competent and knowledgeable person in charge and staff team, repeated staff shortages were having a negative impact on the activities available to residents.

However, there was a clear system of personal planning which included all aspects of care and support for residents, and which had been completed for all residents, and was under constant review.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety was appropriate, and all staff and residents had been involved in practical fire drills.

Both risk management and infection prevention and control were appropriate, and it was clear that all efforts were in place to ensure the safety and comfort of residents.

Regulation 18: Food and nutrition

There was evidence that residents were supported to have a varied and nutritious diet, and to have their preferences respected. There was a bowl of fruit available,

and also a selection of treats. The kitchen was a pleasant and clean environment, and there were kitchen bar stools which were used by the residents, and which added to the social aspect of food preparation and meal sharing.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

Risks were appropriately risk rated, and there was a detailed risk management plan in place for each. These risk assessments and management plans included both environmental and local risks, and individual risk for each residents.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and cleaning records were maintained.

There was a contingency plan which outlined all the steps to be taken in the event of an outbreak of an infectious disease, and which was informed by the current public health guidance. There was also an individual care plan in place for each resident which provided guidance for staff should the resident contract an infectious disease.

Various policies relating to IPC were in place and had been regularly reviewed and were evidence based. He centre was visibly clean and cleaning records were maintained.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been

maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that residents could be evacuated in a timely manner in the event of an emergency. There was a detailed personal evacuation plan in place for each resident, which had been regularly reviewed, and all of which presented evidence that residents would comply with an evacuation in an emergency.

Staff had all received training in fire safety, and all had been involved in a fire drill. The inspector asked staff members how they would respond in the event of a fire, and all responded appropriately.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were robust practices and systems in place in relation to medication management. All the documentation reviewed by the inspector was well maintained and appropriate, including guidance about the administration of any 'as required' medication.

Staff were knowledgeable about the medications that residents were prescribed, including the purpose of each. Easy-read information had been made available to residents in the form of social stories about their medication, particularly where a new short-term medication had been prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a detailed care plan in place for each resident which had been regularly reviewed and which was based on an assessment of needs. These care plans included detailed guidance for staff in various aspect of care and support, including healthcare needs, positive behaviour support, communication and social care needs.

There was also a person centred plan for each person which included information about preferred activities, sensory needs for some people and detailed information about likes and dislikes. Goals had been set by residents and their keyworkers, and these goals were relevant to the preferences and abilities of residents.

There were various pieces of easy-read information available to residents in the form of social stories to aid understanding. Throughout the person centred plans there was reference to the choice and preference of each resident.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed for the most-part, and there was evidence of appropriate and timely response to changing needs. In addition residents had been offered health screening.

However not all the healthcare plans contained sufficient guidance for staff to ensure effective delivery of care. For example an epilepsy care plan included information about the prevention of seizures, but did not include sufficient guidance for staff as to how to respond should the resident have a seizure.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Shortages of staff on a repeated basis over recent months meant that residents who required staff support for activities did not have their right to a meaningful life upheld on a daily basis. On the multiple occasions where there were staff shortages, two of the residents in particular, were not supported to leave their home. On the day of the inspection, there had been four consecutive days in the previous week where residents did not leave their home because there were insufficient staff to support them.

Two of the four residents had a day service whereby day services staff collected them for their daily activities, but the other two residents were reliant on there being staff available to them, and the available evidence to the inspector indicated that this opportunity was regularly unavailable to them.

However, the staff and person in charge respected the rights of residents, and supported their choices and preferences in all other aspects of their daily lives, and indeed the staff team had made a complaint on behalf of residents in relation to the staff shortages following a discussion at a recent staff meeting.

The person in charge and the staff team spoke about the preferences of residents and described various ways in which they were supported. The inspector observed staff responding to residents, including to their quick acknowledgment of non-verbal communication and requests of residents.

Judgment: Not 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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Meath Westmeath Centre 4 OSV-0005787

Inspection ID: MON-0035314

Date of inspection: 24/05/2023

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 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: Relief staff have been recruited into location start of June 2023. Additional relief staff have been inducted into location July 2023 The existing vacancy scheduled to be filled by new staff on 04/08/2023. PPIM has escalated the requirement for additional support hours in this location to the Regional Director.</p> | |
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC has created a staff supervision schedule for 2023. First round has begun in early July 2023 and completed by 03/08/2023.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> | |

Staffing:

- Relief staff have been recruited into location start of June 2023.
- Additional relief staff have been inducted into location July 2023
- The existing vacancy scheduled to be filled by new staff on 04/08/2023.
- PPIM has escalated the requirement for additional support hours in this location to Regional Director.

Staff Supervision & Support:

- PIC has created a staff supervision schedule for 2023.
- The first round has begun in early July 2023 and completed by 03/08/2023.

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| Regulation 6: Health care | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 6: Health care:

- All healthcare plans have been reviewed by Team Lead and Keyworkers to include responsive actions to support residents through health-related conditions- e.g., epilepsy.

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| Regulation 9: Residents' rights | Not Compliant |
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Staffing:

- Relief staff have been recruited into location start of June 2023.
- Additional relief staff have been inducted into location July 2023
- The existing vacancy is scheduled to be filled by new staff on 04/08/2023.
- PPIM has escalated the requirement for additional support hours in this location to the Regional Director.

PIC and Team Lead have created a weekly schedule of activities for all residents to ensure that residents are accessing their preferred community-based activities. Where barrier may arise to this, this is directed to the PPIM (Area Director) and full report is submitted on a weekly basis to PPIM (Area Director)

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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Not Compliant | Orange | 04/08/2023 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 03/08/2023 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. | Substantially Compliant | Yellow | 30/09/2023 |

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|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
| 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 | 25/06/2023 |
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life. | Not Compliant | Orange | 30/09/2023 |