



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	14 March 2023
Centre ID:	OSV-0004083
Fieldwork ID:	MON-0030332

About the designated centre

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

The service provides full time residential care to four male adults, with a primary diagnoses of moderate to severe intellectual disability, autism and behaviours of concern. Allied support service including social work, occupational therapy, speech and language, psychology and behaviour supports are available within the organisation. The service is staffed by social care staff with nursing oversight available. There are staff on duty at all times with both waking and sleep over staff at night. The residents are supported to avail of community based services which are important to them. The designated centre comprises two single storey, detached community houses in close proximity to a small town in Co Westmeath where each resident has their own bedroom. There are adequate communal living space including functional outside areas.

The following information outlines some additional data on this centre.

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
Tuesday 14 March 2023	10:45hrs to 18:45hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor compliance with the regulations and standards, and to inform the renewal of registration decision

The designated centre comprised two community homes, and the inspector visited both of the houses during the inspection. On arrival at the first of the houses, the inspector observed a well maintained single storey house, and it was apparent immediately on entry that, the house was personalised and homely. There were various articles of craft work, including 'up-cycled' furniture in the hallway, and a garden improvement project undertaken by two residents was underway.

This house had various communal living areas including spacious activities room. There were multiple examples of activities and projects, and photographs of various community activities that residents had chosen to be involved in. A large art project which had been undertaken by some residents had been displayed in the local community.

In the first house residents were observed by the inspector to be going about their daily routines. Staff were seen to be interacting with residents in a caring and knowledgeable way. They could make themselves understood by residents in various ways which met the residents' individual needs. Some people had mobility equipment and were being supported to use this equipment in a way that maximised their independence. For example, one resident had a wheelchair for longer journeys, but was supported to use a rollator for shorter journeys and for movement around the house.

There was accessible and easy-read information readily available throughout the centre, including pictures of the staff on duty and the next to arrive on duty. Pictures were used to assist residents in making choices, including pictures of meals and snacks, and of different activities. Staff explained how the residents used these aids both to make decisions about choices being offered, and to make requests as and when they chose.

On arrival at the second house, the inspector observed that, maintenance work on the roof and fascia board of the building was outstanding, and that parts were in a state of disrepair. This issue and other maintenance requirements are further discussed later in this report. However, the layout of the house was appropriate to meet the needs of residents.

Due to the limited communication of some residents, and the preferences of others, the inspector did not have the opportunity to have a meaningful conversation with residents. The inspector therefore observed interactions between staff and residents, observed the activities of residents throughout the course of the inspection and reviewed documented records and spoke to staff members, to

ascertain the ways in which they communicated with residents.

Residents in the second house returned home during the afternoon from various activities, and each person went to their preferred area of the house. One of the residents very gently took the inspector by the arm to move them out of their way, as they had a routine of walking around the house on a specific route. Another settled in what was their usual seat on an upright piece of furniture, from which they could be involved in all the goings on in the kitchen and dining room, and also had a clear view of the garden and living room.

Residents communicated effectively with staff who understood their vocalisations and non-verbal communication, and were seen to respond appropriately to any request.

As this was an announced inspection residents were offered the opportunity to express their views via questionnaires which were circulated prior to the day of the inspection. Residents had been supported by others to complete these questionnaires, some by staff members and some by their relatives or friends. All the responses in these questionnaires were positive, and additional comments referred to residents being supported to make calls to their friends and families as they wished.

As discussed later in the report, improvements were required in the upkeep and repair of the premises, and in the formal supervision and training of staff. However, overall, residents were supported to have a good quality of life, and to have their choices respected, and their specific needs met.

Capacity and capability

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

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.

There was a consistent and competent staff team, and effective communication strategies between staff members, and between staff and management were in place. Staff training was not all up-to-date, however, it included both mandatory training and additional training in relation to the specific support needs of residents. Staff engaged by the inspector were knowledgeable about the care and support needs of residents. Formal staff supervisions had not taken place consistently over the previous year, however, the person in charge presented a schedule of

supervision conversations to ensure that this was regularised.

There was a clear and transparent complaints procedure, and any complaints had been well managed and resolved.

The centre was adequately resourced, and all required equipment was made available to residents and was well maintained.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre was submitted as required.

Judgment: Compliant

Regulation 14: Persons in charge

There was an appropriately qualified and experienced person in charge at the time of the inspection. She had clear oversight of the centre, demonstrated and in-depth knowledge of the care and support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and a dedicated staff member to support the activation needs of residents. A planned and actual staffing roster was maintained as required by the regulations.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, and were observed to be offering care and support in a kind and respectful manner, and in accordance with the documented care plan for each resident.

Staff were supervised on a daily basis by the person in charge, and there was a consistent staff team who worked flexibly to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

A suite of training was available to staff, both mandatory training, and additional training related to the specific support needs of residents, for example staff had received training in the management of dysphagia.

However, there were aspects of training which had either not been completed by all staff, or that were out of date and required refresher training. This included training in the safe administration of medication which was out of date for one member of staff, and the administration of rescue medication which had not been completed by three members of staff. Some essential infection prevention and control (IPC) training had not been completed by all staff. In addition, not all staff had completed training in autism, which whilst not mandatory, was particularly pertinent to the needs of most of the residents.

There was a policy guiding the management of staff supervisions, and whilst formal supervisions had not been conducted regularly in the year prior to the inspection, all had been conducted in January 2023, and the person in charge had developed a schedule to ensure that they were conducted regularly.

There was a template in place to guide the supervision conversations which appeared to direct meaningful exchanges. Staff reported that they found the supervisions to be useful and supportive.

Judgment: Not compliant

Regulation 19: Directory of residents

There was a regularly maintained directory of residents which included all the information required by the regulations.

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. The staff team was led by an appropriately skilled and experienced person in charge, and an identified area manager.

An annual review of the care and support offered to residents had been developed, and this review was a detailed overview which included the views of families and

representatives of residents, and included a detailed action plan.

The required six monthly unannounced visits on behalf of the provider had been conducted. There was also a monthly suite of audits undertaken by the person in charge. A sample of required actions arising from each of these processed was reviewed by the inspector, their implementation had been monitored, and all had been either completed within their identified timeframes, with the exception of the outstanding repair and maintenance issues. These issues were, however documented in a transparent manner, and the difficulties the provider was facing in addressing them were outlined.

A detailed monthly report to the area director was prepared and submitted by the person in charge. This report looked at all aspects of care and support, including accidents and incidents, safeguarding, care plans and staffing issues.

Regular staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents, and included discussion about complaints, training needs and activities for residents. The staff planned their consultation meetings with residents at these staff meetings, and discussed items of information to be shared with residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose and Function included all the information required by the regulations, and adequately described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were submitted to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear and transparent complaints procedure in place. It was available in an accessible version for residents, and was clearly displayed as required. A complaints log was maintained, and complaints were recorded and acted on

appropriately. A recent complaint relating to the safe access to the garden had been addressed in a timely manner, and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. Each resident had a personal plan in place based on an assessment of needs, and residents and their families were involved in the person centred planning process. Residents were observed to be offered care and support in accordance with their assessed needs throughout the inspection, and staff communicated effectively with all residents.

Healthcare was effectively monitored and managed and there were safe practices in relation to medication management for the most part, however improvements were required in the stock control of medications to ensure safe storage and to monitor effective and timely administration.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, although monitoring that the area around self-closing fire doors was kept clear at all times required improvement.

Infection prevention and control (IPC) practices were appropriate, and in accordance with current public health guidelines, and a detailed contingency plan was in place to guide staff in the event of an outbreak of an infectious disease. There were risk management strategies in place, and all identified risks had effective management plans in place, although not all risks had been identified and mitigated.

Whilst the layout of the premises were appropriate to meet the needs of residents, there were outstanding maintenance issues, including ensuring a safe escape route in the event of a fire. One of the houses required significant remedial work to the fascia boards and roof. However residents were observed to be comfortable and at ease in their homes.

Regulation 10: Communication

Staff explained how they would interpret the non-verbal communication of residents, and how they maximised their understanding of the communication of residents. Examples of this included the presentation of pictures to residents, some of whom would point, and others who would push away their disliked options. For some

residents there had been a 'trial and error' type of ascertaining preferences, all of which were documented in the personal plans.

Within the person centred plan for each resident there was a detailed communication care plan which included a 'communication dictionary' for each person which detailed how they might indicate their communication in a non-verbal manner.

These communication plans outlined the ways in which people could indicate their preferences, and also the best ways for staff to communicate with them. They included descriptions of non-verbal communication from residents, and the best way for staff to communicate with them where verbal communication was not the optimal way. The speech and language therapist had been involved in the development of these plans, and the inspector observed the effectiveness of communication throughout the day of the inspection.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated and welcomed in accordance with the preferences of residents. Over recent times all public health guidance had been followed, and the centre was now openly welcoming visits.

Judgment: Compliant

Regulation 13: General welfare and development

Many residents had particular individual preferences to adhere to familiar routines and activities, and this was respected by the staff team. In cognisance of their preferences to avoid any major changes to their daily routines staff had had made all efforts to build on the interests of residents, and were introducing new opportunities in a carefully managed way. For example, where a resident had responded in a positive way to a staff member's pet they were being gradually introduced to other pet animals. Where a resident was involved in office type activities, they were being slowly introduced to other office based activities.

Where routine was of paramount importance to some residents this was acknowledged and activities were planned around these preferences so as to ensure that the mental health of residents was supported, and where the same activities at each time of the day were important to people, this was accommodated.

Other residents enjoyed activities outside the home, and where these had been curtailed during recent community restrictions they had recommenced, for example

some people enjoyed swimming and horse-riding.

It was clear that activities were person centred, and that all efforts were made to ensure that residents had a meaningful day in their preferred way.

Judgment: Compliant

Regulation 17: Premises

The premises consisted of two bungalows, each accommodating two residents. The layout of each house was appropriate to meet the needs of residents. There were sufficient communal areas, and each person had their own bedroom. There were sufficient bathrooms, and laundry facilities were available for residents. Each house had a spacious garden area.

There some outstanding maintenance issues in one of the houses. The saddleboard of the door in the porch was damaged and scuffed, and there was evidence of mould around the edges of the walls. The bathroom had significant dark staining around the base of the sink and around the edges of the bath. The provider's monitoring systems had identified this bathroom for refurbishment, but it was not yet addressed.

In the other house there were serious issues pertaining to the roof and fascia boards of the house. This had been identified at the previous inspection of the designated centre, but had not been dealt with. The fascia boards were in such a state of disrepair that they were rotten in some places. The person in charge and person participating in management discussed with the inspector the difficulties around managing this issue, however at the time of the inspection it remained unresolved.

In addition where there had been a leak which damaged the ceiling in the front hall, whilst the leak had been attended to, the damage it caused had not been rectified. There was a large piece of bare plywood attached to the ceiling where the light fitting was, and the ceiling was stained and damaged. This issue had also been identified at the previous inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks. Some residents required modified diets, and the recommendations of the speech and language therapist were documented and followed, and staff had a good knowledge of the individual

needs of residents.

Where residents needed assistance with making choices of meals and snacks, staff had introduced various methods to ensure that preferences were respected. There were social stories about food choices and healthy options, and stick on pictures to assist residents in making choices.

Food was safely stored, with any opened food items having dated labels attached, and there were both healthy snacks and treats available to residents. Residents were seen to be enjoying meals and snacks, and staff were offering support in accordance with their assessed needs and preferences. Mealtimes were seen to be sociable occasions, and staff and residents enjoyed meals together.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place in which all identified risks were listed and risk rated. Each entry led to a risk assessment and management plan in which the control measures required to mitigate the identified risks were outlined.

The risk register included both environmental risks, and risk individual to each resident, such as the risk associated with dysphagia, and the risk of using kitchen equipment.

Whilst the majority of risks had been identified and included in this process, the escape route for use in an emergency in one of the houses, should evacuation be required via the back door, was across an uneven path which was not lit at night. This risk had not been identified or mitigated.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. All three houses in the centre were visibly clean, and cleaning records were maintained, of general household cleaning and the cleaning of equipment.

There was a contingency plan in place to provide direction should there be an outbreak of an infectious disease. Where there had been an outbreak in one of the houses, not all residents had become infected, and the person in charge reported that the contingency plan had been implemented to good effect. For example the two entrances to the house had been utilised to ensure a clean room for staff, and

residents had been cared for in separated parts of the house. However, there was no documented post outbreak review whereby any learning form the outbreak would be recorded and disseminated.

There were well maintained cleaning records, and a monthly IPC audit was conducted. There were also unannounced spot checks, and hand hygiene checks. There was a detailed self-assessment in place and staff were all knowledgeable about IPC best practice, and were observed to be complying with the current public health guidelines.

Judgment: Substantially 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 indicated 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.

However, on the day of the inspection one of the fire doors was slightly obstructed from fully closing by the positioning of a resident's beanbag, posing a risk in the event of an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medications were stored in a secure press in the staff offices, and the ordering and receipt of supplies of medication was well managed. Administration of medications was mostly by the use of a blister pack system, together with a kardex type prescription which included all the required information.

However, not all staff had received up-to-date-training in the safe administration of medication, and staff were often lone working, this required attention.

Where medication was supplied outside of the blister pack system, there was a system of monitoring the reducing stock. Each administration was recorded on a running stock sheet, and the new, reduced total noted. The inspector checked the

record for a medication that was administered twice daily, and found that the record did not match the actual stock. There were three more doses in the cabinet than the record indicated. It was therefore unclear as to whether medication errors had occurred, and if so when they had occurred. It was of concern that medication errors might go undetected.

However, staff were very knowledgeable about the medication that each resident was prescribed, and knew the purpose of the medications, and the medical history behind the prescriptions.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on an assessment of need, and reviewed annually as required by the regulations. The assessments included information about each resident's preferences and abilities. The assessments were thorough and included information about all aspects of the required care and support needs of residents.

Person centred planning meetings were held regularly, and the families of residents were invited to these meetings. At these meetings goals were set for residents. It was acknowledged at these meetings that goals were set in accordance with the preferences and abilities of residents. Within these goals steps towards achievement were identified, and whilst each of these steps were minor in nature, this was appropriate to the abilities of residents, and respected their needs and abilities.

Accessible versions of person centred plans had been developed, and steps towards achievement had been photographed so that residents could see tangible progress of each step, for example there was a photo of one of the residents enjoying their time in the local library. The inspector observed the evident enjoyment of residents looking at photos of themselves engaging in their preferred activities.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were healthcare plans in place to guide staff.

Referrals had been made to various members of the MDT as required, including the physiotherapist and occupational therapist. The recommendations of these professionals were documented and implemented, and staff were knowledgeable

about the required interventions. Ongoing interventions were clearly recorded.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a clear ethos in the designated centre of minimising the use of restrictive interventions. While there were some restrictive interventions in place, and the inspector found that these were the least restrictive options in order to ensure the safety of residents, and that there was a clear rationale in place for each strategy.

There was a detailed risk assessment in place for each intervention which outlined steps to be taken by staff prior to implementing restrictions. For example, where a resident was being encouraged to limit their daily fluid intake for medical reasons, there was a clear step by step guidance for staff as to how to manage the issue.

Where there were behaviours of concern there was detailed guidance for staff outlining the steps to be taken at each level of escalation of behaviour so as to ensure the least restrictive intervention whilst ensuring the safety of residents.

All staff engaged by the inspector clearly described these strategies, and confidently spoke about the occasions when restrictions might need to be applied, and when less restrictive interventions were appropriate.

As discussed under regulation 10, this was augmented by a detailed communication plan for each resident.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

Any accidents or incidents were recorded in detail, and the records included the identification of any required actions and any learning from the incidents.

Safeguarding plans were reviewed by the inspector and were seen to be appropriate. Required actions identified in the plans were in place, and were effective in terms of reducing the risks identified. For example, where there had been an incident between two residents the control measures put in place ensured

the safety of both residents should the same circumstances arise.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were given high priority in the centre. Staff discussed with the inspector various ways in which they supported residents to have their rights upheld, from the management of the layout of the houses to ensure that residents had areas in which to undertake their chosen activities, to the ways in which they elicited the views and choices of residents. They discussed the importance of maintaining and updating each residents' person centred plan to include the current information about their preferences and the ways in which people communicate. The families of residents were invited to the annual person centred planning meetings, and were updated if they could not attend the meeting.

All staff members had undertaken training in human rights, and discussion about human rights had been incorporated into recent staff meetings, together with ideas about making rights a meaningful aspect of resident meetings.

The person in charge had recently undertaken further training in relation to human rights and social role validation and outlined a plan to incorporate the information in this training into staff engagement meetings.

There was a staff member dedicated to the activation and opportunities for residents. This staff member discussed the ways in which the regimental routine of some residents was incorporated into providing opportunities, for example by supporting repetitive behaviours whilst activities were on-going. Various home-based activities had been introduced to support interests, including pets and bird feeders for those interested in animals.

Staff members were observant to the preferences of residents, and found ways of including newly found interests into the activities for residents, for example where someone had shown some interest in a television show, staff had introduced outings to an autism specific cinema showing, which had been successful.

It had been identified that an increase in staffing hours could benefit the residents in one of the houses, however, as any changes in staffing caused distress and upset to some residents, this was being introduced slowly and managed sensitively.

Whilst the second of the two houses that make up this designated centre required significant repair and maintenance, it was apparent that the residents were comfortable in their home. The person in charge explained that the particular needs of residents meant that there were additional challenges in planning the required works, as disruption to residents could have a large impact on them, particularly if they had to move out of their home either temporarily or permanently. At the feedback meeting at the close of the inspection the inspector discussed these

particular needs with the person in charge and the person participating in management in relation to the rights of residents both to make choices, and to have a safe and well maintained home.

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	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	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 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullingar Centre 2 OSV-0004083

Inspection ID: MON-0030332

Date of inspection: 14/03/2023

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All mandatory training including SAM and Buccal midazolam is now completed for all staff. Autism training has now been completed too. While waiting on the SAM training, provisions were made for staff from other teams to administer medication in the unit. While waiting on the Buccal midazolam training, provisions were made for staff from other teams to work in the house with the individual who requires the Buccal. All Autism and IPC training is now completed. PIC and team lead are monitoring training records on a monthly basis and ensuring all mandatory training for staff remains in date and is renewed within the required timeframe. The area director and PIC’s have introduced a protocol in relation to training to provide a mechanism which ensures that all staff have completed training, within the acceptable time frame.</p> <p>The schedule for support and supervision meetings will continue as per schedule introduced in Jan 2023.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Saddleboard-to be repainted by maintenance team.</p> <p>Bathroom-PIC has requested a meeting with the properties and facilities team to identify the main areas in the bathroom which require refurbishment. The properties team will liaise with the landlord of the property regarding a refurbishment.</p> <p>Painting porch- to be repainted by the maintenance team.</p>	

The provider, PIC and PPIM have been liaising with Mullingar Housing Association and the HSE regarding the premises where there are issues with the roof and fascia boards of the house and the leak which damaged the ceiling in the front hall. However, a resolution for house has not been achieved.

The Provider, PIC and PPIM have liaised with the properties and facilities department in Muiriosa Foundation. They explored at length all options in the rental property market in the geographical area. The residents have specific and bespoke needs and no suitable available properties could be sourced. Within the organization, an opportunity has arisen in another property due to vacancies. This has resulted in the two residents being offered a move to the other designated area. Due to the residents complex needs and difficulties coping with change, a suitable and person centered transition plan is being drawn up, which will be implemented at their pace.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 Emergency outside light to be placed on the side of the house to ensure adequate lighting in the event of an evacuation at night time.
 Risk assessment now in place for same.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 Post covid outbreak reviews are now in place and a template is in place for use in any future outbreaks.
 All IPC training now complete.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The red bean bag that was slightly blocking the fire door was removed from the area. All staff to be aware of having all fire doors free from blockages. Same was discussed at a team meeting.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

A comprehensive review of medication took place by the PIC on the 15th March. Medication administration and the medication count records were analysed by the PIC and a drug recording error was discovered by the PIC. It was clear there was no Drug errors and all medication had been administered. A root cause analysis form was completed. All staff re read the medication policy. All staff were spoken to by PIC re the importance of signing a medication count record, after the count has taken place. PIC is now completing random audits of medication and there has been no such issues since.

All medication training and Buccal training is now complete.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/04/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/05/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	31/10/2023

	designated centre are clean and suitably decorated.			
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	17/06/2023
Regulation 27	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.	Substantially Compliant	Yellow	17/05/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/03/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate	Not Compliant	Orange	17/05/2023

	and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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