



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	27 July 2023
Centre ID:	OSV-0004213
Fieldwork ID:	MON-0031688

About the designated centre

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

Mullingar Centre 4 is a designated centre, providing support for a maximum of four adults with an intellectual disability and high dependency and support needs. The centre comprises of two bungalows situated in a quiet, historical village in North Co. Westmeath, surrounded by Lough Derravaragh. One bungalow has two medium sized bedrooms, one with an en-suite, staff office, a utility room, an open plan kitchen, dining and sitting room and a main bathroom. To the rear of the house is a large fenced enclosed garden and a lawn area to the front of the house. The second bungalow has two medium sized bedrooms, one with an en-suite, staff office, a utility room, an open plan kitchen, dining and sitting room and a main bathroom. There is a large fenced enclosed garden to the rear of the house and a lawn area to the front of the house. Both houses are wheelchair accessible. Services are provided from the designated centre to male and female adults (i.e. over 18 years old). 24 hour support is provided 7 days a week, with waking night and sleepover staff support. The centre is close to local amenities including shopping centres, numerous pubs/bars and restaurants, cinema, swimming pools and town park. The staff team consists of care assistants and nursing staff. A multi-disciplinary team are also available to provide support in areas including; Occupational Therapy, Physiotherapy, Speech and Language Therapy, Psychology and Behavioural Therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 27 July 2023	10:10hrs to 18:10hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, residents were receiving an individualised service which met their needs. Some improvements were required in relation to the premises, governance and management and fire precautions. These will be discussed further in the report.

The inspector had the opportunity to meet with the two residents that lived in the centre. One resident met with the inspector in the morning after they had finished their breakfast. They spoke with the inspector and showed them pictures of one of their holidays. That resident then went out with a staff member to get a newspaper and discuss the latest news over a cup of coffee. They then went to get a hot towel shave and had lunch out. On their arrival back to the centre they were tired and had a nap. The other resident had attended their external day programme and the inspector met with them on their arrival back to their house. They listened to music with staff and did some art.

Both residents communicated that they liked their home and that the staff were nice. They both said they felt they got choices about how they spent their day. The inspector observed some gentle and respectful communication and interactions between the residents and their staff members. For example, one resident wanted the person in charge to move their car to another parking spot directly in front of the house as they were concerned it would block that spot for someone else. The person in charge was very responsive to the resident's wishes. The inspector witnessed some jovial interactions between staff and residents. For example, one resident was pretending to become invisible when they put their sun glasses on as a joke. Staff members played a long with the joke and everyone appeared to have good fun during this interaction. The inspector observed that the staff members in that house appeared tuned into the resident's needs and informed the inspector when the resident was demonstrating that they would like people to leave their home.

In addition to the person in charge, there were four staff members on duty during the day of the inspection that the inspector had the opportunity to speak with. Each resident was staffed on a one-to-one basis. The person in charge and staff members spoken with demonstrated that they knew and understood residents' care and support preferences.

The person in charge had arranged for staff to have training in human rights. One staff spoken with said that the training reminded them that the residents have the same rights as everyone else and helped them to have a better understanding of their rights. They said it helped remind them that residents have the same entitlements, that they have a right to choice in their daily lives and with regard to their own relationships.

The inspector conducted a walk around of the centre, the houses appeared tidy and clean. There were suitable in-house recreational equipment available for use, for

example televisions and art supplies. Some personal art work was displayed in each of the houses. One resident had chosen the paint colour for their front door and had painted it themselves.

Each resident had their own house and their own bedroom with an en-suite facility. There was adequate storage facilities for their personal belongings in each room. Residents' rooms were individually decorated as per their preferences and there were personal pictures displayed.

The each house had its own back garden. One had an adequate sized garden and the other had a slightly larger back garden. There were seating areas available in the gardens. One resident had a egg chair. The other resident had swing ball set up and they had different areas colourfully decorated that they had chosen and decorated.

The inspector spoke with the parents of one of the residents. They were complimentary of the quality of care received by their relative and were satisfied with how their family member was supported. They communicated that they had 'no concerns whatsoever' and that if their relative was not happy that their relative themselves would be able to verbally communicate. They said a recent birthday party for their relative was very well organised. They stated that staff were like extended family.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of staff representatives. It demonstrated that residents were very happy with all aspects the care and supports provided in the centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in August 2022 where an infection protection and control (IPC) only inspection was undertaken. At that inspection the provider had for the most part governance and management arrangements that were effective in assessing, monitoring and responding to infection control risks. However, it was observed that some improvements were required to ensure the centre was operating in full compliance with Regulation 27: Protection against infection. Actions from the previous inspection had been

completed by the time of this inspection.

Overall, it was demonstrated that there were appropriate management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored.

There was a statement of purpose in place that was reviewed and updated on a regular basis that was in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). In addition, the provider had ensured that all of the polices required under Schedule 5 of the regulations were available in the centre.

There was a clearly defined management structure in place and staff spoken with felt supported by the person in charge. There was evidence of periodic quality assurance audits taking place to ensure the service provided was effectively monitored. For example, provider lead six-monthly unannounced visits to the centre and other local reviews and spot checks in different areas, for example transport. However, there were delays in completion of some identified works required for both premises and in relation to identified potential safety risks with the boilers. The provider was found to have followed up on a number of occasions with the landlord responsible for approving the work. The provider gave assurances that the required works to the boilers would be completed shortly after the inspection. However, at the time of this report the other maintenance works were not agreed and there were no dates by which the work would be carried.

In addition, from a review of some team meeting minutes from one house they appeared to have a lot of duplicate information in them which would not assure the inspector of meaningfulness of the meetings themselves.

The inspector reviewed a sample of staff rosters and there was a planned and actual roster maintained by the person in charge. The staffing levels in the centre were effective in meeting residents' assessed needs.

There were supervision arrangements in place for staff and the person in charge had ensured staff had access to training and development opportunities in order to carry out their roles effectively. For example, staff had received training in fire safety and safeguarding vulnerable adults.

The inspector found from a review of the complaints and discussions with the person in charge that the provider had suitable arrangements in place for the management of complaints.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They were over two designated centres and maintained a regular presence in this centre. Staff communicated that they felt supported. The person in charge demonstrated a good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster maintained. Staff had the necessary skills to meet residents' assessed needs. The person in charge tried to facilitate consistent staff to work in centre in order to provide continuity of care for the residents.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There were formal supervision arrangements in place for staff. The person in charge had a supervision schedule in place in order to provide oversight of staff members' supervision.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in a number of areas, such as food safety, complaints and compliments, epilepsy training, medication administration and training in infection prevention and control (IPC), for example hand hygiene.

In addition, staff had received training in the assisted decision making capacity act and human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the area director.

The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored, for example medication, vehicle and documentation reviews.

However, there were on-going delays in some identified works with the premises. The majority of these works impacted the aesthetics of both premises and did not directly affect the residents themselves. For example, the windows in both premises had marks on them that gave the impression they were dirty although they were not as it was due to the glass itself. In addition, at the most recent oil boiler service for both properties, at the end of January 2023, a number of potential safety risks were identified. For example, that the tanks were too close to the dwellings, that the tank bases were not to regulation and the condense pipes were too small. At the time of the inspection no identified actions or plans to rectify the issues were evident or offered to the inspector. The provider had reported the safety and maintenance works and concerns to the landlord on a number of occasions. In a short time after the inspection the provider confirmed to the inspector that works to the boilers for both properties would be commenced on the week of the 21st of August 2023. However, at the time of the report there was still no agreed works to be completed or set dates for completion for the other maintenance issues, such as the windows and flooring that required repair or replacement.

Furthermore, there were monthly team meetings taking place. However, the some of the minutes for one of the houses that made up the centre were observed to have identical minutes recorded for the majority of discussion points reviewed. This did not assure the inspector as to the value the meetings would have for the staff team and for their continued learning and development.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy, and associated procedures in place. From a review of the complaints in the centre any complaints made were appropriately dealt with and to the satisfaction level of the complainant. For example, after one informal complaint was raised a circle of support meeting with people important in the resident's life was arranged to discuss next steps.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing, adopted, and implemented all the policies as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were receiving individualised person centred care and support in this centre. However, as previously stated some improvements were required with the premises and fire precautions.

Each residents' health, social and personal care needs were identified. Each resident had personal support plans in place which were up to date and suitably guided the staff team. In addition, residents' were in receipt of appropriate healthcare, for example residents had access to psychiatry and physiotherapy as required.

Residents had access to behavioural support specialists in order to support them to manage their behaviour positively when required. There were positive behaviour support plans in place to guide staff as to how best to support residents if required. Staff spoken with were familiar with the strategies within the plans that were discussed. Restrictive practices in place were assessed as necessary for residents' anxiety levels or safety and were subject to regular review. Restrictions in place included a locked front door in one house.

Residents were facilitated and encouraged to exercise choice and control in their daily lives. Residents communicated to the inspector that they felt they did have choice in their lives.

The premises were adequately sized for each resident and found for the most part to be clean. Some improvements were required to ensure the centre could be cleaned effectively, such as gaps in floorboards and some improvement was required to the aesthetics of the properties as the windows due to their age appeared dirty when they were not.

The inspector found there was a residents' guide that contained the required information as set out in the regulations.

The centre had adequate risk management procedures in place. For example, there were policies and procedures for the management, review and evaluation of adverse events and incidents. Any incidents were discussed at team meetings for shared learning.

The inspector reviewed matters in relation to infection prevention and control management in the centre that came up as actions from the last infection prevention and control only inspection in 2022. All reviewed actions were found to be completed.

There were fire safety management systems in place in the centre, which were periodically reviewed. Emergency lighting, fire fighting and detection equipment was available, and regularly serviced. However, some improvements were required to ensure all fire containment doors closed fully in order to stop the spread of fire in the houses. In addition, improvement was required to the documentation with regard to the fire extinguishers present in the centre. Furthermore, a review was required to ascertain if a powder or foam extinguisher was required for the properties.

Regulation 17: Premises

Each premises had space for recreation and privacy for each resident. It was found to be for the most part clean and in a good state of repair.

Areas that required improvement were;

- the floor of the staff office, a staff bedroom and around the toilet in one bathroom required repair or replacement
- black residue was observed on one shower head
- the areas around both en-suite fans required further refilling, sanding and repainting
- the surface of a wooden box under one en-suite sink was peeling.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. A copy was made available to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements facilitated that risks were identified, monitored and regularly reviewed. Risks specific to individuals, such as road safety, had also been assessed to inform care practices.

All incidents were discussed at team meetings. The centre's vehicles were serviced, taxed, insured and had an up-to-date national car test certificate.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. There were hand washing and sanitising facilities available for use and infection control information to help guide staff and residents.

There was a contingency plan in the event of an outbreak of an infectious illness which included a staffing contingency plan. Actions from the last infection prevention and control only inspection were found to be completed.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of periodic fire evacuation drills taking place and up-to-date personal evacuation plans in place which outlined how to support residents to safely evacuate in the event of a fire.

On the day of the inspection, four fire containment doors would not close fully by themselves. For example, the utility room door of one house. This would impact the fire containment effectiveness of the doors.

In addition, one fire extinguisher in both houses was identified on the documentation and described the location of the extinguisher as a foam extinguisher in the hall; however, the inspector observed they were water extinguishers not foam. In addition, the centre specific fire extinguisher log had recorded that there was a powder extinguisher present; however, the inspector did not observe a powder extinguisher and the documentation did not detail its location. It was not clear if a powder extinguisher was required for the location or whether this was just a documentation error.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals to ensure accuracy. Residents were also working on goals in 2023 which included going on holidays and redecorating a bedroom.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to attend appointments with health and social care professionals as required. For example, residents had access to occupational therapy

and physiotherapy. In addition, residents were facilitated to receive vaccinations, for example the flu vaccine.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices were in place for residents' safety or to support them with their anxiety levels, they were logged and periodically reviewed. Restrictive practices in place included a resident having a particular seating position in the car and a front door locked at all times.

Where residents presented with behaviours that challenge, the provider had arrangements in place to ensure these residents were supported and received periodic review.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were adequate mechanisms in place to uphold residents' rights. For example, staff conducted weekly residents' meetings. On occasion social stories were used as additional aids to support a resident's understanding of a topic. For example, with regard to restrictive practices that were in place that would impact the resident.

The residents communicated to the inspector that they felt they had choice about how they spent their day and what they ate.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullingar Centre 4 OSV-0004213

Inspection ID: MON-0031688

Date of inspection: 27/07/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The works to the boiler for both premises will be completed on the 13th of September, the tanks were moved and relocated away from the dwelling, with new tank bases and appropriate condense pipes completion date 13th of September.</p> <p>The flooring in the office and bedroom 2 will be replaced, completion date 13th of November.</p> <p>The windows have been examined previously and deemed fit for purpose and functionality. It was recognized they were not aesthetically pleasing this was highlighted and discussed with the landlord and the property team. At this time however as these are rented properties and the windows are not causing any undue risk or issues there is no agreement to do any works with the windows.</p> <p>The process and template for monthly staff meetings has been discussed at the monthly managers meeting, a standing agenda item have been agreed, it was also agreed that the PIC will review the minutes of the meeting, the PIC will discuss and agreed the minutes with the team before each meeting.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The floor in the office and bedroom will be replaced completion date 13th of 	

November.

- Floor in bathroom to be replaced 13th of November.
- Black residue on the shower head is cleaned, cleaning schedule in place.
- The areas around both en-suite fans will be refilled, sanded, and repainted works completion date 13th of November.
- The wooden box will be removed from under en-suite sink completion date 13th of November.

Regulation 28: Fire precautions

Substantially Compliant

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

- All fire doors now close.
- Documentation error identified on the day of the inspection this has now been rectified, correct documentation in place to record water extinguisher.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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.	Substantially Compliant	Yellow	13/11/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	13/11/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	13/09/2023

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	13/09/2023
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