



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	02 February 2022
Centre ID:	OSV-0005476
Fieldwork ID:	MON-0027514

About the designated centre

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

The organisation comprised two community houses in close proximity to the local town which provide full time residential service. Each house is a bungalow, one of which can accommodate three residents, and the other, one resident. There are plenty of both private and communal living areas, and spacious gardens at each house. The provider describes the service as offering a high level of support to individuals with an intellectual disability, and additional specific support needs in relation to behaviours of concern, autism and mental health needs. Services are provided to both male and female adults with 24 hour staff support. The staff team comprises social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 2 February 2022	10:30hrs to 18:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

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

The inspector met the three people who were resident at the time of the inspection, all of whom communicated in their own way, and were supported by staff in their interactions with the inspector. As this was an announced inspection, staff had told residents that there would be a stranger visiting their homes that day, and the visit was not unexpected. Residents chose their own ways of interacting with the inspector, some approaching the inspector, and some accepting the presence of the inspector in their home.

Whilst none of the residents communicated directly with the inspector, they were observed to have a comfortable relationship with staff members, and with the person in charge. Interactions between staff and residents were affectionate and supportive, and residents were seen to look to staff for reassurance. Where residents needed assistance with communication, detailed 'communication passports' had been developed to ensure that they had access to information, and that their voices were heard. Individual communication strategies had been used to help residents understand about public health restrictions, and about their personal healthcare needs.

The views and input from family members had been elicited by the completion of questionnaires as part of the annual review process, as well as on an on-going basis. Families indicated that they were very happy with the service offered to their relatives, and that they felt welcomed to the house.

The designated centre comprised two homes, one resident was the sole occupant of their home and two people shared the other. On arrival at the first house the resident was engaged in personal household chores, and was clearly engrossed in this task. There were various areas of the house set up for different activities, including a sensory room, which was specific to identified needs of the resident in relation to maintaining good mental health. The resident explained, with the help of staff, that they were heading out to the cinema and a personal appointment and they were looking forward to this.

The inspector met both residents in the second house, when they arrived home the afternoon of the inspection, these residents had been engaging in activities away from the centre. On arrival back to the centre they immediately made themselves at home in their favourite chairs and were observed being supported by staff members who knew them well. Residents were involved in the preparation of the evening meal, and staff explained how they had supported residents to choose the menu.

All residents had their own personal rooms, as well as access to communal areas and garden areas. The houses were both homely and appropriate to meet their

needs, although there were various maintenance issues which were outstanding.

At the close of the inspection a discussion was held with the person participating in management, and it was agreed that the home for the resident that lived alone met their needs, and that the application to renew the registration of the designated centre should reflect this. It was agreed that the application to renew the registration of the designated centre should be reviewed in terms of the number of beds.

Overall, the inspector found residents' safety and welfare was supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to choose how they wished to spend their time and that they were well supported by an effective staff team.

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

Capacity and capability

There was a clear management structure with established lines of accountability. There was an appropriately qualified person in charge had clear oversight of the centre, and various governance and management structures were in place.

A monthly suite of audits was in place, and were completed in accordance with the organisation's policy. There were very few required actions identified during this process, and this was consistent with the findings of this inspection. An annual review had been developed as required by the regulations, which had identified some of the maintenance issues which were outstanding. Other actions required from this process had been completed. The annual review was a detailed and meaningful document which examined all areas of care and support for residents.

Staff numbers and skills mix were appropriate to meet the needs of the residents. There was a team of familiar staff, and relief staff who were also known to the residents. Staff supervisions were undertaken regularly, and records maintained, and annual performance reviews were undertaken.

Staff engaged by the inspector demonstrated a clear knowledge of the care and support needs of residents, and were observed to be supporting them in accordance with their identified needs and preferences.

Regular staff meetings were held, and records maintained of these meetings. The meetings included items such as personal planning and infection prevention and control as standing items, together with discussion around the current needs of each resident.

The person in charge had clear oversight of staff training via a clear training matrix. All required training was up to date, including all the training currently required in relation to infection prevention and control.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.

Judgment: 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 robust systems to monitor the

quality of care and support delivered to residents.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained all the information required by the regulations, and accurately described the service provided.
Judgment: Compliant
Regulation 31: Notification of incidents
All required notifications were made to HIQA within the required timeframes.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a clear complaints procedure which was available in an accessible version. There were no current complaints, but a record was also kept of any compliments received by the centre.
Judgment: Compliant
Quality and safety
Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that promoted and respected the rights of residents.
There was a personal plan in place for each resident, and all assessed areas of need had an associated plan of care which included guidance for staff. The plans included a 'communication passport' for each resident in which their preferred ways of communicating, and other important information were documented. Staff were familiar with the guidance included in the plans, and the implementation of it. Personal goals had been set for residents as part of the person centred planning

process, and these were meaningful in that they supported residents to move towards more fulfilling opportunities.

There were also detailed behaviour support plans in place for some residents which were regularly reviewed and updated. Some residents had plans in place to support the management of their mental health, and others to support them to regulate their behaviour. Staff could describe the interventions required under various circumstances, and implementation of the guidance was recorded and reviewed.

Where restrictive practices were in place, there was clear evidence that these were the least restrictive options in order to mitigate the risks, and that they were kept under regular review.

Healthcare needs were responded to appropriately, and where staff had recently observed a change in the presentation of a resident this had been followed up immediately, and this action resulted in a diagnosis and treatment plan. Residents had support with mental health needs, and access to the appropriate members of the multi-disciplinary team.

Various fire safety precautions were in place, including fire safety equipment and self-closing fire doors. A detailed personal evacuation plan was in place for each resident and staff could readily describe the actions they would take in the event of an emergency. Regular fire drills had been undertaken, including night time drills. The documentation of these fire drills, together with discussion with staff members, demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency. Learning from fire drills was included in the personal evacuation plans, and staff could describe any required steps to be taken in order to encourage residents to evacuate if required.

The provider had ensured that there were systems in place to respond to safeguarding concerns. All staff had received training in the protection of vulnerable adults. There were no current safeguarding issues, but where there had been an issue over the previous year, interventions had been put in place to safeguard residents and there had been no further incidents.

The layout of the premises was appropriate to meet the needs of residents, and included adequate communal areas and personal spaces for residents. Whilst both houses were homely and resident bedroom reflected their personal taste, there were various maintenance issues outstanding, some of which had been outstanding at the previous inspection of the centre, and had not yet been addressed. These included outstanding repairs to door frames and flooring, and repairs to some of the fixtures and fittings.

There were effective infection prevention and control measures in place. There was a current infection control policy in place, together with a contingency plan to be implemented in the event of an outbreak of an infectious disease. The centre was visibly clean, and cleaning checklists were completed to ensure oversight of hygiene. The inspector observed throughout the inspection that current public health guidelines were observed, and that there were effective communication systems to

ensure that staff were aware of the current public health guidance.

There was a risk register in place which included all identified risks, including risks individual to residents. Each identified risk had a risk assessment and management plan, and these were regularly reviewed and overseen by the person in charge.

The rights of residents were supported and upheld, including their rights to choose who to live with and how to spend their days, and also the right to be safeguarded. They were supported to have a fulfilling life in accordance with their assessed needs and preferences.

Overall the provider had ensured that residents' needs were met, and while some improvements were required in the upkeep of the premises, residents were supported to have their rights met.

Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and that information was available to them, particularly in relation to recent community restrictions and the reason for them.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out in accordance with the needs of residents, and all required amenities were available to them. However, several maintenance tasks were outstanding. In one of the houses this included including damaged flooring, damaged radiators and shelving and a noisy and disruptive expelair in one of the bathrooms.

There were various outstanding issues in the other house, some of which had not been addressed following the previous inspection. These included damaged door frames and curtain poles, damage to some areas of the walls, and cleaning and

repair required in the en-suite bathroom. There was also a stale damp odour in the main bathroom in this house.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements or the regulations. There was a risk assessment and management plan in place for all identified risks, including risk relating to COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place. Current guidance was being followed in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed.

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

Regulation 8: Protection

Structures and processes were in place to ensure that residents were protected from any form of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld, and no rights restrictions were identified.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been developed for those residents who required support in regulating their mental health.

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 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 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Mullaghmeen Centre 1 OSV-0005476

Inspection ID: MON-0027514

Date of inspection: 02/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has submitted a request to the maintenance team regarding the outstanding actions identified by the inspector. The staff team performed a deep clean in the en-suite bathroom on 03.02.22. The PIC will ensure all outstanding actions are completed by 30.05.2022.</p> <p>Internal painting will commence week commencing 21.3.22.</p> <p>Completion date – 30th May, 2022.</p>	

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.	Not Compliant	Orange	30/05/2022