

# 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:	18 February 2025
Centre ID:	OSV-0005476
Fieldwork ID:	MON-0037615

## About the designated centre

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

The designated centre is in a community house in close proximity to the local town which provides full time residential service for up to three residents. There are sufficient private and communal living areas, and spacious gardens. 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:	2
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 18 February 2025	11:00hrs to 17:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

There were two residents living in this designated centre, and on arrival at the centre the inspector found both residents at home and enjoying their morning activities. One of them was watching a cowboy film whilst doing a jigsaw, and the other was observed by the inspector to have their headphones on, which staff explained was their preference in relation to their sensory needs.

As this was an announced inspection, the residents were expecting the inspector, and the person in charge explained that the residents would like to invite the inspector to have a cup of tea with them, as they would do with all visitors. While having the cup of tea one of the resident's approached the inspector and in a playful way made a 'swipe' at the inspector's cup of tea. Staff explained that this was a preferred game of the resident which could lead to an accidental scald for the resident. In order to minimise the risk they had devised a risk assessment and management plan which meant the resident could access community facilities safely, as this was a game that they might want to engage in during outings .

As the residents did not communicate verbally, the inspector observed their interactions with staff, reviewed documentation and spoke to staff members and the person in charge. It was clear that staff communicated effectively with the residents and they understood what they were communicating to them. For example, one of the residents approached a staff member during the morning of the inspection and clapped their hands and pointed at their pocket. The staff member explained that this meant the resident was asking to go out and buy their favourite magazine, an outing which had been planned with them. They were also observed to take staff by the hand and take them to areas of the home when they wanted something.

Both residents went out on individual outings during the day, and the inspector observed the preparations for these outings, including safe management of residents' finances and the ensuring of items such as medications that might be required being prepared appropriately.

A review of the daily activities and planned trips indicated that, residents were supported to have a meaningful life and to enjoy outings and activities at home. Daily activities included going for walks and outings for shopping or coffee. Residents enjoyed activities at home such as jigsaws, the sensory room which was available to them, and everyday activities such as baking. Each resident had a one-to-one staff member allocated to them on a daily basis to facilitate these activities, and there were two vehicles available to support individual outings.

Each resident had also been facilitated to have short holidays, including a glamping holiday which they had both enjoyed. They had particularly enjoyed using the hot tub that was available for use on this holiday. They had also had several overnight stays at bed and breakfasts, which they were reported to have enjoyed.

The designated centre was laid out in a way that supported the assessed needs of the residents, each of whom had their own bedroom and various communal living areas. There was a room that had been developed to be a sensory room, with various sensory items such as lighting, pictures and a massage chair. The home was nicely decorated throughout, and there were personal items such as photos of a recent significant birthday of one of the residents.

The designated centre maintained a record of any compliments received, and the inspector reviewed three of these compliments. Family members had said that residents had a nice home and that there was a homely atmosphere, and that they were happy with the care their relative received. A neighbour of the residents had said that it wasn't a house, it was a home.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on communication and supporting choice and preferences, and there was a good standard of care and support in this designated centre.

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

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective in the most part, with some improvements required in the monitoring of any required actions identified.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents, and both complaints and compliments were recorded and monitored.

## Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents,

and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any relief staff.

Staff files were unavailable in the designated centre on the day of the inspection, as they are maintained in the organisations HR office. Therefore the inspector requested confirmation that all schedule 2 documents were in place, and an email of confirmation was submitted by the HR team.

The inspector spoke to three staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents.

Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

Judgment: Compliant

### Regulation 16: Training and staff development

All mandatory staff training was up-to-date, and staff had also received training in human rights, autism and the management of dysphagia, in accordance with the assessed needs of residents.

Supervision conversations had been held twice with each staff member in the previous year, and the person in charge undertook to complete a schedule for the forthcoming year. The inspector reviewed the record of the supervision conversations for two staff members and found that arrange of topics were discussed in relation to the care and support of residents, together with the needs of staff members.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents which included the information specified in paragraph (3) of Schedule 3 of the regulations. Information relating to a resident who had been discharged from the designated centre was maintained in the centre as required.

Judgment: Compliant

### Regulation 23: Governance and management

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

Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations and six monthly unannounced visits on behalf of the provider had taken place. The annual review was a detailed report of the care and support offered to residents. Required actions were identified in this annual review, and a sample reviewed by the inspector had been completed within the required timeframe. However, there was no method of monitoring actions until they had been completed, and no record maintained of progress on any required actions, with the exception of maintenance requests, which had an alert system to facilitate monitoring and follow up.

A range of audits had taken place, for example, audits of fire safety, of residents' finances, medication management and of personal plans. A monthly schedule was in place and a record maintained of completed audits. The audits included evidence to support the findings in the form of comments.

Regular staff team meetings were held, and clear records of the discussions at these meetings were maintained for the most part. However the records of the previous two team meetings were not available to staff in the designated centre. The inspector reviewed the minutes of the meetings prior to this and found that detailed and meaningful discussions took place, including various aspects of care and support, any accidents and incidents and safeguarding.

Otherwise communication with the staff team was well managed via a handover at the change of shift and a communications book.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre, although improvements were required in some of the documentation and auditing. All the required actions identified at the last inspection had been implemented.

Communication between the staff team was well managed, and as residents were known to dislike the handover process at the change of shifts, so this was managed briefly and unobtrusively.

Overall, staff were appropriately supervised, and the person in charge and senior



management had good oversight of the centre.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose included all the required information and adequately described the service.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
<p>There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations. There were no current complaints, however there was a method of recording and analysing complaints should they arise.</p> <p>The centre also recorded any compliments, and have received compliments from family members of residents and from neighbours, as discussed in the first section of this report.</p>
Judgment: Compliant
<b>Quality and safety</b>
There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple

different activities.

The residents was observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. There were clear behaviour support plans in place for residents, and the use of restrictive practices was well managed, and restrictions were only in place if they were required to ensure the safety of residents.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and all identified risks had effective management plans in place. Residents were safeguarded from any forms of abuse, and their personal belongings and finances were safely managed.

The rights of the residents were well supported, with only minor improvements in the documentation being required. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

## Regulation 10: Communication

The person in charge and staff members were very familiar with the ways in which residents communicate. This was clear from the observations made by the inspector during the course of the inspection and from discussions with staff. For example, one of the staff members spoke about the way one of the residents would request certain items that they preferred, and that they would hand over their own money when out shopping, to ensure that the purchase was of their choice.

There was a 'communication passport' in place for each resident. These documents were detailed in both the ways that residents communicate, and in the best ways to ensure their understanding. For example, the passport for one of the resident described that blowing kisses communicated contentment, and that they understood that if staff put their finger to their ear that they should listen.

It was clear that communication with residents was well managed, and that all efforts had been made to ensure that their voices were heard.

Judgment: Compliant

## Regulation 13: General welfare and development

There was a clear emphasis in the designated on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

A purpose developed sensory room had been developed for residents, which included various items of equipment which they had been observed to enjoy.

The inspector reviewed the daily notes of all four residents, and was assured that each resident was well supported in choosing activities, and in making their own decisions in this regard.

Judgment: Compliant

### Regulation 26: Risk management procedures

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

There was a risk assessment and risk management plan for each of the identified risks. Local and environmental risks managed under this system the use of equipment, behaviours of concern and the requirement for continual training.

Individual risk assessments included the risks relating to safe travel, unfamiliar staff and behaviours of concern. The inspector reviewed the management plans relating to these issues and found detailed documents outlining the guidance to staff in order to mitigate the risk. Staff could identify the main risks in relation to ensuring the safety of residents, and described their role in mitigating these risks. For example, the risk hot liquids posed for one resident, and the risks associated with behaviours of concern for another.

The inspector was assured that control measures were in place to mitigate any identified risks in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, including under night-time circumstances. All staff had been involved in fire drills, and all had received training

in fire safety,

There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. These plans included information about items that were required in the emergency pack that was required to be available to residents in the event of an emergency, for example preferred items of residents and dressing gowns. This emergency pack was observed by the inspector to be in place, and all staff were aware of the requirements.

Staff accurately described the ways in which to support each resident to evacuate in the eventuality of an emergency, in accordance with the information in the personal evacuation plans.

These discussions and the documentation in relation to fire safety indicated that residents were protected from the risks associated with fire, and that they could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were reviewed at least annually and were based on a detailed assessment of need. Care plans in place included plans relation to activities, personal and intimate care and various healthcare needs. The inspector reviewed the plans for both residents and found detailed guidance to staff as to the support required by each resident.

Easy-read versions of the person-centred plans had been developed to assist staff in making them accessible to residents. These included short sentences and pictures to assist understanding. Staff explained the ways in which they offered choice to residents in various aspects of daily life, so that it was clear that the person centred plans were based on the preferences of residents as well as on their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to various members of the multi-disciplinary team (MDT) as required, including a physiotherapist, a speech and language therapist, behaviour support specialist and mental health professionals. The behaviours support therapist was available to attend the centre as required, sometimes attending twice a week.

There was a detailed healthcare plan in place for any identified healthcare issues, and both long term and changing needs were addressed. For example, issues arising around gastric problems for one of the residents had been quickly identified and the appropriate treatment sought. Another had a skin care issue which was also identified and managed in a timely manner. The inspector observed throughout the inspection that these plans were being implemented, for example the orthotics for one resident were applied as required, and the emergency medication for another was taken with them on their outing.

Residents had been offered health screening appropriate to their ages, and the uptake of the screening was managed in a person-centred way.

There was a 'hospital passport' in place for each resident which outlined the important information should a resident have to be admitted to hospital.

Overall it was evident that residents' healthcare was well managed and monitored and that they were supported to have the optimum health outcomes.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff had received training in human rights and could discuss various aspects of supporting the rights of residents. Staff spoke about the importance of recognising and upholding the rights of residents, and of supporting residents both in making choices, and in having respect for each resident. Residents were supported in making choices by effective management of communication in accordance with their needs, and staff were knowledgeable about the best way in which to communicate with each resident.

There were various examples of residents being supported to make choices. For example, choices of meals and snacks, activities and clothing were all made by each resident. Consultation with residents was managed individually, and an easy-read record of these discussions was maintained, to facilitate further conversations.

Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. These plans were overseen by the

behaviour support specialist, and kept under regular review. The behaviour support therapist was a regular presence in the centre, and had attended a recent team meeting to conduct a behaviour review for each resident.

The behaviour support plans provided clear guidance to staff as to how to manage any behaviours of concern, and mitigate any associated risks while ensuring that residents were supported to have a meaningful life, and that opportunities were available to them.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, they were they were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks. There was a restrictive practices register in place which included each intervention and the rationale for its use.

There was an emphasis on lifting or removing any restrictions if possible, and each was reviewed at a six-monthly Restrictive Practice Committee meeting. There was currently a review underway of a restriction whereby there was a Perspex screen in one of the vehicles between the driver and the passenger. Staff were required to record each occasion that the resident reached out towards this Perspex, in order to ascertain if there was still a risk. This review was being conducted with a view to discontinuing the restriction if it was no longer necessary.

The inspector was assured that restrictions were only in place if they were necessary to safeguard residents.

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.

Staff were familiar with any safeguarding plans in the designated centre, and there was clear evidence that the plans were implemented. Neither of the safeguarding issues presented a significant risk to residents, and those risks that were identified had been mitigated by the implementation of the plans.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

## Regulation 12: Personal possessions

There were clear records of the possessions of each resident maintained in their personal plans in the form of a list of valuable items and these were checked and recorded as being present every day.

The inspector reviewed the individual finances of one of the residents and found that the management of their money was robust. Receipts were kept of any purchases, and each transaction was signed by two staff members. A running total was kept, and the balance of one of the records was checked by the inspector and found to be correct.

Judgment: Compliant

## Regulation 17: Premises

The designated centre was appropriately designed and laid out to support the needs of all the residents, each of whom had their own private room. There were also various communal areas including living areas and a sensory room. While the designated centre was registered for three residents at the time of the inspection, the inspector found that it was only suitable to meet the needs of two residents. This was agreed by the person in charge and the person participating in management, and the application to renew the registration of the centre was subsequently re-submitted by the provider to reflect this.

Any required actions identified in the previous inspection had been addressed, and all areas of the house had been well maintained. It was evident that residents made use of all the communal areas of the house, and that each had their own preferred areas in which to spend time.

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
<b>Capacity and capability</b>	
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	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant



# Compliance Plan for Mullaghmeen Centre 1 OSV-0005476

Inspection ID: MON-0037615

Date of inspection: 18/02/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
The Person in Charge will devise and implement a template that will provide a complete overview of all tasks requiring action requiring. It will detail when they have been closed off, timeframe amended or whether it remains outstanding. This overview will be reviewed on a monthly basis. This will be deemed as a "Live" document and discussed at the relevant forums as required.	

## 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 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	30/04/2025