



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	08 June 2022
Centre ID:	OSV-0005477
Fieldwork ID:	MON-0028274

About the designated centre

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

The designated centre provides support to two adults (male or female) with intellectual disabilities in two self contained apartments located in close proximity to the local town. The provider describes the service as offering support for up to two adults (male and female) with an intellectual disability, and with specific support needs in relation to behaviours of concern, high dependency needs, mental health needs, sensory impairment and autism. The centre is staffed over 24 hours, with sleepover staff overnight. Residents have access to local amenities including restaurants, shops, leisure facilities and library. The staff team comprises social care staff 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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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 8 June 2022	10:30hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to inform the decision of the chief inspector on the application from the provider to renew the registration of the designated centre.

The centre comprised two semi-detached apartments, each accommodating one resident, each of whom is living in relative independence with varying levels of support from staff. Each resident has a self-contained apartment and their own garden area. One of the residents lives independently for the most part, with support from staff in the next door apartment if needed.

Both apartments were well appointed and decorated in the way that residents chose. One of the residents welcomed the inspector to their home, and with minimal support from staff, showed the inspector around their home. The apartment was spacious and nicely decorated, and personal effects were evident throughout. The resident had facilities to make their own drinks and snacks, and showed the inspector some of the personal items that were important to them.

The resident told the inspector that they were going out for coffee, and then going to their work, which involved office work for the organisation. It was clear that the resident enjoyed this activity, and found the employment to be meaningful to them.

They spoke about the support they received from staff, for example with personal care if needed, and with facilitating visits with their family, who were clearly an important part of their life. They were involved in their local community, and had joined various local groups, and had made friends in their community through these groups.

One of the residents did not choose to have a conversation with the inspector, however they permitted the inspector to have a quick look around their apartment and adjoining garden. Their garden was full of their hobbies and preferred ways of relaxing, and they were supported by staff who shared their interests. They were supported by staff to deliver a community based delivery service to residents in their locality, and had their own business cards which outlined the services they offered.

It was evident that residents had been supported to continue their activities during recent community restrictions, and to engage in new activities, for example one of the residents had learnt to ride a bicycle and to develop their garden to include garden furniture.

Residents had their own mobile phones, and knew who to contact if they needed support. In addition it was clear that residents had been provided with information in ways that were accessible to them, including information about the recent pandemic. One of the residents went to shake hands with the inspector, and without prompting from staff, changed it to a 'fist bump', so that it was clear that residents

were in receipt of information in relation to IPC (Infection prevention and control) and had been supported to involve appropriate precautions into their daily lives.

As part of this inspection process, residents had been offered questionnaires wherein they could outline their views of the service they were receiving. All the responses in these questionnaires were positive, and residents had outlined various positive aspects of their lives and the support they received.

Overall, it was clear that the provider had ensured that residents were supported to have a good quality of life, and that their care and support needs were met in a positive and person centred way.

Capacity and capability

There was a clear management structure with established lines of accountability. The person in charge was appropriately experienced and qualified.

Various monitoring processes were in place. Both an annual review and six monthly unannounced visits on behalf of the provider had been completed in accordance with the regulations. These were detailed reviews, and covered all aspects of the operation of the centre and support offered to residents. Any required actions which had been identified had been completed within the required timeframes.

Monthly audits were undertaken and any required actions were monitored, and those reviewed by the inspector had been completed within the identified timeframes.

Communication with the staff team was maintained through staff meetings, and regular contact by the person in charge. Staff meetings were found to be effective, and meaningful.

Staff numbers and skills mix were appropriate to meet the needs of residents. Where one of the residents was independent overnight, staff support was immediately available from the next-door apartment if required. Staff training was up-to-date, and regular formal supervision of staff was found to be current. Staff knowledge in relation to the support needs of residents was detailed and current.

All the policies required under the regulations were in place, and a sample reviewed by the inspector found them to be current and evidence based.

There was a formal complaints procedure in place, and residents know how to raise any concerns, and while there were no current complaints, there were several compliments recorded, both from support staff and from members of the local community.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents knew how to make a complaint and who to approach for help with complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were in place and had been reviewed within the required timeframe.

Judgment: Compliant

Quality and safety

There were detailed personal plans in place for each resident, and both had been involved in the development and review of these plans. Implementation of the plans was recorded, and the plans were made available to residents in an 'easy read' format. Goals had been set with residents in terms of optimising their personal development, and these included a 'vision for the future' that had been informed by the needs and preferences of residents. For example, these goals included money management, healthy eating and skills development.

There were 'communication passports' in these plans, which clearly outlined the behaviours that formed part of the communication of residents. There was clear evidence that adherence to these plans had resulted in a reduction in behaviours of concern, and thus improved outcomes for residents.

There were also detailed positive behaviour support plans in place for residents which included both proactive and reactive strategies, and there was evidence that these also resulted in improved outcomes for residents. There were some restrictive practices in place to support these positive outcomes, and a register of restrictions was maintained. However not all of the restrictions identified during the course of the inspection had been included in this register.

Residents were supported to have the optimum healthcare, and to be involved in health promotion. One of the residents had been supported to give up smoking, and to gain and retain an optimal weight by being supported to attend a local community weight loss group. Where a modified diet had been recommended by the

Speech and Language Therapist (SALT), the resident had been involved in all aspects of the requirements, and had attended training with staff so that they were independent in modifying their own diet, for example, they were independent in thickening their own drinks to ensure safety in relation to their dysphasia.

IPC had been well managed, and while there had been a recent outbreak of COVID-19, all required public health guidance had been followed. Additional guidance had been made available to staff during the outbreak, and it was evident that residents had also been involved in following the guidelines. They had been supported in hand hygiene and mask wearing, and the current guidelines were now being followed by both staff and residents. A detailed post outbreak review had been undertaken including a survey of staff in relation to the sequence of events and the management of the outbreak. Staff were knowledgeable about the steps to be taken during an outbreak, and in relation to the current public health guidance.

There was a detailed risk register in place which included both local and individual risks. Each risk was appropriately risk rated, and all identified risks were included in this register. Each identified risk had an associated risk management plan which was regularly reviewed. A detailed risk assessment and management plan was in place for the resident who lived alone with minimal support.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and fire doors. Staff could describe the actions they would take in the event of an emergency, and had all been involved in fire drills. Residents knew how to respond to any emergency, and there was a current personal emergency evacuation plan in place for each resident which was regularly updated.

Medication was safely managed. There were appropriate systems in place to ensure safe administration and stock control. In addition, historical polypharmacy was being addressed within the multidisciplinary team, and reductions were carefully monitored.

Overall, the rights of residents were prioritised, and positive risk taking was supported and well managed. Residents were supported in their independence with the minimum support to ensure their safety.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

Regulation 27: Protection against infection

Effective infection prevention and control measures were in place, in accordance with current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Structures and procedures were in place to ensure the safe management of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Provision was made for appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

A register of restrictive practices was maintained, but some restrictions had not been identified. There were alarms on the doors of one of the apartments, and whilst it was clear that these were in place to ensure the safety of the resident, they were not included in the register.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullaghmeen Centre 2 OSV-0005477

Inspection ID: MON-0028274

Date of inspection: 08/06/2022

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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The registered provider shall ensure that, where restrictive procedures, including physical, chemical or environmental restraint are used, such procedures are identified and included in the restrictive practice register.</p> <p>The Person in Charge will ensure a written report is provided to the chief inspector at the end of each quarter in relation to any occasion where a restrictive practice procedure to include physical, chemical or environmental is used.</p> <p>Compliant by: 10.06.2022</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 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	10/06/2022