

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

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	26 June 2024
Centre ID:	OSV-0005787
Fieldwork ID:	MON-0035294

About the designated centre

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

The designated centre is a community house in close proximity to the nearest town which accommodates four adults, both ladies and gentlemen, with an intellectual disability. Each resident has their own bedroom, and there is sufficient private and communal space including a functional outside space at. The centre is staffed by two members of staff during the day, and a sleepover staff at night. There are vehicles for the use of residents, and a variety of activities available and supported.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 26 June 2024	10:15hrs to 17:45hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with regulations and standards, and to help inform the registration renewal decision.

The inspector met all four residents during the course of the inspection, not all residents communicated verbally, and some people chose not to interact with the inspector. The inspector also spoke to three staff members and the person in charge, made observations and reviewed documentation relating to the care and support of residents.

On arrival at the designated centre, the inspector found that two residents were going about their daily routine, one had already left for their day service. One of the residents who was having a bad day was in their room, and did not wish to be disturbed. Due to the presentation of this resident, and the fact that they were disturbed by the presence of too many people in the house, the inspector spent a short time in the house, went to the organisation's office to review documentation, and returned later in the afternoon to meet the resident who was out.

The designated centre was homely and nicely decorated and furnished throughout, and had been recently repainted. The inspector visited three of the residents' rooms, and found that they contained their personal items and were decorated in the ways that they had chosen. There were lovely gardens which were well maintained and contained garden furniture and decorations.

The inspector reviewed documentation and spoke with the staff and person in charge about the activities that residents were involved in, and found that they were occupied in their chosen ways, and they had a wide variety of activities, individual to each of them. Some residents enjoyed activities in their home such as gardening and having a sing-song. Others preferred activities outside their home, and were involved in hobbies such as swimming, and outings for meals and snacks.

Staff had received training in human rights and in assisted decision making. The person in charge and staff members gave various examples of the ways in which they supported the rights of residents, and respected their choices. For example one of the staff explained how a resident might agree to personal care in the morning, but might then change their mind. The staff were knowledgeable about the ways in which each of them indicated their choices, sometimes non-verbally by gestures or facial expressions, and spoke about the importance of this type of communication.

Choice-making was supported in various different ways, for example, a resident who required a modified diet was shown each meal before it was minced to ensure that they had the option to indicate that they did not want this meal, and then choose something different. There were various strategies to ensure that residents' received information, including easy-read information, social stories about events or new

activities, and picture exchange systems.

However, although there was good practice identified throughout this inspection, and an ethos of respect for residents, the behaviours of a resident who had been admitted to the centre in recent months was having a significant negative impact on the others.

It was clear from a review of documentation, and from the number of notifications submitted to the Health Information and Quality Authority (HIQA) that the situation was affecting all residents, but some were more significantly affected than others. The resident who returned from their day service later in the afternoon of the inspection agreed to have a chat with the inspector. The behaviour of the other resident was the only thing they wanted to talk about. They said that they were sometimes angry, but mostly very upset, and actually cried while they were explaining the situation.

The person in charge and the person participating in management outlined all the steps that had been taken to safeguard residents, and these are discussed further in the next section of this report, but at the time of the inspection the issue had not been addressed.

Other than this situation, residents were supported to have a comfortable and meaningful life, with an emphasis on 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 both in relation to monitoring practices, and in identifying areas for improvement.

A significant issue relating to the impact of the behaviour of one resident on the others had been identified, and while the required solution had been acknowledged, the issue was not yet resolved.

There was an appropriately qualified and experienced person in charge who was knowledgeable about the support needs of residents and showed clear oversight of the centre.

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

appropriately supervised both formally and informally.

There was good oversight of any accidents and incidents, and all required notifications were submitted to HIQA within the required timeframe.

There was a clear and appropriate complaints procedure in place, and a record of the response to complaints was maintained.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre.

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.

Additional staff had been put in place to support the resident whose behaviour was having a negative impact on others, and the inspector observed that there was a staff member with the resident who immediately supported them when the behaviours occurred.

The inspector spoke to the person in charge and three staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents, with the exception of consistency in relation to fire evacuations as discussed under regulation 28. Staff were familiar with the healthcare needs of residents, their routines and activities and in particular the various ways in which residents communicate.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up-to-date and included training in fire safety, safeguarding, behaviour support and infection prevention and control. Additional training had been undertaken in relation to the specific support needs of residents including epilepsy and dysphagia. In addition the positive behaviour support team had provided

training specific to the behaviour support needs in the centre.

Regular supervision conversations were held with staff and records were maintained of these conversations. Staff were facilitated to bring up any issues or areas of concern at these meetings.

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. All required actions identified in the previous inspection of the designated centre had been completed.

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. The views of residents and their families were elicited as part of the review, which examined all aspects of life in the designated centre. The inspector reviewed five of the required actions identified in this review and found them to have been completed within their allocated timeframes. These included the improvement of an epilepsy care plan, the trial of a picture communications system in the car for one of the residents, and the requirement to ensure that staff supervisions and training were up to date.

Six-monthly unannounced visits on behalf of the provider had taken place. The inspector reviewed the reports from the last two of these visits, and found that any required actions were monitored by the person in charge, and that they had again either been completed or were within their allocated timeline, for example the centre's infection prevention and control contingency plan had been found to require and update and this had been completed.

Any accidents and incidents were reported and recorded appropriately, and again any required actions were monitored until complete. For example, following a recent medication error, a root cause analysis had been completed by the staff member and person in charge, and any learning from the incident was recorded together with any actions required to prevent a recurrence.

Regular staff meetings were held, and a record was kept of the discussions by amalgamating the notes taken by a staff member and those taken by the person in charge. All aspects of care and support of residents were discussed at these meetings, and staff were required to sign the minutes to indicate that they had read them.

In relation to the impact of the behaviour of one of the residents on others, which is described in the next section of this report, various steps had been taken to ameliorate the situation, but had not been successful. For example, additional staff

had been put in place, and the behaviour support specialists had been involved.

The resident had recently been on a short hotel break and was reported to have enjoyed this and to have been more settled, so this was being explored as a short term response to give the other residents a break, while offering the resident in question an enjoyable activity.

The provider had recognised that the long term solution was that the resident requires an individualised service, and presented evidence of having explored some options which had untimely not been successful. A business plan had been developed in relation to funding for the individual service, and premises were actively being sought. However, on the day of the inspection there was no definitive solution in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose included all the information required by the regulations, and described the care and support offered to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families, and displayed in the designated centre as required by the regulations. The procedure had been made available in an easy-read version.

Any complaints were recorded and remained open until resolved. The records were clear and included the steps taken to resolve the issue, and the satisfaction of the complainant. There were multiple complaints recorded from residents about the current situation relating to the behaviour of one of the residents, and it was clear that each of these complaints was followed up in accordance with the organisation's policy, including a discussion with the person in charge.

The records over the year prior to the inspection also included a complaint by a family member, and this issue had been addressed and resolved, and the record included information that the family member was satisfied with the outcome.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall while there were many supports in place to ensure that residents' needs were met, and that they were supported to have a comfortable and meaningful life, their quality of life was being negatively affected by the behaviour of one of the residents who had moved into the centre earlier this year.

Apart from this situation, both social care and healthcare were well managed and effectively monitored.

Fire safety equipment was in place to ensure the protection of residents from the risks associated with fire, however improvements were required to ensure that all residents could be evacuated in the event of an emergency.

Risk management appropriate, and all risks were clearly identified and risk rated, and had detailed risk management plans in place.

Medication was well managed for the most part, with some improvements in stock control being required.

Communication with residents was prioritised, and there were multiple effective strategies in place to maximise residents' understanding and to ensure that their voices were heard.

Regulation 10: Communication

Residents were supported to communicate in various ways in accordance with their needs and abilities. Not all residents communicated verbally, and there were various strategies in place to support them, including the use of pictures and easy read information to assist understanding. There were social stories and other strategies around various situations, for example where a resident needed to go to the dentist, staff had used a box of dental equipment to explain to the resident what would happen at their appointment.

Easy-read information had been made readily available to residents, and each had

an easy read book with various social stories and pictures to aid communication and choice making. Each resident had a detailed section in their person-centred plan in relation to communication, and the inspector reviewed two of these plans. There was detailed information about the ways in which residents communicated, including the meaning behind some gestures or behaviours. There was also guidance for staff as to the best way to communicate with each residents, for example 'use short sentences'.

Staff members all explained various different communication strategies, and during the inspection the inspector observed them to be effectively communicating with residents.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have a meaningful day, to engage in activities that they enjoyed, and to learn new skills.

The inspector reviewed the daily notes for the two months prior to the inspection for two of the residents, and found that they had regular activities that they enjoyed. The entries in the daily notes included comments on the response of the resident to the activity.

Some residents attended a day service, and this was based on their preferences, and was their own choice as to whether or not they wished to attend. One of the residents was involved in a variety of activities through their day service, including dance, voluntary work and pet therapy.

There were person-centred plans in place for each resident which included information about preferences, and also about things disliked, or that made them bored or frightened. The plans included goals for residents in terms of maximising their development and ensuring a meaningful events. One of the residents had recently achieved the goal of meeting up with an old friend, and of having a trip to the UK. Others were experiencing new activities, or learning new skills.

Where residents were learning new skills or activities, there were plans in place whereby the activity was broken down into small steps, so that the resident could learn the steps in order, and receive positive feedback for each step achieved. This strategy was opening up new experiences for residents.

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. There was a risk assessment and risk management plan for each of the identified risks. Local and environmental risks managed under this system included infection prevention and control, fire safety and lone working.

Individual risk assessments included the risk relating dysphagia, the management of epilepsy and visual impairment. Each of the identified risks had a detailed risk management plan outlining the guidance to staff to mitigate the risk. Each of these management plans was regularly reviewed, and staff could describe their role in implementing them.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and equipment in relation to fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. All the required checks including daily checks of fire exits were in place.

Regular fire drills had been undertaken, and there was a personal evacuation plan in place for each resident. However, not all staff could readily answer when asked about the steps that they would take in an emergency, and when asked about the evacuation of a resident who might refuse to leave the centre, all gave different answers as to how they would respond. There was no clear plan in place with guidance for staff as to the actions they should take as a last resort in this situation, for example the comment in one to the personal emergency evacuation plans was that staff should try and use a wheelchair, but that the resident might decline. It was not apparent that all possibilities had been explored and the inspector was not assured that all residents would be safely evacuated in the event of an emergency. In addition, whilst the person in charge explained that one of the residents should be evacuated last to ensure their safety, this was not documented in the emergency plan of the centre.

An email was sent to the person in charge from the behaviour support team during the course of the inspection outlining some suggestions to assist the resident to learn the skills necessary to engage in an evacuation, however the risk was not mitigated at the close of the inspection.

However there were some good practices in place, for example, one of the residents would not leave the centre without their slippers during a night time evacuation and it had been identified that this could cause a time delay, so to ensure a timely evacuation a pair of slippers was kept readily available in a location separate to the resident's room.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were good practices in medication management in relation to the prescriptions, ordering and storage of medications, and staff described their administration practices clearly, and were aware of best practice in this regard. All staff had received training in the safe administration of medication.

Most of the medication was supplied in blister packs, with the exception of some of the 'as required' (PRN) medications. The inspector checked the stock of one of these medications against the balance sheet and found it to be correct, however was not assured that there were regular checks undertaken by staff to ensure that any discrepancies would be found in a timely manner. Staff were expected to check the stock balance both following the administration of any PRN medication and on a weekly basis. The inspector reviewed the balance sheet for the previous two months for one of the medications and found that the weekly check had been missed twice during this time period.

Judgment: Substantially compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, changes relating to a particular diagnosis for one resident were monitored regularly.

There were detailed healthcare plans in place for residents which included clear guidance for staff. The inspector reviewed three of these plans, one relating to epilepsy, one around constipation and the other relating to the management of coeliac disease, and found them to be current and regularly reviewed. There was also a detailed plan in place in relation to a resident refusing medical interventions, and a capacity assessment had been undertaken in relation to decision making in healthcare.

Residents had access to various members of the multi-disciplinary team (MDT), including positive behaviour support, physiotherapy, occupational therapy (OT) and speech and language therapy (SALT). The inspector observed some of the interventions put in place by the OT – there were grab rails in place for one resident, and another had a weighted blanket to assist with self-regulation. The physiotherapist was regularly involved with residents in terms of maximising their mobility.

All age-appropriate screening had been offered or was under consideration, including screening relating to women's health, and some residents had chosen to attend screening appointments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on an assessment of needs. The inspector reviewed in detail the behaviour support plan of the resident whose behaviour was having a negative impact on others. The plan included detailed guidance in both the proactive management of behaviours of concern, and of the reactive strategies required to manage any escalation in behaviour.

Incidents of behaviours of concern which lasted longer than ten minutes were documented in detail and reviewed by the behaviour support specialist who also and reviewed the behaviour support plan regularly. It should be noted that the cyclical nature of presenting condition of the resident meant that strategies were not always effective.

Any restrictive practices which had been found to be necessary to ensure the safety of residents were based on a detailed assessment and the documentation included a detailed rationale for each, and were the least restrictive available to manage the identified risk. Three had been a recent reduction in restrictions, for example one of the residents now had an en-suite bathroom which had removed the necessity for a falls alarm as they had immediate access to facilities.

There were very few restrictions in the centre, and those in place were clearly documented in a restrictive practices log and were kept under regular review.

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.

There only identified safeguarding issues for residents currently was the impact of the behaviours of one of the residents on the others. There was a detailed safeguarding plan in place, the main intervention being identified as the requirement for an individualised service for this resident as previously discussed in this report.

Pending the sourcing of this service for the resident, various strategies were in place to support the other residents, including easy read information for the best way to respond, and continual discussion with residents and acknowledgement of their concerns, together with the behaviour support in place for the resident.

However, at the time of the inspection, residents were still being negatively affected by the current living arrangements.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff spoke with enthusiasm about having received training in human rights, and some of them had also covered human rights in courses they had undertaken. They stressed the importance of respecting the rights of residents to make their own choices, and about the need for effective communication to ensure meaningful choices. Some of them had advocated for a consistent staff team, especially following the admission of the new residents, for example by raising the issue at staff meetings. The issue had immediately been acknowledged, and only staff known to residents were currently on the roster.

A resident had moved into the centre in the months prior to the inspection, and their behaviour was having a significantly negative impact on the others. The resident engaged in repeated extremely loud vocalisations, and engaged in banging behaviour. They regularly shouted out about other residents, for example, 'so-and-so is bold' and other residents found this very upsetting.

The recording of this behaviour required staff to record each time this behaviour lasted for more than ten minutes, however during the course of the morning of the inspection the behaviours occurred three times, each time was less than ten minutes, but the inspector observed it to be very intrusive and disruptive, but would not be included in the recordings of the frequency of the behaviour.

The inspector reviewed the daily notes for the two months prior to the inspection, and found that one of the residents was commenting to staff almost every day that they were upset by the situation. It was also noted that one of the residents was telling the staff in their day service about it, so that it was clearly having a significantly negative impact on their wellbeing.

It had been acknowledged by the provider that the situation is not appropriate, and various interventions had been put in place. As discussed under regulation 23, the provider was actively seeking solutions to the issue, but at the time of the inspection it had not been resolved.

Judgment: Not compliant

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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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Meath Westmeath Centre 4 OSV-0005787

Inspection ID: MON-0035294

Date of inspection: 26/06/2024

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> <ul style="list-style-type: none">• The RPR and PPIM are working closely with the HSE to source alternative accommodation for one resident. The RPR and PPIM are in discussions at present with the HSE to source funding for a new property, a potential property has been identified with renovations required. A business case has been submitted to the HSE for funding. The Muiriosa Foundation is still awaiting on approval for this. The RPR has prioritised this as an agenda item on monthly meetings with the HSE.• The PIC is on site in the designated centre over 2-3 days per week. The PPIM visits the centre on a fortnightly basis.• The PIC has monthly review of safeguarding plans and its effectiveness with the Designated safeguarding Officer• As part of the formal safeguarding plan one resident is availing of a break away from the centre one weekend per month. This is supported 1:1 staffing for the resident. These breaks away from the centre are having a significant positive impact for this resident with positive outcomes including a decrease in safeguarding incidents and behavioural incidents when the resident returns to the centre.• Additional Staffing has been provided in the centre as part of an emergency response in the interim period in response to the safeguarding concerns. The additional staffing has been beneficial to support other individuals to access the community with staff support in line with their will and preference and have 1:1 time away from the centre.• Support strategies have been put in place to support all residents, including easy read information for the best way to respond and acknowledgement residents' concerns with the support from the Behaviour Support Team – this support is ongoing.	

- One resident has ongoing support from the community mental health ID team together with the Behaviour Support Team. A Behaviour Support Therapist visits the centre regularly to support the staff team and guide best practice in using a low arousal approach which is deemed to be best suited to one resident's needs at present, but also is effective for the other residents in the centre.
- The staff team attended a training day on 18/6/24 with the Senior Clinical Psychologist and the Behaviour Support Therapists around how best to support residents using a low arousal approach, understanding Autism and Autistic burnout.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The person in charge has drawn up a clear evaction plan detailing the order in which each resident is to be evacuated. This also includes the steps that should be taken if one resident declines to use her wheelchair to evacuate.
 - Person in charge presented a thorough overview of the evacuation plan with the staff team at a meeting in July 2024 and a copy is available for all staff in the fire register and located at the front door. All staff are to read and sign off they have read the evacuation plan.
 - The evacuation plan will remain an agenda item at staff team meetings. This will also be included in the induction for new staff.
 - A day time fire drill was recently conduted and the outcome was a successful evacuation of all residents. Deescalation techniques were trialled with one resident who finds fire evacuations difficult. The resident will be provided reassurance and offered a chocolate bar and the option to go for a drive. This method of evacuation proved beneficial for the resident and reduced level of distress for this resident. This detail has been added to the individuals evacuation plan.
 - Staff keep the car keys in staff room every night and a selection of chocolate bars are to be kept in the staff room and at the front door, shoes/ slippers are kept in a bag in the car in the event of a fire.
 - Easy read material on fire evacuations are available to all residents and spoken about at weekly house meetings or 1:1 key worker meetings.
 - The Behavioural Support team are also designing a programme to build up fluency and confidence around evacuation with the following considerations:
 - a) Consent
 - b) What part of the evacuation is the resident having difficulty progressing with.
 - c) Modelling and rehearsing the evacuation
- This programme will be completed by 30/09/2024

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The person in charge has identified one day a week when stock checks are to be carried out. In this location it will be on Tuesdays. • The person in charge has discussed this as an agenda item at July 2024 staff team meeting to ensure stock checks are to be completed weekly. • For PRN medications deemed as a chemical restraint, the PIC has introduced a daily stock check for one resident. • An alarm has been set on the house phone every evening at 8pm to remind staff to complete the daily stock check for PRN medications. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The RPR and PPIM are working closely with the HSE to source alternative accommodation for one resident. The RPR and PPIM are in discussions at present with the HSE to source funding for a new property, a potential property has been identified with renovations required. A business case has been submitted to the HSE for funding. The Muiriosa Foundation is still awaiting on approval for this. The RPR has prioritised this as an agenda item on monthly meetings with the HSE. • The PIC is on site in the designated centre over 2-3 days per week. The PPIM visits the centre on a fortnightly basis. • The PIC has monthly review of safeguarding plans and its effectiveness with the Designated safeguarding Officer • As part of the formal safeguarding plan one resident is availing of a break away from the centre one weekend per month. This is supported 1:1 staffing for the resident. These breaks away from the centre are having a significant positive impact for this resident with positive outcomes including a decrease in safeguarding incidents and behavioural incidents when the resident returns to the centre. • Additional Staffing has been provided in the centre as part of an emergency response in the interim period in response to the safeguarding concerns. The additional staffing has been beneficial to support other individuals to access the community with staff support in line with their will and preference and have 1:1 time away from the centre. • Support strategies have been put in place to support all residents, including easy read 	

information for the best way to respond and acknowledgement residents' concerns with the support from the Behaviour Support Team – this support is ongoing.

- One resident has ongoing support from the community mental health ID team together with the Behaviour Support Team. A Behaviour Support Therapist visits the centre regularly to support the staff team and guide best practice in using a low arousal approach which is deemed to be best suited to one resident's needs at present, but also is effective for the other residents in the centre.
- The staff team attended a training day on 18/6/24 with the Senior Clinical Psychologist and the Behaviour Support Therapists around how best to support residents using a low arousal approach, understanding Autism and Autistic burnout.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The RPR and PPIM are working closely with the HSE to source alternative accommodation for one resident. The RPR and PPIM are in discussions at present with the HSE to source funding for a new property, a potential property has been identified with renovations required. A business case has been submitted to the HSE for funding. The Muiriosa Foundation is still awaiting on approval for this. The RPR has prioritised this as an agenda item on monthly meetings with the HSE.
- The PIC is on site in the designated centre over 2-3 days per week. The PPIM visits the centre on a fortnightly basis.
- The PIC has monthly review of safeguarding plans and its effectiveness with the Designated safeguarding Officer
- As part of the formal safeguarding plan one resident is availing of one a break away from the centre one weekend per month. This is supported 1:1 staffing for the resident. These breaks away from the centre are having a significant positive impact for this resident with positive outcomes including a decrease in safeguarding incidents and behavioural incidents when the resident returns to the centre.
- Additional Staffing has been provided in the centre as part of an emergency response in the interim period in response to the safeguarding concerns. The additional staffing has been beneficial to support other individuals to access the community with staff support in line with their will and preference and have 1:1 time away from the centre.
- Support strategies have been put in place to support all residents, including easy read information for the best way to respond and acknowledgement residents' concerns with the support from the Behaviour Support Team – this support is ongoing.

- One resident has ongoing support from the community mental health ID team together with the Behaviour Support Team. A Behaviour Support Therapist visits the centre regularly to support the staff team and guide best practice in using a low arousal approach which is deemed to be best suited to one resident's needs at present, but also is effective for the other residents in the centre.
- The staff team attended a training day on 18/6/24 with the Senior Clinical Psychologist and the Behaviour Support Therapists around how best to support residents using a low arousal approach, understanding Autism and Autistic burnout.

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	31/12/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/09/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Substantially Compliant	Yellow	31/07/2024

	to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	31/12/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/12/2024