



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	14 December 2021
Centre ID:	OSV-0004083
Fieldwork ID:	MON-0030336

About the designated centre

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

The statement of purpose outlined that the service provides full time residential care to four male adults, with a primary diagnoses of moderate to severe intellectual disability, autism and behaviours of concern. Allied support service including social work, occupational therapy, speech and language, psychology and behaviour supports are available within the organisation. The service is staffed by social care staff with nursing oversight available. There are staff on duty at all times with both waking and sleep over staff at night. The residents are supported to avail of community based services which are important to them. The designated centre comprises two single story, detached community houses in close proximity to a small town in Co Westmeath where each resident has their own bedroom, adequate communal living space and suitably equipped bathroom and recreational facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 14 December 2021	11:15hrs to 19:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector observed, residents received person centred care and support in the centre. However, there were improvements required in relation to training and staff development, general welfare and development, premises, and fire precautions. These issues are discussed further in the next two sections of the report.

This centre was made up of two houses with two residents that lived in each house. The inspector had the opportunity to meet with all four of the residents. Some of the residents spoke to the inspector with support from staff. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed throughout the course of the inspection in their home.

Staff were observed to communicate with the residents in one house using a mixture of verbal language, signs and gestures. Staff were observed to give residents' choices about their care and activities. Residents were observed relaxing in different areas of their home listening to music, having a cup of tea with staff or relaxing having their lunch. Both residents in one of the houses went out separately for part of the day with staff support. One went for a walk in the local area and the other went for a drive and a walk.

In house two, one resident had been to visit their family that day in the family home. The residents were relaxing in their own space when the inspector arrived. Both residents had greeted the inspector at the door and one resident chose to give the inspector a tour of their room and the staff room. The residents appeared very relaxed in their home. Both said they were happy and smiled on many occasions when asked questions or when the centre staff interacted with them.

Residents in this centre availed of an in-house day programme. There were different table top activities and craft activities available for residents to participate in. Residents were also supported to participate in different activities out of the centre such as drives, outdoor exercise, gardening projects and collecting eggs from a local farm. Some activities that a particular resident had enjoyed, prior to the COVID-19 pandemic, had closed with no alternatives sourced and the resident was limited in the amount of times they were supported to undertake another activity. This will be discussed further in section two.

Both houses appeared homely and were decorated for Christmas with a tree in the sitting room and other seasonal decorations. There were art projects that were completed by the residents displayed in each of the houses. Some of the projects were completed over many months such as a table refurbished with colourful bottle caps or a decorative abstract piece of art made from string. Each resident had their own bedroom that was individually decorated to their personal preferences. There were adequate storage facilities for residents personal belongings. There were personal items, pictures and certificates some residents had achieved displayed in

their bedrooms.

House one had a swing set in the garden and a basketball net. There was a picnic bench for residents to sit out if there was good weather. There were apple trees and some walls of the garden had decorative art or a mural. House two had a large front and back garden with the residents having preferred to spend time in the front garden. It had different plants and the residents took part in caring for the garden. There was a decorative colourful wall and different garden decorations in places.

There were two staff on duty in house one on the day of inspection and one staff on duty in house two. Staff spoken with were knowledgeable on the residents' preferences, care and support needs required. The inspector observed resident and staff engagement which was found to be responsive and respectful, and interactions with staff were seen to be warm.

As part of the annual review the provider had given residents and their representatives the opportunity to give their thoughts on the service provided to them. Feedback received indicated that people were satisfied with the service.

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

Capacity and capability

Overall, the inspector found the centre was adequately resourced. There were management systems in place to ensure good quality care was being delivered to the residents. However, some improvements were required in relation to training and staff development.

There was a defined management structure in place which included the person in charge who was employed in a full time capacity. They had the qualifications and experience to fulfil the role. The person in charge was on leave on the day of inspection so the inspector was unable to meet with them. A senior member of the management team and a deputising person in charge facilitated the inspection along with front-line staff.

The provider had carried out an annual review of the quality and safety of the centre and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. From a review of the the annual review and the six-monthly visits any actions identified had been followed up on. The annual review of the service had included consultation with residents and family representatives. There were other local audits and reviews conducted within the

centre in areas such as infection prevention and control and medication audits.

From a review of the rosters the inspector saw that there was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre and it was maintained by the person in charge. Staff files were not reviewed as part of this inspection.

Staff had access to necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs.

For example, staff training included, safeguarding of vulnerable adults, medication management, fire safety training, and infection prevention and control trainings. However, at the time of inspection refresher training was due for three staff in manual handling training and one staff was due refresher training in the management of behaviour.

There were formalised supervision arrangements in place and from a sample viewed the person in charge was providing supervision to the staff team every three months as per the organisational policy. There were also monthly staff meetings occurring in the centre.

Regulation 15: Staffing

From a review of the rosters the inspector saw that there was a planned and actual roster in place that accurately reflected the staffing arrangements in the centre and it was maintained by the person in charge. Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to necessary training and development opportunities in order to carry out their roles effectively and to meet residents' assessed needs. However, at the time of inspection refresher training was due for three staff in manual handling training and one staff was due refresher training in management of actual or potential aggression (MAPA). These trainings were considered beneficial or necessary in order to appropriately support the residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge who was employed in a full time capacity. They had the qualifications and experience to fulfil the role. The provider had carried out an annual review of the quality and safety of the centre and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis. The annual review of the service had included consultation with residents and family representatives. There were other local audits and reviews conducted within the centre.

Judgment: Compliant

Quality and safety

Overall, residents were receiving appropriate care and support that was individualised and focused on their needs. However, some improvements were required in relation to general welfare and development, premises and fire precautions.

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness. These included plans to support residents with specific health care needs.

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (G.P), speech and language therapist, chiropody, and physiotherapy as required.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. The provider had ensured staff had received appropriate training. Residents had access to a range of clinic supports in order to support their well-being and to support them to manage behaviour positively. While there were restrictive practices in place, these were assessed and were subject to regular review and in place for residents' safety. For example, front and back doors were locked at night.

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy and staff were appropriately trained. There were systems in place to safeguard residents' finances whereby staff counted and signed off on the finances twice daily. Residents had intimate care plans to guide staff on how

best to support them and inform staff of their preferences.

The inspector found that there were adequate systems in place to promote residents' rights. These included, weekly house meetings and a choice board was in place in the kitchen.

Residents engaged in activities in their home and community, and where possible were supported to maintain relationships with family. It was evident that the centre was trying alternative activities in order to try to keep residents safe throughout the COVID-19 pandemic. However, in the case of one resident they were not assisted to participate in two particular activities that suited their interest. There had been a delay in returning to one of the activities since the start of the pandemic with the resident only participating twice in this chosen activity. No alternatives by the day of inspection were sourced for the other resident's favoured activity after the centre they attended closed.

From a walkabout of the centre the inspector found the houses to be spacious with lots of areas for recreation and privacy. There were some areas that required attention, for example, one house's bathroom had a strong urine smell and the path at the side of house had some uneven surfaces which could impact the residents should they need to evacuate using this route. The other house's fascia and soffits required repair and the hall ceiling required a permanent repair after a leak was repaired and some areas of both houses required painting.

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available and the centre had a recently reviewed risk register in place. Each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. From a sample of the centre's vehicles the inspector saw it was taxed, insured and had an up-to-date national car test (NCT).

The inspector reviewed arrangements in relation to infection control management in the centre. There was evidence of ongoing reviews of the risks associated with COVID-19 with a contingency plan in place and isolation of residents if required. Staff had been provided with several relevant infection prevention and control trainings. Personal protective equipment (PPE) was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the centre.

There were fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents. However, in one house one fire containment door had a larger than recommended gap at the frame in one area and another fire door contained a small but deep hole which could affect the integrity of both door in the event of a fire. In the other house it was observed that there were no self-closing devices fitted to the kitchen or sitting room fire doors.

Regulation 13: General welfare and development

Residents engaged in activities in their home and community, and where possible were supported to maintain relationships with family. However, in the case of one resident they were not assisted to participate in two particular activities that suited their interest. There had been a delay in returning to one of the activities since the start of the pandemic with the resident only participating twice in this chosen activity. No alternatives by the day of inspection were sourced for the other resident's favoured activity after the centre they attended closed.

Judgment: Substantially compliant

Regulation 17: Premises

From a walkabout of the centre the inspector found the houses to be spacious with lots of areas for recreation and privacy. However, there were some areas that required attention, for example, one house's bathroom had a strong urine smell and the path at the side of house had some uneven surfaces which could impact the residents should they need to evacuate using this route. The other house's fascia and soffits required repair and the hall ceiling required a permanent repair after a leak was repaired. The kitchen of house one required a kick board under the presses at sink and house two required a new kitchen counter and sink as they were damaged. Some areas required painting such as the swing set, a bedroom ceiling and another residents bedroom required painting in areas. The net curtains in the sitting room of house two were ripped. As a result these identified issues impacted negatively on the appearance of the residents' homes.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. There was a policy on risk management available and the centre had a recently reviewed risk register in place. Each resident had a number of individual risk assessments so as to support their overall safety and wellbeing. From a sample of the centre's vehicles the inspector saw it was taxed, insured and had an up-to-date national car test (NCT).

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed arrangements in relation to infection control management in the centre. There was evidence of ongoing reviews of the risks associated with COVID-19 with a contingency plan in place and isolation of residents if required. The centre had prepared an information pack for residents should they require isolation. Staff had been provided with several relevant trainings such as infection prevention and control, hand washing techniques and donning and doffing personal protective equipment (PPE). PPE was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the centre. The centre had colour coded chopping boards, colour coded cloths for cleaning the centre, and colour coded mops and buckets.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which were regularly serviced. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents. However, fire containment arrangements required review. In one house one fire containment door had a larger than recommended gap at the frame in one area and another fire door contained a small but deep hole. This would affect the integrity of the door in the event of a fire. In the other house there were no self-closing devices fitted to the kitchen or sitting room fire doors. This could mean that in the event of a fire there would be the possibilities of the doors being left open allowing for the spread of fire or smoke.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness. These included plans to support residents with specific health care needs.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate healthcare was made available to each resident. Residents had access to a range of allied health professionals which included a general practitioner (G.P), speech and language therapist, chiropody, and physiotherapy as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured staff had received appropriate training. Residents had access to a range of clinic supports in order to support their well-being and to support them to manage behaviour positively. While there were restrictive practices in place, these were assessed and were subject to regular review and in place for residents' safety. For example, front and back doors were locked at night.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. There was a safeguarding policy and staff were appropriately trained. There were systems in place to safeguard residents' finances whereby staff counted and signed off on the finances twice daily. Residents had intimate care plans to guide staff on how best to support them and inform staff of their preferences.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there were adequate systems in place to promote residents' rights. These included, weekly house meetings and a choice board was in place in the kitchen. The inspector observed some residents being offered different choices at different times throughout the inspection.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullingar Centre 2 OSV-0004083

Inspection ID: MON-0030336

Date of inspection: 14/12/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will ensure that staff have access to appropriate training including refresher training. Training records are being updated and are under review. Specific training in manual handling has been requested for staff who are overdue. Person in Charge has sought MAPA training and was informed by Positive Behaviour Support Team that it has been deemed to be not essential for the designated centre due to the current suite of proactive and reactive strategies in supporting the residents behaviours of concerns. All risk assessments and safety and support plans are reviewed and up to date with monthly overview from the Positive Behaviour Support Team. Due to current Covid 19 restrictions in person training is not being scheduled by Behaviour Support Team. If there is a change to level of risk in designated centre, direct training will be facilitated. Location specific online information has been scheduled for all staff in designated centre which will be facilitated by the Behaviour Support Team. This will be completed by 31st March, 2022.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The Person in Charge will ensure that all individuals will have the opportunity to participate in activities in accordance with their interests. All individual covid risk assessments have been reviewed and updated to ensure individuals are receiving</p>	

opportunities to maintain personal relationships and links with the wider community. Community based activities including equine therapy and swimming have recommenced with supporting risk assessments completed. These activities are in accordance with the individuals interests.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 To ensure that the premises of the designated centre is of sound construction and kept in a good state of repair externally and internally and clean and suitably decorated the following actions will be completed.

1. Strong odour of urine in bathroom – Maintenance Department has carried out inspection of flooring and no defects were identified on floor in bathroom. Cleaning schedule for bathroom has been updated to include intermittent times of cleaning throughout the day and infection prevention and control practice has been increased to eliminate risk of contamination.
2. Uneven surface on pathway at side of house – Surface of footpath to be repaired and leveled to ensure all individuals safety if using this route. Date to be complied with 31st March 2022.
3. New Kickboard in kitchen – Kickboard in kitchen will be replaced under presses at sink in house 1. Date to be completed 13th February, 2022.
4. Painting works – Swing set, bedroom ceiling, resident’s bedroom will be painted to enhance designated centre. Date to be completed 31st March, 2022.
5. Kitchen counter and sink to be replaced. Action date for completion – 31st March, 2022.
6. Permanent repair of ceiling in hall – Ceiling has been checked and is intact with previous temporary repair completed, therefore presenting no immediate risks to individuals. However permanent repair will be completed to enhance cosmetic appearance of ceiling. Action date for completion – 30th April, 2022.
7. Repair of fascia and soffit – Planned works will commence and date of completion has been identified in agreement with the Operations Manager – 30th April, 2022.
8. Torn net curtain in sitting room. All net curtains will be replaced in house. Action date for completion – 25th February, 2022.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Adequate arrangements will be made for detecting, containing and extinguishing fires. Fire containment arrangements have been reviewed by the Fire Officer on the 14th of

January, 2022.

1. One fire door with excessive gap will be replaced and one fire door with small deep hole will be repaired. Date of completion 13th February, 2022.

2. Free swing closures on kitchen and sitting room door are being fitted – action date for completion 31st March, 2022.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	26/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Not Compliant	Orange	30/04/2022

	kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/03/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2022