



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

Issued by the Chief Inspector

Name of designated centre:	Multiple Sclerosis Society of Ireland - MS Care Centre
Name of provider:	The Multiple Sclerosis Society of Ireland
Address of centre:	Dublin 6
Type of inspection:	Announced
Date of inspection:	16 November 2023
Centre ID:	OSV-0001940
Fieldwork ID:	MON-0032487

About the designated centre

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

This centre is based in a suburban area of South Dublin and provides short-term respite care and support services to persons with multiple sclerosis. The services provided by the centre focus on a central objective of enabling and empowering persons affected by multiple sclerosis to live a life of their choice to their fullest potential. The centre is comprised of one large detached building which provides accommodation for 12 individual respite bedrooms (all with adapted en-suite facilities); large living areas; a coffee dock space; a dining room; a kitchen area; therapy rooms; a conservatory/relaxation space; store rooms; a spacious landscaped garden and outdoor area; and offices, meeting and training rooms on the first floor. The staff team is made up of managers, staff nurses, carers, trainees, receptionists, administration staff, a clinical nurse specialist, an activity coordinator, a physiotherapist and a quality manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
Thursday 16 November 2023	11:10hrs to 17:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This inspection was a registration renewal inspection, and it was announced. Throughout the inspection, the inspector spoke with the person in charge, various members of management, staff members and the majority of the respite users who were staying for a respite break. In addition, a review of documentation, as well as observations, throughout the course of the inspection, were used to inform a judgment on respite users' experience during their respite breaks in the designated centre.

The inspector observed practice and reviewed documentation such as personal care plans, medical records, accident and incident records, meeting minutes, policies and procedures, staff training records and staff files. The inspector found that respite users received a good quality service in the centre, where staff supported and encouraged them to enjoy the respite service and avail of specialist services if requested. The inspector had identified that significant improvements were required to the fire evacuation processes in the centre to ensure they were fit for purpose and could evacuate respite users safely and quickly within a safe evacuation time.

Operated by The Multiple Sclerosis Society of Ireland, this respite service is the only dedicated respite and therapy centre in Ireland for people with Multiple Sclerosis (MS). It offers short-term respite care for a maximum of 12 respite users, providing therapeutic services, neurological assessments and many social activities in an attractive environment in the suburbs of South County Dublin. Duration of the respite visits varies from a five, seven or 12-night stay, depending on individual circumstances, requests and availability. Approximately 450-500 individuals avail of the respite service on an annual basis, and the service aims to offer the opportunity of two respite breaks for each respite user. The centre also provides limited respite to a number of people with other neurological conditions such as stroke, muscular dystrophy and Parkinson's disease. From the respite users spoken with, they all told the inspector they found it an invaluable service for themselves and their families.

In 2023, the service provided the respite service for 46 weeks. The inspector was informed that the provider hoped to extend the opening weeks in 2024 funding dependant. Scheduled closures in the centre allowed for routine and planned maintenance, refurbishment and staff training. Referrals or enquiries for admission may come from acute hospitals, community-based professionals or directly from a person with multiple sclerosis. Prospective respite users are encouraged to visit the centre to meet staff and ask questions about the centre.

On arrival, respite users are invited to attend a welcome meeting in the sitting room after the evening meal, in which the centre's facilities, fire procedures and services are explained. There are also regular respite users' meetings; these take place on the day prior to discharge, where respite users are encouraged to provide feedback on their stay. The inspector found this feedback was used to help improve and shape the services provided. Respite users can choose if they wish to participate in

these meetings or to provide feedback on their stay anonymously. One suggestion made by a respite user referred to larger bingo cards to enable those with dexterity difficulties to play bingo alongside others. The inspector observed the person in charge had actioned this suggestion.

Information was readily available for respite users on the centre itself, as well as education and support regarding MS. A dedicated MS nurse was available for respite users throughout their stay. A copy of the respite user information booklet, annual review report and the centre's statement of purpose were available in each resident's room and all communal areas of the centre.

The atmosphere in the centre on the day of the inspection was cheerful. Over the course of the inspection, the inspector had the opportunity to speak with individual staff members. Each was found to be very knowledgeable of respite users' assessed needs and spoke fondly about the respite users. Of the interactions observed by the inspector, the staff interacted in a friendly and respectful manner with respite users. Respite users also appeared to be comfortable in the presence of staff.

The person in charge or their deputy met weekly with the respite user group, where all individuals are encouraged to participate in decision-making regarding various functions within the centre. These included social and leisure activities, advocacy and empowerment, influencing standards of care, involvement in the design, choice of colour schemes and layout of refurbishments in the centre, review of inspection reports and action plans arising from same and service and operational plans.

The inspector joined respite users for lunch, which was served by a chef and included hot and cold options. Everyone spoken with was very complimentary of the food in the centre, stating it was a highlight of their stay. A group of respite users sitting together told the inspector they attended the respite centre together for a number of years, and their preferences to stay together were facilitated. One respite user stated that they "love it here", and another told the inspector that it was "a lifeline" to them. The inspector met with a second group of respite users, one of whom was attending for the first time. While none of the respite users knew each other before attending the centre, they told the inspector that it was great to be able to make friends while on their break away from home.

In advance of the inspection, the respite centre was provided with a Health Information and Quality Authority (HIQA) survey. Seven completed surveys were returned to the inspector. On review of the surveys, the inspector saw that respite users themselves completed all surveys. Respite users were positive regarding their day-to-day routines and ticked on the survey that they were provided with choices and were supported to go out for trips, visits and events while in the centre. Staff were regularly praised in the questionnaires and were described as caring, attentive, approachable, easy to talk to, helpful, welcoming, friendly, pleasant, accommodating, professional, understanding and fantastic.

In summary, the inspector found the well-being and welfare of respite users during their stay in the centre were maintained to a high standard. There was a person-centred culture within the designated centre and the inspector found that there

were systems in place to ensure the respite residents were in receipt of good quality care and support.

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 on the quality and safety of the service being delivered to residents availing of the respite service.

Capacity and capability

The inspector found that the provider had satisfactory arrangements in place to assure itself that a safe and good quality service was being provided to the individuals who availed of the respite service in the designated centre. The inspection was facilitated by the centre's person in charge and also by the quality manager. Both individuals were found to have an in-depth knowledge of both the service and also of the resources that were in place to meet respite users' needs. The inspector found improvement was required in one area of training in the centre.

The centre was last inspected in January 2022 as part of a new inspection programme that focused specifically on Regulation 27 Infection Control. The inspection programme aimed to assess how the registered provider had implemented the National Standards for infection prevention and control in community services (2018). During that inspection, it was found that the provider was compliant with these requirements.

The inspector found that there were effective governance and management systems in place, which enabled service delivery to be safe and of good quality. To ensure better outcomes for respite users, the person in charge and other members of the management team carried out a number of audits to evaluate and improve the provision of service. In addition, there were monthly managers' meetings, senior management spot inspections, significant event reviews, and health and safety environment audits.

The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2022, and this was made available to respite users and their families. It was also submitted to the Chief Inspector in advance of the announced inspection. In addition, during 2023, two six-monthly reviews of the quality and safety of care and support provided to respite users were carried out. Action plans, with appropriate time frames, had been put in place to follow up on any improvements needed.

The inspector found that incidents were appropriately managed and reviewed as part of continuous quality improvement to enable effective learning and reduce recurrence. There was an effective information governance arrangement in place to ensure that the designated centre complied with notification requirements

The inspector reviewed documentation relating to staffing arrangements in the centre. The person in charge and staff reported that during the summer months, it had been difficult at times to attend to all tasks in the centre in a timely manner due to staff shortages. Some respite users also commented on this through feedback on the service, expressing that they occasionally had to wait for assistance after ringing the call bell. The provider responded to these concerns by reviewing the dependency levels in the centre, changing needs of respite users and staffing levels to ensure that appropriate staffing levels and skill mix were in place so that respite user needs were met.

Other records provided during this inspection demonstrated that staff had completed mandatory training and training relating to respite users' specific needs. During a review of the medicine procedures in the centre, the inspector noted that improvement was required for non-nursing staff to receive training in epilepsy rescue medicine. Regular staff meetings were being held with detailed notes of these indicating that safeguarding and reporting any concerns were discussed.

There were relevant policies and procedures in place in the centre, which were an important part of the governance and management systems to ensure safe and effective care was provided to respite users, including guiding staff in delivering safe and appropriate care. The inspector found policies and procedures included sufficient information to ensure their effectiveness.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of respite users were being met. The person in charge was employed in a full-time capacity and had oversight solely of the current designated centre.

During the course of the inspection, they demonstrated that they had effective governance, operational management and administration of the designated centre. The person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, that fostered a culture that promoted the individual and collective rights of the individuals availing of the respite service.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff folders and found that the provider had ensured that Schedule 2 requirements had been met.

Following a staffing review in the centre, the inspector found the centre's front-line staff had increased across all grades. This included an additional four healthcare assistants, a part-time nurse and administration support, with a total of 23.8 staff employed in the centre. This was an increase from 19.1 previously. A total of three WTE household and cleaning staff are also provided by an external company and by the Community Employment (CE) Scheme. Staff who met with the inspector also had a good understanding of respite users' individual preferences in regard to care.

On review of the roster, the inspector saw that where there were gaps, these were covered by core staff working additional hours and relief staff. The roster was maintained appropriately, included the person in charge of hours, and listed the roles of staff and the time they worked.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a programme of both mandatory and refresher training in place, which assisted staff in meeting the care needs of respite users and also promoted a consistent approach to care. Staff members were also facilitated to discuss any care concerns that they may have by attending both scheduled one-to-one supervision and team meetings. Team meetings also facilitated discussion about care needs within the centre and promoted a collective approach in regards to the delivery of the service.

Staff had completed training in areas such as fire safety, positive behaviour support, training relating to MS, human-rights-based approach to delivery of care and fatigue management.

The inspector identified that improvement was required to ensure all support staff in the centre were trained in the use of emergency rescue medicine in relation to prolonged seizures (status epilepticus). The provider had made it mandatory for respite users to bring a prescription for this medicine so it could be dispensed by the centre's pharmacist and used by nursing staff in the event of a medical emergency. However, the inspector noted that when respite users accessed activities outside of the centre and went on day trips, they were accompanied by healthcare assistants who did not have the necessary training in this area and, therefore, could not administer the medicine. When this was brought to the management team's attention, they provided assurances this gap in training would be addressed. Information received post-inspection confirmed this training was booked for January 2024.

Judgment: Substantially compliant

Regulation 21: Records

Records of the information and documents in relation to staff, as specified in Schedule 2 of the regulations, were maintained in the designated centre. These records were retained for seven years after the staff member has ceased employment. There was a policy for the retention and destruction of records in compliance with the data protection acts (GDPR).

All documentation and records requested during the inspection process were made available to the inspector.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

The local governance was found to operate to a good standard in this centre. The service was led by a capable person in charge, supported by a management team, including a director of services, a quality manager, a support services manager and a clinical nurse manager. All managers who were met with during the course of the inspection were knowledgeable about the support needs of the respite users.

Good quality monitoring and auditing systems were in place. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to respite users was of a good standard. Provider audits and unannounced visits were also taking place and ensured service delivery was safe and that a good quality service was provided to those that availed of the service.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided

a forum for them to raise any concerns.

The provider responded to additional staffing requirements by increasing the number of staff working in the centre, ensuring the centre was effectively resourced.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each application for admission to the respite centre is determined on the basis of fair and transparent criteria. Pre-admission reservation forms are completed by prospective respite users and with their families if applicable. This is followed up by a pre-screen phone call prior to the respite stay. Details such as menu choices and activity requests are included in this process. Contracts of care were in place for all respite users, and fees were clearly outlined. Fees payable depended on health insurance coverage, social welfare payments, self-pay amounts, and available funding.

The centre does not have any emergency respite beds. Admission at short notice is offered to a prospective respite user on the short notice waiting list if there is a cancellation, depending on certain criteria. These include dependency levels and assessed health and social care needs, social circumstances and family circumstances.

Due to resources, the centre cannot accommodate individuals requiring one-to-one staffing care or any new applicant with a high dependency level. This was laid out clearly in the centre's statement of purpose and admissions policies.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. It accurately described the service provided in the designated centre and was reviewed at regular intervals. Subsequent to the inspection, an updated statement was submitted.

Copies of the statement of purpose were also publicly available on the provider's website for download.

Judgment: Compliant

Regulation 30: Volunteers

The provider had ensured that volunteers in the centre had their roles and responsibilities set out in writing. They had been vetted appropriately by the National Vetting Bureau and in addition had received training in adult safeguarding

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that incidents were notified in the required format and within the specified time frames.

Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the respite users were aware of the complaints process, and it was available and displayed in the centre for respite users' review. Complaints in the form of constructive feedback were discussed weekly at the centre's discharge meetings. The inspector was informed that respite users valued and enjoyed their time in the centre and, therefore, did not have many complaints. The person in charge had implemented the system of feedback in order to better capture ideas for improvement without invoking the formal complaints process that many respite users did not wish to use.

Where formal complaints had been made, there was evidence of these being recorded, investigated and addressed in accordance with the provider's policy. Through a review of the documentation in place, the inspector was assured that the registered provider demonstrated that the complaints procedure was monitored for effectiveness, including outcomes for residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5 of the regulations. These were available to staff in the designated centre and had been reviewed at intervals not exceeding three years, as required.

Upon review of the policies, the inspector found that they were comprehensive in nature and contained sufficient information to ensure they guided staff in delivering safe and appropriate care.

Judgment: Compliant

Quality and safety

The inspector found that through effective governance arrangements, the centre met the service aim to provide a residential setting wherein respite users are cared for, supported, safeguarded, empowered, and valued within a caring environment that promotes the health, safety and wellbeing of all individuals. To ensure compliance with the fire safety regulations the provider was required to review the fire evacuation procedures within the centre.

The centre, located in a pleasant suburban area has a broad range of amenities available locally. It comprises of 11 single ensuite bedrooms and one twin ensuite room (to accommodate a spouse or family member). All rooms are wheelchair accessible and suitably decorated and furnished. There are two sitting rooms, a quiet room, a dining room, a coffee dock, a physiotherapy suite, a library, a boardroom, a reception area, offices and two public wheelchair-accessible toilets on the ground floor of the building and one on the first floor. Accessibility is available throughout the centre. All residents have access to the garden area for recreation and leisure from multiple areas of the centre.

On a walk-around of the centre, the inspector observed that some improvements and upgrades had occurred to the premises since the previous inspection. A number of areas throughout the centre had been repainted. There had been an upgrade of the call bell system, the CCTV system, and light fittings and bulbs to reduce energy costs.

Residents were provided with the option to self-administer their medicines or to have them safely stored in the office for staff to administer. Since the last inspection, new safes had been installed in all bedrooms to safely store residents' medicines and personal items. The new safes had a code entry compared to the previous key and lock system, as the provider identified some security concerns with

the previous system.

Health and social needs were provided to meet the needs of the respite users with low to high-care dependency needs. The centre can accommodate a maximum of six high-care dependency residents at any one time. The inspector found that reviews took place after each respite stay to ensure that the dependency levels were current and the care needs within the centre were accurate. This allowed for appropriate staffing levels to be put in place and that respite users needs could be met in a timely manner.

Respite users were consulted and actively encouraged to participate in determining all aspects of the care and services provided to them throughout their respite stay. Each respite user was provided with opportunities to participate in activities in accordance with their interests, capacities and needs. There were a range of daily activities available for respite users that are provided by staff members and volunteers, including flower arranging, art classes, bingo, board games, chat groups, evening quizzes, music sessions, movie nights and social outings.

While the person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating, improvement was required to demonstrate that staff could evacuate respite users under day and night conditions. While fire drills were occurring, the fire drills records were limited in the information they recorded, and it was unclear from speaking to management if compartmentalised fire evacuation drills were happening. Some fire drills reported that respite users were in their bedrooms with the fire door closed while staff evacuated the building.

Respite users were encouraged to eat a varied diet and were communicated with about their meals and their food preferences. The respite users were consulted about and made choices of what they would like to eat for their meals. The inspector found there to be adequate amounts of wholesome and nutritious food and drink available to the respite users during their respite stay.

Regulation 11: Visits

Respite users were free to receive visitors if they wished, and both communal and private spaces were available to facilitate this.

Judgment: Compliant

Regulation 12: Personal possessions

The centre had clear policies regarding the arrangements for respite users' personal

property, finances and possessions. The centre only carried out personal laundry in exceptional circumstances, however laundry services are available locally, if required, at the respite users' expense.

Personal valuables, monies or medicines could be secured in bedroom safes, lockable drawers or the centre's safe.

Judgment: Compliant

Regulation 13: General welfare and development

There was a range of activities available for respite users, some of which were provided by staff members, including bingo, board games, chat groups, evening quizzes, movie nights and cookery demonstrations. Several volunteer-led activities are available, such as art classes and flower arranging. A WiFi network throughout the building allows respite users to connect their smart devices. Televisions, radios, art materials, DVDs, and a piano were also in place. Daily newspapers were available in the coffee dock communal area. The inspector observed a group of respite users engaging in a sing-along with staff members, and other respite users were reading newspapers after their lunch.

Respite users could also avail of a Jacuzzi experience in the centre with music, lights and aromatherapy.

Judgment: Compliant

Regulation 17: Premises

The inspector observed the centre to be clean and tidy and in good decorative and structural upkeep and repair. Due to the use of large mobility devices, some corridors and doorways were scuffed, but for the most part, the centre was well-maintained. The centre provided appropriate indoor and outdoor recreational areas for the residents during their stay, including various communal areas and activities.

Weather permitting, respite users enjoyed barbeques twice weekly. The accessible garden for all respite users was well maintained all year round, with seating areas, a smoking shelter, hanging baskets with flowers, and an abundance of colourful shrubs and garden bedding plants. These were donated by sponsors and maintained by the maintenance team and some of the respite users residents, ensuring all respite users and visiting family members or friends were able to enjoy the garden.

Judgment: Compliant

Regulation 18: Food and nutrition

Food was provided by the catering department. Three meals were served a day, along with refreshments and snacks, which are available throughout the twenty-four-hour period. Each respite user was asked to identify their likes and dislikes and special requirements. The centre also provides a fridge for respite users to store any perishable goods they wish to bring to the centre for their own personal use.

The inspector viewed the weekly menu and observed it was varied with traditional Irish food, Mexican and Italian food being offered. Respite users could also partake in pizza master class.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each respite user. This guide included all the information required by the regulations. This included information on the arrangement for respite users' involvement in the running of the centre, accessing inspection reports, the procedure for complaints and arrangements for visits.

Throughout the day, the inspector observed other information made available to respite users, such as the complaints process, the designated officer, fire evacuation, menu plans and staff on shift, to mention a few.

Judgment: Compliant

Regulation 28: Fire precautions

Due to the size of the centre, there were five fire zones, resulting in a progressive horizontal evacuation approach required in the centre. While all resident bedrooms had doors leading to the outside garden areas, these doors were not wide enough to facilitate a bed evacuation, and therefore, bed evacuation sheets were placed under mattresses so respite users could be evacuated on their mattresses through their bedrooms out into the hallway. Based on a review of the floor plans and fire zones, the maximum number of respite users that would need to be evacuated from a threatened fire compartment to an adjacent fire zone was six.

While not all respite users required assistance in evacuating their bedrooms, it was not evident that this risk was appropriately reviewed in the centre or that dependency levels took into consideration night-time evacuation needs. At night

time, two staff worked in the centre, and there was no simulated night-time drill to demonstrate that two staff could effectively evacuate six respite users in a timely manner.

Follow-up information from the provider post-inspection was received detailing the stimulated drill that took place in November 2023 following fire safety training with an external consultant. The information received showed that the staff present were trained in how to use a bed evacuation sheet during a stimulated drill lasting on average one minute and 40 seconds. However, this did not reflect the night-time conditions of the maximum number of respite users to be evacuated in a given fire zone with the minimum number of staff working in the centre.

The inspector also was not assured that the evacuation needs of all respite users, in particular new admission to the centre, were appropriately assessed. There was conflicting information regarding a resident's ability to self-evacuate using a rollator based on observations made by the inspector during the inspection, discussions with the respite user and the suitability of the bed evacuation aid. This information was difficult to determine, as from a review of the fire drills in the centre, the selected strategy of a progressive evacuation procedure was not tested; respite users did not routinely evacuate outside or to another fire zone to determine safe evacuation times and it was not used to determine the allocation of rooms.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices for the ordering, receipt, prescribing, storage, disposal and administration of medicines. All residents had their own individual medicine administration sheet and prescriptions; these were reviewed in advance of admission by a medical professional, who then prescribed the medicines for the duration of the respite break.

Respite users are supported with medicine management if required. A risk assessment is conducted on admission for each individual who wishes to self-medicate. Respite users who self-medicate are provided with a safe in their room for the storage of their medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector looked at a sample of personal plans and found that each respite user

had an up-to-date personal plan, which was continuously developed and reviewed in advance of admissions stays. The information included respite users' assessed needs and support to meet those needs.

The centre could cater for respite users who have varying degrees of nursing dependency levels. Nursing support was available at all times day and night. Each week, respite users enjoyed a range of social and therapeutic activities such as yoga, reiki, reflexology, massage, day trips, physiotherapy and a personalised nursing assessment.

Judgment: Compliant

Regulation 6: Health care

During the respite stay, the health and development of each respite user was promoted. If requested, each respite user has access to the physiotherapist and nurses who will assist respite users in accessing health information and education in their local community on discharge.

During the respite stay, each respite user receives a comprehensive multidisciplinary health assessment and has access to the centre's General Practitioner (GP) and pharmacist if required.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to protect respite users from all forms of abuse. Respite users were informed of their rights to reside for the duration of their respite stay in a 'zero tolerance to abuse' environment, and all staff were trained in the protection of vulnerable adults. Signage and information are posted in communal areas of the centre, highlighting zero tolerance for all possible abuse.

The inspector found that where required, safeguarding concerns were reported and screened, and safeguarding plans and mitigation measures were implemented. At the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Through speaking with respite users, the person in charge and staff, observations and a review of documentation, it was evident that the service was striving to ensure that respite users enjoyed their time during their respite stay and that their choices and wishes were met as much as possible. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of respite users through person-centred care and support.

Respite users could choose what time they want to rise in the morning and retire at night, whether they wish to have their meals in their room or the dining room, and what activities they wish to participate in during their stay.

Feedback from respite users was actively sought and welcomed as it was used to inform all aspects of the operations of the centre. There was evidence of respite users participating in the interview panel for staff recruitment.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Multiple Sclerosis Society of Ireland - MS Care Centre OSV-0001940

Inspection ID: MON-0032487

Date of inspection: 16/11/2023

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> <ul style="list-style-type: none"> • All care staff have received training in the use of emergency rescue medicine in relation to prolonged seizures (status epilepticus). • Nursing staff will ensure that care staff accompanying a resident with a history of epilepsy/seizure activity on a bus trip/outing from the MS Care Centre, will have the prescribed emergency rescue medicine in their possession available for use, and that the staff member is competent to administer this medication correctly if required. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A review of fire evacuations procedures in the centre has been undertaken to ensure compliance with the fire evacuation procedures <p>The fire drill records have been reviewed, and improvements have been put in place to ensure that documentation recorded is clear and comprehensive Compartmentalisation fire drills take place to ensure all staff are competent and capable of horizontal evacuation throughout the MS Care Centre in the event of a fire. The evacuation needs of each resident are appropriately assessed on admission by the nurse, and a personal emergency evacuation plan (PEEP) is completed in consultation with each resident. This PEEP is updated if required during the resident's stay if it is observed by staff that a resident's ability to self-evacuate is compromised in any way. The allocation of bedrooms at the MS Care Centre is determined by a resident's medical/personal needs (e.g. ceiling hoist, to be close to dining/coffee dock areas).</p>	

When the fire alarm is activated, residents in bedrooms are reassured by staff that they are safe with the fire bedroom door closed, the staff proceed to the fire assembly point to establish if there is fire in the building or if it is a false alarm. If the fire warden has identified that there is a fire in the building and the location is identified, staff return immediately to residents to commence horizontal evacuation away from area of fire.

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 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	04/01/2024
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	06/02/2024