



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

Issued by the Chief Inspector

Name of designated centre:	Longford Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	07 June 2023
Centre ID:	OSV-0005709
Fieldwork ID:	MON-0031909

About the designated centre

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

Longford Centre 2 is a residential service, which is run by Muiriosa Foundation. The centre provides accommodation and support for a maximum of two adults over the age of 18 years, with an intellectual disability. The centre is a bungalow which is located on the outskirts of a village in Co Longford. Residents are supported to access local amenities that are of particular interest to them for including animal shelters, coffee shops, shops, post office and local newsagents. The centre comprises single residents' bedrooms, staff bedroom and en-suite, a shared bathroom, kitchen and dining area, utility area and a sitting room. Residents also have access to a garden area. Staff are on duty both day and night to support residents availing of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 June 2023	11:00hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor compliance with the regulations, and to inform the renewal of registration decision.

The designated centre was a small bungalow which could accommodate two residents, although only one resident was living there at the time of the inspection.

On arrival at the centre the inspector immediately noticed that the outside of the house was unclean and had an unkempt appearance. The walls were badly stained and dirty, and the fascias unclean and covered in debris. It became clear on further examination during the course of the inspection that this was the case all around the building.

However, inside the house was clean, homely and nicely decorated and furnished. The resident had some of his own chosen furniture throughout, and personal items such as family photographs. There was a pleasant outside garden area with a seating area preferred by the resident who liked to spend time outside.

The resident has an interest in animals, and has a pet chicken that he enjoys looking after. As his family lived close by, some of their farm animals were in the field adjacent to the resident's garden, and he enjoys helping to look after these animals too.

When the inspector arrived the resident's family member was visiting, and they were having a chat in the easy chairs in the living area. The resident's family member told the inspector that they were very happy with the service provided to the resident, and particularly praised the person in charge and the staff. They said that the staff team do a variety of activities with the resident. The family members lived locally to the centre, and were regular visitors, and stated they were always made welcomed. They also said that they would be very comfortable to approach staff if they had a complaint or a suggestion.

The resident went out with staff following the family visit, and on his return to the centre he was telling the story of his outing in his own way to the person in charge and the inspector. He had some banter with the person in charge during the course of relating his story, and appeared to be content and to have enjoyed his outing.

Staff have all undertaken training in human rights, and they were able to describe several way in which this rights training had assisted them to support the resident in choices and decision making. Recently the resident had decided to buy a fish tank, and on the day of the purchase had chosen to buy a more expensive item than originally planned. This decision was supported by staff as being his preference. Also, within the previous couple of weeks the resident had decided to change his morning routine, and chosen to shower in the evenings rather than the mornings,

and again, this choice was respected and facilitated.

Staff also spoke about the resident's right to disengage, and explained that the resident often goes outside to spend time in his garden area, and that the long standing practice was to follow him out and stay with him. Staff had changed this practice and were giving the resident the space to spend time on his own.

Overall, although improvements were required in the upkeep of the outside of the premises, and some improvements were required in medication management, as discussed later in this report, the resident was supported to have a good quality of life, and to have their choices respected, and their specific needs met. The rights of the resident were given priority, and there were multiple examples of the staff and person in charge upholding these rights.

The next two sections of the report outline 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 resident's life.

Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed. There was an appropriately qualified and experienced person in charge.

There was a consistent, knowledgeable and caring staff team who were familiar with the support needs of the resident.

There was a clear and transparent complaints procedure and the resident and their family were supported to safely make complaints. Issues raised were acknowledged and responded to appropriately.

The centre was adequately resourced, and all required equipment was made available to the residents, however the outside of the building was not well maintained.

Regulation 14: Persons in charge

The person in charge was appropriately experienced and qualified to fulfill their role and had good oversight of the centre and knew the resident well.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of the resident, and the provider had ensured a consistent staff team to support the continuity of care and support. Both a planned and actual roster were available as required, and this indicated that where relief staff were required, these staff were familiar to the resident.

There was a clear induction process for any new staff members which was overseen by the person in charge to ensure that staff were cognisant of the needs of the resident prior to working alone with him.

Staff engaged by the inspector were knowledgeable about the care and support needs of the resident, and spoke at length about upholding their rights.

Judgment: Compliant

Regulation 16: Training and staff development

Records of staff training were maintained, and for the most-part staff training was up-to-date. For example, all staff were in receipt of training in fires safety, medication management and first aid. However, there were some gaps, including one staff member requiring refresher training in the safeguarding of residents, and another needing to complete some IPC training.

Regular staff supervision conversations were held and these discussions were documented. It was clear from the record of these discussions that staff were supported to bring up any issues of concern to them.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

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.

An annual review of the care and support offered to residents had been completed as required, and this document was detailed and included the views of the resident and their family. This annual review had identified the external maintenance issues and the need for action to resolve this.

Six-monthly unannounced visits on behalf of the provider had been undertaken, and any identified actions had been completed. In addition a monthly suite of audits had been undertaken, including audits of fire safety, finances and IPC.

Regular staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents, and the person in charge had ensured that all staff were involved in these meetings. In addition the resident was always invited to attend these meetings, and sometimes accepted the invitation and joined the meeting.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been developed in accordance with the regulations and adequately described the service offered in the designated centre. The statement of purpose had been made available to residents in an accessible format.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints policy in place, and the resident's family knew how to make a complaint or suggestion. A record of any complaints or compliments was maintained, and the centre had recently received a compliment from the local hospital in relation to how well staff members were observed to be interacting with the resident.

Any complaints were followed up, and a record kept as to the satisfaction of the complainant. These records indicated that complaints were responded to in a timely manner, and were fully addressed.

Judgment: Compliant

Quality and safety

Overall the resident were supported to have a comfortable life, and to have their needs met. There was a detailed system of personal planning which included all aspects of care and support for residents, and healthcare was effectively monitored and managed.

Communication was well managed and effective communication was observed through the course of the inspection. The resident was engaged in various activities of their choice, and the rights of the resident were seen as a priority.

Both fire safety and infection prevention and control were appropriate however, some improvements were required in the management of medication.

However, it was clear that all efforts were in place to ensure the safety and comfort of the resident, and to ensure that choices and preferences were respected.

Regulation 10: Communication

The person in charge and staff were observed to communicate effectively with the resident, and it was clear that they were familiar with his preferred ways of communicating.

There was a good communication plan and communication 'passport' in the resident's personal plan, including an assessment of the ways in which he might indicate discomfort. In addition various pieces of easy-read information had been developed to assist the resident to understand, for example recent IPC issues, and the annual review of the service.

Judgment: Compliant

Regulation 11: Visits

Visits were welcomed and facilitated.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of the resident. There was a pleasant and spacious kitchen/living room including cooking facilities, and laundry facilities were available to the resident. There was an outside garden area that the resident enjoyed spending time in.

The inside of the house was well maintained and had been recently painted. However the exterior of the house required attention. It was unclean and unkempt. This issue had been on-going for the last year and was not yet resolved.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was evidence that a balanced diet was available to the resident, and a record was kept of food intake. The resident had free choice of all of his foods, including meals and snacks out. Staff had their meals together with the resident, to add to the social aspect.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place in which all identified risks were listed and risk rated. Each entry led to a risk assessment and management plan in which the control measures required to mitigate the identified risks were outlined. Risks individual to the resident had been identified, and a detailed risk assessment and management plan were in place, together with a behaviour support plan where the risk related to behaviours of concern.

The risk register also included environmental and local risks, and there was an appropriate risk management policy in place.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and cleaning records were maintained.

An audit of IPC had taken place, and the required self-assessment had been completed. There was a contingency plan in place to guide staff in the event of an outbreak of an infectious disease.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that the resident could be evacuated in a timely manner in the event of an emergency, and there was a detailed personal evacuation plan in place which had been regularly reviewed. Staff had all received training in fire safety, and all had been involved in a fire drill.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were stored appropriately, and a review of administration practice indicated that medications were administered safely to the resident.

However, there were unexplained discrepancies in the stock of some medications. For example, where a medication was supplied in loose packaging rather than in the usual 'blister pack' a running total was maintained on each occasion of administration. The balance of stock checked by the inspector was incorrect, and there was more medication than the stock check indicated. This indicated that there may have been an undetected medication error whereby a dose had been omitted, or that medication administration had not been undertaken appropriately.

Where the resident was prescribed 'as required' medication there were protocols in place to guide staff in the decision making around administration. However, one of the protocols reviewed by the inspector did not refer to the medication indicated, but instead gave guidance for a completely different medication.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a person centred plan in place for the resident, and this included care plans for all aspects of daily life, including health care and social care.

These care plans were detailed and evidence based, and provided clear guidance to staff in the delivery of care and support to the resident. Regular reviews had been undertaken, the information was current, including information relation to recent changing needs.

The person centred plan included goals which had been set together with the resident. The goal that the resident was currently working on was to get a pet dog. This goals had been broken down into smaller steps, and the next identified step was to improve the fence in the garden area in preparation for the arrival of the dog.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were healthcare plans in place to guide staff, and these plans were detailed and comprehensive. The induction for any new staff members required staff to familiarise themselves with the guidance in these care plans.

Referrals had been made to various members of the MDT as required, including the physiotherapist and occupational therapist. The recommendations of these professionals were documented and implemented, and staff were knowledgeable about the required interventions, including the recent introduction of a walking aid which they were helping the resident to learn to use safely.

As the resident returned from his outing, the inspector noticed that the bag of essentials being unpacked by the staff member included sunscreen, and the staff explained the importance of this, particularly because it was a sunny day.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where the resident required positive behaviour support there was a detailed risk assessment and accompanying positive behaviour support plan, and an associated communication plan, all of which provided clear guidance to staff in the management of any behaviours of concern.

Where there were restrictive practices in place, there was a clear rationale for their

use, and both restrictions reviewed by the inspector were clearly in place to ensure the safety of the resident. Restrictive practices were reviewed and approved by a multi-disciplinary team, and there was documented reference to the involvement of family members in the decision making process. A clear record was maintained of each occasion that restrictive practices were implemented.

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 could discuss the types and signs of abuse and described the actions they would take if they suspected abuse of any kind.

Any accidents or incidents were recorded in detail, and the records included the identification of any required actions and any learning from the incidents. Any learning or required actions were discussed at staff meetings or during individual staff supervision conversations.

The inspector saw evidence of appropriate and timely response to incidents, for example the introduction of a mobility aid following a fall.

There was clear oversight of the personal spending of the resident, and where the resident had chosen to spend more than expected on personal items, this expenditure was reviewed and accounted for. There were robust systems in place around the checks on financial management, both of the resident's personal spending money, and of the household expenditure.

The vehicle and all equipment in the centre were all well maintained, and clear records of maintenance were available.

There was a detailed intimate care plan in place to guide staff in the delivery of personal care to the resident in a safe and dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

There was an ethos of upholding the rights of the resident, and respecting his right to make his own choices. As mentioned in the first part of this report, staff gave several examples of occasions where their training in human rights had assisted them to support the resident in his decision making.

The resident has shown a great interest in having a dog, so staff members began to bring their own dogs to the centre with them to help the resident decide if this is something he would like to pursue. This has now progressed, and the resident has joined the ISPC, and is actively in the process of choosing a pet dog. The inspector saw photographs in his person centred plan of the resident petting and kissing the dog, and smiling happily.

The resident is supported in a variety of activities, and chooses his activities, for example, where to go to eat out. He has also shown an interest in going away for a holiday, and staff have started to explore this with him.

Consultation with the resident was clearly undertaken on a daily basis, and in addition, the resident was always invited to join staff meetings, and sometimes chose to join in.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Longford Centre 2 OSV-0005709

Inspection ID: MON-0031909

Date of inspection: 07/06/2023

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> <p>The person in charge will continue to ensure that staff have access to appropriate training, including refresher training, as part of continuous professional development.</p> <p>Staff has issued Person in charge certs for Safeguarding of Residents since the inspection.</p> <p>Infection Prevention and Control on HSEland certs are still outstanding. The staff member has not worked any shifts since 15.04.23 for the Muiriosa Foundation.</p> <p>The Person In Charge will ensure the staff member is not rostered for any shifts until evidence of training has been issued and certs are available in centre for any further inspection.</p> <p>Staff member notified by email that no further shifts can be offered until such training infection Prevention Control Training is completed.</p> <p>Compliant by 09.06.23</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The Person in charge to ensure a good state of repair is to achieved externally in the Designated Centre. Contact has been made with maintenance and the landlord of the property. A number of works have been highlighted and will be completed. Our Estates Dept has linked in with the Landlord and reminded him of his obligations to upkeep the residence. Works to be completed are external painting, power washing, cleaning out guttering.

To be compliant by 30.09.23

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in Charge has Developed a local Protocol, which is in place since 8.06.2023. Two staff now check medication each morning on handover and two staff sign to ensure there are no discrepancies.

Any medication not in blister packets now has a reducing balance sheet in place and is checked by two staff and signed each morning on handover.

Compliant since HIQA Inpection. Date 08.06.2023

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	09/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt,	Not Compliant	Orange	08/06/2023

	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.			
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