

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

## Issued by the Chief Inspector

|                            |                          |
|----------------------------|--------------------------|
| Name of designated centre: | Meath Westmeath Centre 6 |
| Name of provider:          | Muiríosa Foundation      |
| Address of centre:         | Meath                    |
| Type of inspection:        | Unannounced              |
| Date of inspection:        | 25 March 2025            |
| Centre ID:                 | OSV-0008555              |
| Fieldwork ID:              | MON-0046130              |

## About the designated centre

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

The designated centre offers a full time service to up to four adults with an intellectual disability. There are four bedrooms in the main house, and a self contained apartment which accommodates one resident. The house is located in close proximity to the nearest town.

**The following information outlines some additional data on this centre.**

|                                                |   |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 4 |
|------------------------------------------------|---|

## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                  | Times of Inspection  | Inspector   | Role |
|-----------------------|----------------------|-------------|------|
| Tuesday 25 March 2025 | 10:30hrs to 18:00hrs | Julie Pryce | Lead |

## What residents told us and what inspectors observed

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

There were four residents living in the designated centre on the day of the inspection, and when the inspector arrived in the centre, two residents were enjoying their breakfast at the kitchen table with two staff members. One resident greeted the inspector with a 'hello', but the other said that they didn't want any visitors. The inspector therefore left the kitchen, and staff explained that this resident was not a morning person, and might agree to meet the inspector later.

The inspector conducted a 'walk around' of the centre, and found that the premises were well maintained and that there was a spacious and nicely laid out garden area for the use of residents. The dining room of the house is currently being used as a bedroom for a resident whose mobility has deteriorated and who can no longer manage the stairs. This is a temporary arrangement, and there are plans for the resident to move to more suitable accommodation.

There is a self-contained apartment adjoined to the main house, which accommodated one resident. This resident invited the inspector into their apartment for a chat. They spoke about staff members, and spoke about knowing them all and how helpful they were. The resident said that they asked staff for help whenever they need to, and named the person they would approach if they had any problems or concerns. They spoke about their weekly routine and their outings and events. They had a significant birthday coming up, and spoke with excitement about the plans for celebrating this event. They also spoke about living in the apartment and were clearly proud of their home. They said they loved their 'bits and pieces', indicating their ornaments and personal belongings.

The inspector returned to the main house, and another resident came to meet the inspector, and had a chat, with staff support. They told the inspector about their Friday evenings, watching their shows and having a beer, and had a laugh about this. They spoke about using their lap top to look at things of interest to them, and spoke about going out to shows and events. They told the inspector about their responsibilities in the house, such as collecting the grocery money and checking the cupboards to write the shopping list each week.

The inspector was reviewing paperwork and files in the living area, and the resident who had earlier said that they didn't want a visitor came into the room and made it clear that they didn't want the inspector there. The inspector and staff moved to the staff office to accommodate this choice.

The person in charge was not present on the day of this unannounced inspection, and the inspection was facilitated by the team lead and staff team. The inspector spoke to four staff members and found them all to be knowledgeable about the care

and support needs of residents, and all spoke about the importance of offering choices to residents and in supporting their rights. Staff had begun to undertake training in human rights, and could speak about the learning from this training. They explained that where a resident had some difficulties making choices that they offered choices to assist them.

Throughout the day the inspector observe staff supporting residents in a caring and respectful way, and supporting their preferences. Communication with residents was effective, and there was easy-to-read information available to residents, and social stories had been developed to assist understanding.

Overall it was clear that residents were supported to have a meaningful day and to be involved in making decisions about their lives, and that they had a comfortable home that they were happy in.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

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

There was a clear and transparent complaints procedure available to the residents.

## Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents. All efforts were made to ensure that only staff known to residents were rostered on duty in the centre, as one resident particularly disliked unfamiliar staff, and responded badly to strangers.

The inspector reviewed three staff files and found that they contained all the documents required under Schedule 2 of the regulations.

The inspector spoke to the team lead and three other staff members during the course of the inspection. The person in charge was not present on the day of this unannounced inspection. The inspector found all staff members to be knowledgeable about the support needs of residents, and about their roles in offering care and support. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

It was evident that there was a competent and consistent staff team who were knowledgeable about the care and support needs of each resident.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding, and managing infection prevention and control. Additional training specific to the needs of residents had also been provided to staff including training in the management of epilepsy and feeding, eating and drinking. Staff had all received training in human rights and in assisted decision making.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date. The inspector was assured that there was a competent staff team who were appropriately supervised.

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. The person in charge is supported by a team lead.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place and an annual review of the care and support of residents had been prepared in accordance with the regulations. The annual review was a detailed report of the care and support offered to the resident. Monthly schedule of audits was in place, and these were overseen by the person in charge.

The inspector reviewed a sample of required actions from these processes, and

found that they had all been completed. These actions included the requirement to address out of date training for some staff in safeguarding and safe administration of medication, and delays in formal supervision conversations with staff. All of these actions had been implemented. Actions were monitored by means of action plans, and were marked off when complete.

Regular staff team meetings were held, and the inspector reviewed the minutes of the last three of these meetings. There was a sign in sheet for staff who were unable to attend the meeting to sign to confirm that they had read the minutes, and this was monitored by the person in charge at the subsequent meeting. Items discussed at these meetings included safeguarding, complaints, training and the care and support for each resident. If any required actions were identified, these were again monitored until complete.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations. There were no current complaints, however there was a clear system of recording and monitoring any complaints, and ensuring that concerns were addressed.

Judgment: Compliant

### Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities, and to have a meaningful day.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Healthcare was well managed, and the changing needs of residents were responded to effectively.

There were risk management strategies in place, and all identified risks had effective management plans in place. Any newly identified risks were responded to in a timely manner. There were appropriate systems and processes in place to ensure fire



safety.

The rights of the residents were well supported, and communication with residents was given high priority. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

However, the system of managing residents' finances was not person centred and did not comply with the regulations, as outlined under Regulation 12: Personal possessions of this report.

## Regulation 10: Communication

The person in charge and staff members were very familiar with the ways in which residents communicate. This was clear from the observations made by the inspector during the course of the inspection and from discussions with staff.

There was a 'personal communication dictionary' in place for each resident, and the inspector reviewed two of these documents. They very clearly described the meaning of different presentations of residents, for example 'frowning and saying 'Oh my God'' meant that the resident was frustrated that they weren't being understood, and another resident indicated that they had something on their mind when they became quiet and withdrawn.

However, two residents who had particular communication difficulties had not been assessed by a speech and language therapist. The team leader undertook to rectify this immediately and make the appropriate referrals.

Judgment: Compliant

## Regulation 12: Personal possessions

Practices in support offered to residents in relation to the management of their personal finances was not in accordance with the regulations.

Each resident had their own bank account, however, their income was not paid into these accounts, but into a central account of the organisation. Residents then received a weekly allowance, each receiving the same amount. If they wished to spend any further amounts of their money, a request had to be made in writing, and the amount requested was then issued. There was one day of the week on which these additional amounts were issued for collection at the organisation's head office, although a request could be made for the money to be sent directly to the house, which took two days.

The management of money in the designated centre that residents received was

robust in that receipts were kept and each transaction required two staff signatures. The inspector checked the balance of one resident's money against the record and found it to be correct.

However, the overall management of money was not person centred and did not support residents to retain control of their own finances.

Judgment: Not compliant

### Regulation 13: General welfare and development

Residents were all offered the opportunity to have a person centred plan, and support from staff to develop this. One of the residents had chosen not to have one, although they had an activities schedule.

Where residents had chosen to have a plan, they had been developed based on an assessment of needs, and in conjunction with residents. Residents had chosen goals for achievement, and were being supported to achieve these goals. Any steps taken towards achievement were recorded. Some people had booked or taken holidays, and others were being introduced to alternative activities to using their technology such as tablets.

Residents had multiple activities both in the community and at home, and some people had chosen to attend a day service. Daily notes were kept for each resident and a review of these notes indicated that residents were choosing their own activities and hobbies. It was evident that all were being supported to have meaningful day.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was appropriately designed and laid out to support the needs of all the residents for the most part. Each resident had their own private room which was furnished and decorated in accordance with their preferences. There were various communal areas including living areas and a spacious and functional garden area, which had furniture and garden ornaments.

One of the residents was undergoing changing needs, and had moved downstairs where the dining room had been made into a bedroom for them, as mobility issues meant that an upstairs room was not appropriate. This could not be a long term solution for this resident, as the room was too small to meet their needs in the long term, and also meant that the dining room with its access to the back garden was not available to the other residents. The provider was actively sourcing a more

appropriate home for this resident.

While the centre was well resourced in terms of the availability of equipment for residents, there were some areas where maintenance was required. There was significant growth of moss on the roof, and the gutters were visibly blocked. These issues had been identified, and maintenance request had been submitted. A request had also been submitted to change the positioning of the washer/drier in the utility room, as the current layout meant that it was difficult for residents to access.

The kitchen had recently been refurbished to a high standard, and the presses were all at a low level to allow accessibility for all residents.

The premises were visibly clean and tidy, and it was clear that all efforts were being made to ensure that the accommodation was appropriate to meet the needs of all residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to the resident. There was a risk assessment and risk management plan for each of the identified risks.

Local risks included the risks associated with lone working, and there was a 'buddy system' in place whereby staff contacted a nearby designated centre operated by the provider at predetermined times so that the risk associated with a staff member becoming incapacitated was mitigated. This system was fully operational, but was not mentioned in the risk management plan, and this was rectified during the course of the inspection.

There was also a risk assessment and management plan in place in relation to new staff, as one of the residents particularly disliked unfamiliar staff and there was a risk of an escalation of behaviours of concern.

Individual risk management plans included the management of behaviours of concern. They were based on detailed assessments, and clearly identified any required control measures.

The inspector was assured that all identified risks in the designated centre were mitigated by appropriate control measures.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had put in place various structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained.

There was a personal evacuation plan in place for each resident, giving guidance to staff as to how to support each resident to evacuate. Any aids to evacuation which had been identified were in place, for example one resident needed support with their mobility device.

Regular fire drills had been undertaken, both during the day and at night time and records were maintained of these drills. The records of fire drills indicated that all residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to various members of the multi-disciplinary team (MDT) as required, including a general practitioner, a speech and language therapist for dysphagia, behaviour support specialist and mental health professionals. There was a chiropodist who attended the house for two residents who did not like going out for appointments.

There was a detailed healthcare plan in place for any identified healthcare issues which included detailed guidance for staff. For example a care plan in relation to epilepsy gave detailed guidance for staff in the event of a seizure, and also identified any possible triggers to a seizure. There was also a detailed care plan in relation to the management of diabetes for another resident.

The inspector reviewed the records relating to a recent seizure for a resident, and found that staff were concerned that the recovery was not normal, and immediately took appropriate action, so that the resident was admitted to hospital to receive the appropriate treatment.

Residents had received or been offered healthcare screening, both age related and in relation to diagnosed conditions, including diabetic retinal screening, and women's healthcare screening.

It was clear that both long term conditions and changing needs were responded to in a timely manner.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the management of medications. The inspector observed the practice in relation to administering medication and it was clear that it was appropriate and in accordance with best practice. Staff were knowledgeable about the medications they were administering, and also about the best ways to ensure that residents were comfortable taking their medications.

The residents had a current prescriptions, and most medications were supplied by the local pharmacist in 'blister packs'. The receipt of medication orders was carefully checked. Where medications were supplied loose in containers, there were regular checks on stocks, and the stock of medications checked by the inspector was correct.

Overall it was clear that medications were managed safely and in a person-centred way.

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      |
|------------------------------------------------------|---------------|
| <b>Capacity and capability</b>                       |               |
| Regulation 15: Staffing                              | Compliant     |
| Regulation 16: Training and staff development        | Compliant     |
| Regulation 23: Governance and management             | Compliant     |
| Regulation 34: Complaints procedure                  | Compliant     |
| <b>Quality and safety</b>                            |               |
| Regulation 10: Communication                         | Compliant     |
| Regulation 12: Personal possessions                  | Not compliant |
| Regulation 13: General welfare and development       | Compliant     |
| Regulation 17: Premises                              | Compliant     |
| Regulation 26: Risk management procedures            | Compliant     |
| Regulation 28: Fire precautions                      | Compliant     |
| Regulation 6: Health care                            | Compliant     |
| Regulation 29: Medicines and pharmaceutical services | Compliant     |

# Compliance Plan for Meath Westmeath Centre 6 OSV-0008555

Inspection ID: MON-0046130

Date of inspection: 25/03/2025

## 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 12: Personal possessions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Not Compliant |
| Outline how you are going to come into compliance with Regulation 12: Personal possessions:                                                                                                                                                                                                                                                                                                                                                                                                                               |               |
| <ul style="list-style-type: none"><li>• The PPIM and Person in Charge have made arrangements for the closure of the organizational central account for the residents of the centre. Residents weekly income will be set up to be transferred directly to their own personal account to ensure they will always have access as required.</li><li>• To ensure best practice and a more Person Centred approach a robust risk assessment has been developed to ensure there is safeguarding of residents finances.</li></ul> |               |



## 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 12(4)(b) | The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs. | Not Compliant | Orange      | 31/10/2025               |