



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

## Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	21 March 2023
Centre ID:	OSV-0003957
Fieldwork ID:	MON-0030386

## About the designated centre

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

The centre comprises two detached bungalows in close proximity to the nearest town. A full-time residential service is offered to six adults (male and female), each of whom has their own bedroom, and access to communal space and gardens in the houses. The provider describes the centre as offering support to individuals with medium support needs, including behaviours of concern and autism. The centre is staffed over 24 hours including sleepover staff at night. The staff team consists of social care workers and support workers. Residents are supported to access local amenities including GAA pitch, restaurants, leisure facilities and shops.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 21 March 2023	09:10hrs to 17:10hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

Overall, residents were receiving a service that met their needs. Some improvements were required in relation to training and staff development, premises, and the notification of incidents. These areas are discussed further in the next sections of the report.

The inspector had the opportunity to meet all five residents that lived in the centre. The centre was made up of two separate houses. Four out of the five residents participated in an external day programme the day of the inspection. Some residents participated in that external day programme for five days each week and others for three or four days depending on their preference. In one house the inspector met with the residents before they left for their day programme and again met with them on their return. They all communicated to the inspector that they had enjoyed their day.

Two residents gave the inspector a tour of their bedrooms and pointed out items of interest to them. One resident was very proud to show the inspector pictures of their family and talked about a family holiday they went on last year. The other resident showed the inspector many things that they were interested in, such as several sporting items.

The inspector briefly got the opportunity to meet with two of the residents that lived in the other house at the end of the day in their home. One chose not to speak to the inspector. They were supported to have their day program from their home as per their choice. They participated in horse riding on the day of the inspection and had plans for a massage the following day. The other resident that lived in that house spoke briefly to the inspector and showed off their newly decorated sensory room. They had helped decide on how the room would be decorated, for example, the mural on the wall and new chair.

In addition to the person in charge, there were two staff members on duty in each house on the day of the inspection. The person in charge and the staff members spoken with demonstrated that they were very familiar with the residents' support needs and preferences. The majority of the staff members had received training in human rights. One staff member spoke about the importance of involving residents in every day decisions that affect them.

From a walkabout of the premises, the house appeared tidy and for the most part clean. There was adequate space for privacy and recreation for residents. Personal pictures and homemade artwork were displayed in different areas of the houses. For example, in one house there was a personalised picture of one resident that was made into a jigsaw that they had completed. It was then framed and displayed.

Each resident had their own bedroom and there was sufficient storage facilities for their personal belongings. Residents' rooms had personal pictures and some had

personal achievements displayed. Each room was personally decorated to suit the personal preferences of each resident.

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 residents lives.

## Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in March 2022 where it was observed that some improvements were required to ensure the centre was operating in full compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). Actions from the previous inspection had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality service to residents and the centre was adequately resourced. However, as previously stated, improvements were required in training and staff development and notification of incidents.

A statement of purpose had been prepared that contained the information as per Schedule 1 of the regulations.

Since just prior to the last HIQA inspection there was a consistent defined management structure in place which included the person in charge and an area manager, who was the person participating in management for the centre. The person in charge was a social care professional, who provided good leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits to the centre twice per year. There were other local audits and reviews conducted in areas, such as finance, medication management, and health and safety.

From a review of the rosters there was a planned and actual roster in place. They demonstrated that the number and skill-mix of staff was appropriate to meet the assessed needs of the residents.

There were supervision arrangements in place for staff as per the organisation's policy. Two staff spoken with said, they felt supported in their role and were able to raise concerns, if needed, to the person in charge.

The person in charge ensured that staff had access to necessary training and development opportunities. For example, staff had training in fire safety and the

safe administration of medication. However, some staff training was due including refresher training for some staff. For example, one staff member was overdue refresher training in epilepsy and emergency medication that was a required training for the house they worked in.

From a review of incidents that had occurred in the centre since the last inspection, the person in charge had not notified the Chief Inspector of Social Services (The Chief Inspector) in line with the regulations for every notifiable incident. The person in charge retrospectively submitted the notification with regard to an adverse peer to peer incident that occurred in the centre.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. The person in charge worked in a full-time role and managed two designated centres. They demonstrated a good understanding of residents and their needs.

Judgment: Compliant

#### Regulation 15: Staffing

A planned and actual roster was in place. A review of the rosters demonstrated that staffing levels were appropriate to the number and assessed needs of the residents. There had been an increase of allocated hours for one house in order to afford the residents more opportunity for an individualised service.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

There were supervision arrangements in place for staff as per the organisation's policy. The person in charge ensured that staff had access to necessary training and development opportunities. For example, staff had training in fire safety and the safe administration of medication.

However, one staff member had not received training in standard and transmission based precautions and they were long overdue refresher training in epilepsy and emergency medication which was a required training for the house that they worked

in.

In addition, some staff required training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Judgment: Substantially compliant

### Regulation 22: Insurance

The provider had ensured that the centre was adequately ensured against risks to residents and property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and an area manager, who was the person participating in management for the centre. The person in charge was a social care professional, who provided good leadership and support to their team and knew the residents well.

The provider had completed an annual review of the quality and safety of the service and had carried out six monthly unannounced visits as per the requirements of the regulations. There were other local audits and reviews conducted in areas such as infection prevention and control, medication management, vehicle checks.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available that was updated as required. It contained the majority of the information required by Schedule 1 of the regulations. Any omitted information was corrected and evidence shown to the inspector.

Judgment: Compliant

### Regulation 31: Notification of incidents



From a review of incidents that had occurred in the centre since the last inspection, the person in charge had not notified the Chief Inspector in line with the regulations for every notifiable incident. The person in charge retrospectively submitted the notification with regard to an adverse peer to peer incident that occurred in the centre.

Judgment: Substantially compliant

## Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. However, as previously stated some improvements were required with the premises.

The provider had ensured that assessments of residents' health and social care needs had been completed. These assessments, along with residents' support plans, were under at least annual review and demonstrated that multidisciplinary professionals were involved in the development of care being provided. Care and support was provided in line with their care needs and any emerging needs.

In addition, residents were being offered the opportunity to engage in activities of their choice. The person in charge and the area director communicated to the inspector that they planned to work with the staff in the houses to develop the idea of more meaningful goals for the residents to work towards based on their interests. One resident had recently secured a part-time job on an alpaca farm and was due to start in the coming weeks.

The person in charge was promoting a restraint-free environment and any restrictive practices in use were for residents' safety, assessed as necessary and subject to review. For example, some food deemed unsafe for the resident was stored in the staff office. Where necessary, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was reviewed and where necessary, a safeguarding plan was developed.

Visits were facilitated with no visiting restrictions in place in the centre and visitors were welcome at all reasonable hours. Furthermore, a private area for entertaining visitors was available.

There was a residents' guide in place and a copy was available to each resident which contained the required information as set out in the regulations.

The premises provided adequate space for the residents, was tidy and for the most

part was found to be clean. Some areas required a more thorough clean, for example, some vents were found to be dirty and some small areas had signs of mildew. Additionally, some areas were not conducive to cleaning, for example, the floor in the water closet of one house had a section missing behind the toilet.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. The centre's vehicles were appropriately insured and serviced.

The inspector reviewed matters in relation to infection control management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there was colour-coded cleaning equipment used in the centre in order to minimise cross contamination.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPs) in place which outlined how to support residents to safely evacuate in the event of a fire.

### Regulation 11: Visits

Visits were facilitated with no visiting restrictions in place in the centre. Residents were supported to maintain contact with their family and friends. Furthermore, a private area for entertaining visitors was available and in one house there were plans to develop another area as a private visiting area.

Judgment: Compliant

### Regulation 17: Premises

Both premises were of an adequate size and layout to meet the residents' assessed needs. They were observed to be tidy and for the most part found to be clean. Some areas required a more thorough clean, for example, some slight mildew was observed along part of the utility room and the grouting of the tiles in the main bathroom in one house. The inspector observed that around a resident's window some rubber seals required cleaning.

Additionally, some areas were not conducive to cleaning, for example, the plug surfaces were worn in some sinks in both houses, the paint was chipped on some windowsills, the blind in the visitors' room was ripped and the floor in the water closet had a large gap behind the toilet resulting in some build up of dirt and

discolouration in that area.

The main bathroom floor in one house was uneven and some surfaces rusty and stained. The required works for the bathroom had already gone to tender and confirmation provided to the inspector that works were due to start in the coming weeks. In addition, the floors in the same house in the hall and kitchen required replacement and the inspector again was assured that this work was due to be completed the week after the inspection.

Judgment: Substantially compliant

### Regulation 20: Information for residents

There was a residents' guide in place and a copy was available to each resident located in their bedrooms, that contained the required information as set out in the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. Incidents were discussed as part of team meetings and learning logs were completed post incidents and reviewed by the person in charge.

There was a risk register in place that captured environmental and social risks. A sample review of residents' information also demonstrated that individual risk assessments had been developed and control measures put in place. The centre's vehicles were insured, serviced and had up-to-date national car tests (NCT).

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, there was a contingency plan in the event of an outbreak of an infectious illness and it clearly guided staff. In addition, a colour coded system was in use for mops, buckets and cleaning cloths in order to minimise the risk of cross contamination.

While some improvements were required in relation to some minor aspects of the cleanliness of the property and to ensure all surfaces were conducive for cleaning, these issues are being actioned under Regulation 17: premises.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management, for example the centre had suitable fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place which included maximum resident numbers and minimum staffing levels. In addition each resident had an up-to-date PEEPs in place which outlined how to support residents to safely evacuate in the event of a fire. Actions from the last inspection were completed by the time of this inspection.

The inspector observed one fire containment door was not closing fully by itself and in another house a fire containment door was missing a piece of the intumescent strip. Both these areas were repaired by the provider and evidence shown to the inspector.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' needs were assessed on at least an annual basis, and reviewed in line with changing needs and circumstances. There were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness.

The person participating in management showed the inspector a revised version template of the assessment of need document. This new document would allow for a wider review of the person's needs following on from their initial assessment of need. The plan was that this would give a more accurate picture of what had happened in the person's life in the last year.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were well assessed, and appropriate healthcare was

made available to each resident. Residents had access to a variety of healthcare professionals depending on their assessed needs, for example, general practitioner services (G.P), chiropody and hospital consultants. Where required, residents healthcare needs were reviewed to ensure up-to-date care was being provided, for example, some residents had physiotherapy and speech and language therapy reviews within the last year..

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge was promoting a restraint-free environment. While there were some restrictive practices in place, for example, unsafe foods stored in the staff office fridge, any restrictive intervention had been assessed to ensure it was required. Restrictive practices were reviewed every six months to ensure they were still needed. The last review took place in January 2023.

Where required, residents were referred for specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained in adult safeguarding. There were some safeguarding issues occurring on occasion within one of the houses that made up the centre and there were safeguarding plans in place to protect the residents involved. The designated officer and the behavioural specialist were both involved in supporting the centre around those issues. Staff spoken with were familiar with the steps to take should a safeguarding concern arise.

In addition, there were systems in place to safeguard residents' finances in the centre, for example, staff members checked residents cash balances every day and every two months the person in charge completed a financial audit.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated to exercise choice and control across a range of daily

activities and choices. One method by which the centre was demonstrating this was by conducting weekly residents' meetings to ascertain their feedback on the service and choose meals and activities for the week ahead. The provider had recently identified in their own audits that some of the meetings needed to evidence the choices made more effectively. The person in charge had changed the meeting template and had plans to further change the template and discuss the changes with staff members to ensure choices would be better captured. There was evidence of choice boards, pictures to facilitate informed choices and easy-to-read information available in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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 Meath Westmeath Centre 1 OSV-0003957

Inspection ID: MON-0030386

Date of inspection: 21/03/2023

## 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>All staff have completed AMRIC standard transmission based precautions by 31/3/23. One member of staff has will have their emergency medication and Epilepsy training theory and practical completed by 2/5/23. A request has been submitted to the training department for all other staff to have this training completed by 31/6/23. A request has been sent to the Behaviour Support Team for training on managing behaviours that challenge by 30/6/23.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge will submit notifications through the HIQA Portal as required. In addition, all incidents and notifications are discussed monthly with the Area Director to ensure all notifications are submitted and give the necessary oversight.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
Flooring in the hall and kitchen has been replaced. Blinds have been ordered for sitting room, storage room and residents bedroom and are awaiting fitting. Tender is now closed for bathroom. Contractor to be selected within 3 weeks of close of tender. Contractor starts within 1 week of selection by 30/6/23. The request to fix flooring in guest W.C has been submitted onto the maintenance system, works will be completed by end of May 2023. A request to have windowsills treated and painted in both Centre's was also submitted onto the maintenance system. Works to be completed by end of May 2023. A request has been submitted to the maintenance system to have areas for mildew by end of May 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	30/06/2023
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	30/06/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/05/2023
Regulation 31(1)(f)	The person in charge shall give	Substantially Compliant	Yellow	21/03/2023

	the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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