



Office of the Chief Inspector

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

Name of designated centre:	Meath Westmeath Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	05 September 2019
Centre ID:	OSV-0003958
Fieldwork ID:	MON-0021518

About the designated centre

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

The designated centre is made up of three community based houses, each in close proximity to the nearest town and to public transport facilities. The service provides care and support to adults with an intellectual disability. Each resident has their own bedroom decorated to their individual style and preference and there are various communal areas throughout the house including well maintained garden area. Transport is also available to meet the needs of residents and avail of social activities. Two of the houses accommodated residents with various levels of independence while the other, as described by the statement of purpose, provided support to residents as having high support needs. Staffing was provided in accordance with the assessed needs of residents, including waking night staff in the house where residents had higher support needs. In the houses where residents required less support, staff cover was from early afternoon until mid morning the following day, to include a sleepover shift during the week. However additional staff were made available if or when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 - 2015 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
05 September 2019	10:00hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

There were 12 residents in the centre at the time of the inspection, and the inspector had a conversation with five people. Not all residents wished to converse with the inspector and their wishes were respected.

Residents told the inspector that they were happy in their homes for the most part. There was an aspect of compatibility issues between residents that some were not completely satisfied with however, this had been identified by the provider and was in the process of being addressed. Residents told the inspector who they would go to if they had any issues or complaints and were happy with the response. Some residents told the inspector that they felt safe in their home and enjoyed a level of independence however, also had support if they wanted it. They explained to the inspector that they had devices and strategies which ensured their safety when they were enjoying time alone in their home.

Capacity and capability

The centre was effectively managed, with a clearly defined management structure with explicit lines of accountability and various governance processes in place so that consistency of oversight was ensured,

The provider had made arrangements to ensure that key management and leadership roles were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. This person in charge demonstrated their ability to lead the staff team and to support good practice. They had a daily presence in the designated centre and were knowledgeable about the care and support needs of residents.

The provider had systems in place whereby areas for improvement were identified and addressed. Any accidents and incidents or complaints were addressed in a timely manner and escalated if required to the senior management team. Where required, notifications had been submitted to the Health Information and Quality Authority (HIQA). The person in charge oversaw a monthly auditing system including audits of fire safety, medication management and financial management. There was a system whereby the implementation of any required actions arising from the auditing processes were monitored.

Six monthly unannounced visits had been conducted on behalf of the provider and a detailed and meaningful annual review of the care and support of residents had been prepared. This review took into account various aspects of the operation of the centre including the results of audits, the opinions of residents and their families and

any complaints. The inspector reviewed a sample of actions required following these processes and found that all actions had been completed and all identified improvements required had been put in place.

The provider had put systems in place to ensure the staff team were appropriately skilled and supported. The number and skills mix of staff was appropriate to meet the needs of residents. There was a core team of staff in place and where relief staff were required, these staff were known to the residents. Staff were in receipt of regular training which was up to date. Staff were knowledgeable in relation to the assessed needs of residents, any agreed interventions and were observed to be providing care and support in accordance with residents care plans.

Staff supervision was managed by the person in charge via a schedule of supervision conversations every six to eight weeks and a record was maintained of these conversations. There were effective systems in place to ensure communication between staff and management and between changing shifts of staff. A detailed communication book was maintained, a diary was used, and daily notes were completed for each resident. Regular staff meetings took place and all aspects of care and support for the residents were discussed at these meetings. Any agreed actions were monitored until complete

The provider had put systems in place to receive and respond to feedback about the service. There was a complaints procedure in place which was readily available and any complaints were reviewed and recorded. Residents identified complaints they had made and described how they were resolved and managed. It was therefore clear that feedback was responded to in a timely manner and that all steps were taken to resolve any identified issues in a timely manner.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: 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 which identified the lines of accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place and any complaints were recorded and acted on appropriately.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life, had access to appropriate healthcare and that their rights were respected and upheld in the centre.

There was an effective personal planning system in place based on detailed assessments, and plans were regularly reviewed and updated as required. Personal plans addressed both social and healthcare needs of the residents and there was detailed guidance for staff so as to ensure residents care plans were appropriately implemented. Goals had been set for residents and some significant improvements in the lives of residents had been achieved via this process. Some residents told the inspector about achieving their goals and how important that was to them.

Residents were supported to engage in meaningful activities in accordance with their assessed needs and preferences and were engaged in a variety of activities including work experience, jobs in the community and home based activities.

Healthcare plans were in place where needed and implementation of them was recorded. Any healthcare needs had been addressed, including any changing circumstances which were immediately responded to. Residents had access to various members of the multi-disciplinary team and their recommendations were being implemented. All staff engaged by the inspector demonstrated clear knowledge of residents needs and interventions. It was therefore evident that healthcare needs were addressed and managed appropriately.

Where residents required support with behaviours of concern, a positive behaviour support team was available to them. There was a detailed risk assessment and management plan in place where required and the person in charge had summarised the main points in a clear guidance document. Information included both reactive and proactive guidance for staff. There had also been a significant decrease in behaviours of concern following a suite of interventions. Therefore appropriate steps were taken to alleviate the causes of any behaviours of concern.

Where restrictive practices were required to mitigate identified risks there was evidence available that these were the least restrictive required. These interventions were referred to a multi disciplinary committee charged with the oversight of any restrictions. This committee comprised various healthcare professionals and representation which was external to the organisation.

There was clear oversight of risk throughout the centre. There was a detailed risk register in place including all identified risks and risk ratings. Risk assessments and management plans were in place for all identified risks in the centre which included the support of positive risk taking for residents who chose to have independence in some areas.

Fire safety practices and equipment were in place. Fire safety equipment including

self closing fire doors, extinguishers, fire blankets and emergency lighting were in place and were regularly maintained. There was a personal evacuation plan in place for each resident, and regular fire drills had been undertaken, including under night time circumstances. Residents explained to the inspector what they would do if the alarm went off. The provider had ensured that all possible fire safety precautions were in place.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. There were no current issues relating to safeguarding of residents, but where there had been safeguarding issues appropriate steps had been taken in a timely way and were on-going. Staff and the person in charge were aware of their roles in relation to safeguarding of residents.

There was an emphasis in the centre and among the staff on upholding the rights of residents. Residents were supported in choice making, and were included in decisions about their lives. Residents could describe how they voted, and how they made their decisions. An incompatibility issue had been identified by the person in charge and the provider and solutions to this were being explored and the inspector observed that the issue was well managed.

Overall the provider had systems in place to ensure that residents enjoyed a good quality of life, and that their choices and rights were upheld.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.
Judgment: Compliant
Regulation 28: Fire precautions
Adequate precautions had been taken against the risk of fire.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a personal plan in place based on an assessment of needs which had been reviewed regularly.
Judgment: Compliant
Regulation 6: Health care
Provision was made for appropriate healthcare.
Judgment: Compliant
Regulation 7: Positive behavioural support
Appropriate systems were in place to respond to behaviours of concern.
Judgment: Compliant
Regulation 8: Protection
Appropriate systems were in place in relation to safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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 - 2015 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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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