



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	20 April 2021
Centre ID:	OSV-0005476
Fieldwork ID:	MON-0031870

About the designated centre

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

The organisation comprised two community houses in close proximity to the local town which provide full time residential service. Each house is a bungalow which can accommodate three residents, and there is plenty of both private and communal living areas, and spacious gardens at each house. The provider describes the service as offering a high level of support to individuals with an intellectual disability, and additional specific support needs in relation to behaviours of concern, autism and mental health needs. Services are provided from the designated centre to both male and female adults. The centre provides 24 hour support with sufficient staffing levels to allow for one-to-one support for those residents who require it. Residents can access local amenities including a GAA pitch, leisure facilities, restaurants and shops. The staff team comprises of social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Tuesday 20 April 2021	09:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

Overall, The inspector found that residents were supported to enjoy a good quality of life in which their well being and welfare was actively promoted.

Due to the individual needs of residents, this inspection was conducted in an office which was operated by the provider of this designated centre. On the day of inspection, residents were busy out and about in their local community and the did not wish to meet with the inspector. The inspector reviewed a sample of documentation and had open discussions with the person in charge, a senior manager of the service and also a manager who had oversight of one of the houses which made up this centre.

From reviewing resident's personal plans, it was apparent that they were enjoying life and being supported to engage in activities which they enjoyed. Prior to COVID-19, residents were active in their local communities and enjoyed swimming, bowling, the cinema and going for beauty treatments. When national restrictions were introduced, the staff team assisted residents with choosing a range of goals to help them pass the time. Residents went on-line shopping, upgraded their personal phones and at the time of inspection, one resident was considering changing their hand held electronic device, which they used to keep in contact with family and friends. Centre based activities were also introduced such as making healthy drinks, learning to better manage their finances and also getting involved in the garden. The inspector found that these arrangements helped to better the lives of residents and assisted in ensuring that their quality of life was not adversely effected by the national restrictions which had been introduced.

Residents met with their individual key worker on a monthly basis for a catch up on how they were and how they had progressed with their goals from the previous month. Although, these meeting were casual in nature, the provider ensured that formal notes were taken which examined success, challenges and where improvements and actions were required to support the resident in achieving their goals. Residents' meetings were also occurring on a regular basis which assisted in ensuring that residents were kept up to date with information and developments in regards to COVID-19 and how the national restrictions would impact on their lives.

The provider had a robust contingency plan in place in response to COVID-19 and a prominent feature throughout this plan was the well being of residents. A detailed document was completed for each resident to assist them with social stories about COVID-19 and the testing which they may have to undertake. Each individual plan also outlined how they would be supported to manage any anxieties which they may have and also how their emotional well being would be safe guarded. The plan also aimed to empower residents around their personal safety and used language such as "in my control" when referring to how residents could protect themselves by avoiding crowded places, maintaining social distancing and also by actively engaging in hand hygiene. Each individual plan also outlined how residents would be assisted

to keep active in areas such as gardening, decorating their home, keeping in contact with their loved ones and by staying fit with home exercise workouts.

The inspector visited one house which made up the designated centre and provided a service to one resident. The resident was happy for the inspector to see their home when they were out for an activity. The house was large and furnished and decorated in a minimal manner; however, the person in charge indicated that this was the preference of the resident. The resident had a great interest in art and the walls of the house were decorated with art works they had completed and were proudly on display. The resident also had their own art room which had numerous art works on display and it was obvious that the resident enjoyed this activity. There were also pictures of the resident enjoying outings with staff and also of them at work, which the person in charge indicated that they missed and would be looking forward to taking up again when national restrictions were eased. Although the premises was decorated in line with the resident's wishes, general decoration did detract from the centre's homeliness, for example, large gaps were observed in the flooring of the centre's sitting room and shirting was chipped and required painting.

Overall, the inspector found that residents were actively consulted in regards to the operation of their home and also in regards to their preferences in the delivery of care. It was clear that the staff team and management of the centre actively promoted residents' rights and that their well being and welfare were to the fore front of care. However, some improvements were required in regards to supporting a resident with their behavioural support needs and also in regards to the reporting of incidents in the centre. These issues will be discussed in the subsequent sections of the report.

Capacity and capability

Overall, the inspector found that the governance and management arrangements in this centre provided a framework of care which enhanced the quality of residents' lives and also ensured that residents' safety was actively promoted. Some areas were identified as requiring attention and improvement in these areas of care would further build on many of the positive care practices which were found on this inspection.

The centre had a management structure which provided oversight of care practices. The person in charge, a senior manager and a local manager within the designated centre facilitated the inspection. During the inspection, additional clarity was provided in regards to role of the person in charge and how they provided oversight of both houses which were part of the centre. An amendment was also made to the centre's statement of purpose which also clearly identified the role and function of a local manager in the operation of one house.

The management team who facilitated the inspection were found to have a very good understanding of the service and of the resident's individual care needs. All

required reviews and audits as stated in the regulations had been completed and the person in charge could clearly articulate how they provided ongoing oversight of care practices as they demonstrated how a range of internal audits ensured that care practices were maintained to good standard. For example, monthly audits of areas such as medications, fire safety, resident's finances and health and safety were occurring and the information which was gathered was used to improve the quality and safety of care which was provided. Although, there was general good oversight of care practices, improvements in regards to some aspects of care were identified on this inspection, for example, the use of restrictive practices required review and the recording of incidents required some improvement.

The provider had also implemented a robust contingency plan in response to COVID-19 which was outlined and discussed in-depth with the person in charge. A senior manager of the centre also explained that the person in charge was instrumental in the implementation of contingency planning which promoted the safety of residents. A traffic light system was key to this plan with an assigned colour coding determining the required response from the provider and the staff team. For example a green status required day-to-day management for potential COVID-19 exposure with on-going vigilance of signs and symptoms of the virus, the use of personal protective equipment (PPE) and enhanced hygiene regimes, to a red status which required the implementation of a full outbreak management plan which included assigned donning and doffing areas and full use of PPE. Contingency planning also outlined the role of a senior crisis management team and the role of a lead worker representative who had responsibility for the day-to-day oversight of infection prevention and control procedures.

The inspector found that management of the centre were committed to delivering a service which was safe and effectively monitored. Although, there were some areas for improvement, overall care was maintained to a good standard.

Regulation 14: Persons in charge

The person in charge had a good understanding of the residents' care needs and of the services which were implemented to meet those needs. Further clarity was also provided on the day of inspection in regards to their oversight of both houses which made up the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that residents were supported by a staff team who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their mandatory training needs and additional training in relation to hand hygiene, infection prevention and control and the use of PPE had been completed by all staff. The inspector found that these arrangements promoted the welfare and safety of residents.

Judgment: Compliant

Regulation 23: Governance and management

Although there was generally good oversight of care practices in this centre, improvements were required in regards to the recording of incidents, assisting residents with their behavioural support needs and in regards to the general upkeep and maintenance of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of documentation in the centre indicated that all notifications were submitted as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents enjoyed living in the centre which they considered their home and that they had a good quality of life. However, some improvements were required in regards to restrictive practices, the premises and the recording of incidents.

Each resident had a personal plan in place which clearly outlined their care requirements and how they preferred their needs to be met. Residents met regularly with their key workers for a catch up in regards to their goals, activities and general

well being which ensured that they were actively involved in decisions about their care. Residents were supported to identify future goals and as discussed earlier, goals such as maintaining contact with families, gardening and managing their money assisted with improving resident's individual quality of life.

Residents could see their general practitioner in times of illness and also for scheduled medical check-ups. Residents also had access to allied health professionals and they were also supported to attend mental health clinics. A review of notes also detailed that residents were facilitated to attend for national preventative health screening which promoted residents' overall health and well being. Another positive example of care was observed in the provider's COVID-19 contingency planning. This document contained detailed health care planning for supporting residents who may acquire COVID-19, which assisted in ensuring that staff would be aware of how to care for and monitor a resident during their illness.

Some residents required support plans in regards to behavioural supports. The inspector reviewed a sample of plans and found that information was relevant and readily available to guide staff when supporting residents. Plans were subject to regular review with input from a behavioural specialists, and a manager who met with the inspector had a good knowledge of residents' behavioural needs. Although, many aspects of behavioural support were maintained to a good standard, some improvements were still required. For example, a plan which was reviewed supported the use of a chemical intervention in response to certain behaviours; however, this guidance failed to clearly describe the level, intensity and duration of behaviour which would require this intervention. Furthermore, clinical notes which supported the recent administration of this medication failed to demonstrate all other avenues of care and de-escalation techniques had been exhausted prior to its administration. The provider had also identified the use of this chemical intervention as a restrictive practice and there was a system in place which kept this practice under regular review. It was also apparent that the overall aim of the staff team was to ultimately remove this practice which had been recently introduced. Although this was evidence of good practice, the provider could not clearly demonstrate that the resident had been supported in the area of consent for this practice.

The provider had a system in place for identifying, recording and responding to accidents and incidents. A review of this system indicated that the person in charge responded in a prompt manner to recorded issues and where required, additional measures such as risk assessments had been implemented to address any safety concerns. Risk management procedures were generally well managed and additional risk assessments had been implemented in response to COVID-19. However, some improvements were required in regards to the recording of incidents. For example, a review of documentation indicated that a recent episode of behaviours of concern, which resulted in the use of a chemical intervention, had not been recorded on the centre's incident reporting system which impacted on the provider's ability to respond and monitor for trends in care practices.

Residents enjoyed a good quality of life and although some areas of care required some improvement, overall, the inspector found that the provider and the staff team

were committed to delivering a good standard of care and support to residents.

Regulation 17: Premises

One of the houses in the designated centre required internal decoration and upkeep, for example there were large gaps noted in flooring and skirting was chipped and required painting.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider failed to ensure that all incidents had been recorded on the centre's incident reporting system.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had implemented enhanced infection control procedures in response to COVID-19. Staff were monitoring for signs and symptoms of the disease and robust contingency planning was implemented which promoted residents' safety.

Judgment: Compliant

Regulation 28: Fire precautions

The actions for the last inspection had been addressed with additional fire doors installed. The provider was also conducting regular fire drills which demonstrated that all residents could evacuate the centre in a prompt manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were reviewed formally on at least an annual basis. Residents were supported through a goal setting process which also helped to improve their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were assisted to attend for preventative health screening and also to attend their general practitioner in times of illness. Detailed healthcare plans were also in place to guide staff in the delivery of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider failed to ensure that behavioural supported plans gave sufficient guidance to support the administration of a chemical intervention. The provider also failed to ensure that the least restrictive practice was always implemented and that a resident was supported in the area of consent for the use of a restrictive practice.

Judgment: Substantially compliant

Regulation 8: Protection

The centre appeared like a pleasant place in which to live and safeguarding procedures which were implemented promoted residents' safety and promoted a good quality of life.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were actively promoted and residents were actively consulted in regards to how they wished to live their lives.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullaghmeen Centre 1 OSV-0005476

Inspection ID: MON-0031870

Date of inspection: 20/04/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure that the service provided is safe, appropriate to the resident's needs, consistent and effectively monitored, the local manager has developed guidance on the completion of the National Incident Management System, which has been distributed to the staff team : Compliant 22.04.21</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To ensure a good state of repair is achieved internally in the designated centre; The Person in Charge has contacted the General Operations manager, to schedule internally painting and decorating.</p> <p>To be compliant by: 30.09.21</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to ensure learning from severe incidents or adverse events are recorded appropriately. The local manager has reviewed and provided guidance to the staff team in relation to the completion of the National Incident Management System which is utilized within the Organisation. Compliant: 22.04.21</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: In consultation with the Behavior support team the local manager will ensure the review of the Behavior support plan which will include the following:</p> <ol style="list-style-type: none"> 1. A review meeting will take place of the required Therapeutic interventions that are implemented, with the informed consent of each resident or his or her representative. 2. The plan will include up to date knowledge of the resident, along with proactive and reactive strategies to support staff in responding to behaviors that challenge and to assist residents to manager their own behaviors. 3. Finally this plan will include a detailed protocol of the guidance on the least restrictive procedures for the shortest duration for the resident. <p>To be compliant by 31.08.21</p>	

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 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	30/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	22/04/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	22/04/2021

	includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/08/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/08/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration	Substantially Compliant	Yellow	31/08/2021

	necessary, is used.			
--	---------------------	--	--	--