



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2021
Centre ID:	OSV-0005478
Fieldwork ID:	MON-0031872

About the designated centre

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

The designated centre was a detached house in a rural location near to the local town. Full time residential services are provided from the designated centre to two male adults, each with their own room, and had suitable communal and private areas. 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 physical disability, behaviours of concern and healthcare needs. The centre provides 24 hour support with waking night staff and the staff team comprises of social care workers and support workers. The residents can access a number of local amenities including, shops, restaurants, leisure facilities and GAA pitch.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 16 June 2021	09:00hrs to 14:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that their rights and well-being was actively promoted.

The inspector met with two residents and four staff members, including the person in charge, on the day of inspection. There was a very pleasant atmosphere in the centre and residents were relaxed and content in the company of staff members. Staff members were observed to interact in a kind and caring manner and they smiled and chatted freely with residents as they supported them. Staff members explained how one resident was getting their second COVID-19 vaccine on the morning of inspection and that they would be reassured by having a familiar staff with them. This resident interacted with the inspector on their own terms as they relaxed in the morning and they did appear to enjoy the company of staff. The second resident had some verbal skills and they used single phrases and repeated sentences when meeting with the inspector. Again, it was clear that they enjoyed the company of staff and they highlighted to the inspector that they liked a farming newspaper and looking at fields and farm animals.

Staff had a good understanding of resident's individual needs and they explained how a resident came from a farming background and they loved being out and about in nature and also going home to visit the farm. This resident had mobility needs and staff detailed how they had identified suitable nature sites such as forests and areas of local interest which facilitated the resident to get out into nature. The centre was also wheelchair accessible and a bespoke dining table was in place which promoted inclusion and accessibility for this resident. The person in charge also explained how this resident loved to paint and the centre had a workshop in place, which also had an accessible workbench which facilitated the resident to explore and develop this hobby.

The other resident who was availing of a service, again enjoyed walking and also music. Staff had introduced a goal for this resident to develop their interest in music and dancing during national restrictions and the resident had recently attended a drive through country music event. Photographs of the resident attending this event were evident in their personal plan and the person in charge stated that they had enjoyed a great day out. With the easing of restrictions, this resident had also gone on separate day trips to Dublin zoo and the Galway aquarium. Again, staff had taken photographs to mark the return to pleasant activities for this resident.

As mentioned above, the centre was wheelchair accessible and regularly serviced tracking hoists were in place to support residents with reduced mobility. Resident's individual bedrooms were warm, cosy and decorated with pictures of family members. The interior of the centre, was again, warmly decorated and plenty of natural light gave the centre a homely feel. However, the exterior and grounds of the centre did require general upkeep and painting. A patio area had prevalent moss and weeds and the exterior walls had a build up of debris and required cleaning and

painting. Although the interior of the house was well maintained, the poor maintenance of the property did detract from the overall homeliness of the centre.

Residents were actively involved in decisions about their care and also in regards to the running and operation of their home. Residents attended monthly review meetings with their key worker where they discuss how their goals were progressing, rights, complaints and what successes and achievements they had in the previous month. Weekly house meetings facilitated residents to discuss activities, meal choices. and issues such as safeguarding and health and safety. Staff also took these meetings as an opportunity to discuss COVID-19 with the residents and a range of easy read material was in place to support their understanding. 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. 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.

Overall, the inspector found that residents had a good quality of life and that they were supported to pursue their personal interests. However, the inspector also found that some areas of care did require attention and these will be discussed in the subsequent sections of the report.

Capacity and capability

The inspector found that the management and oversight arrangements ensured that the safety and quality of care was generally maintained to a good standard. Although, some areas of care required attention, improvements in these areas would further build on the overall positive delivery of care which was found on this inspection.

The person in charge facilitated the inspection and they were found to have a good understanding of the residents' care need and of the services which were implemented to meet those needs. They attended the service on a weekly basis and they were supported in their role by a senior manager.

The provider had robust oversight arrangements in place which assisted in ensuring that the quality and safety of care would be maintained to a good standard. There was a range of monthly audits in place which staff were completing in areas such as fire safety, complaints, medications and health and safety. The person in charge was also completing regular reviews of adverse events and they attended a monthly management meeting which ensured that senior managers were kept up to date with issues which were impacting on the quality and safety of care which was

provided.

The provider had also completed all audits and reviews as required by the regulations. The six monthly audits found that a general good standard of care was offered with some improvements required in regards to documentation within the centre. The annual review was also completed following a consultation process with residents and their representatives with overall positive feedback received by the provider. One issue highlighted was the need for exterior maintenance of the property and the inspector noted that the timeline for addressing this issue had elapsed. As mentioned earlier in the report, the lack of painting and maintenance did impact on the homeliness of the centre and there was no apparent action plan to address this issue.

The provider had produced robust contingency planning in response to COVID-19 and it was clear that the focus of this plan was to protect residents and to promote their welfare and well-being. The plan was based on a traffic light system with a green rating promoting prevention and monitoring to a red rating which detailed procedures in response to an outbreak of COVID-19. Increased infection prevention and control arrangements had been implemented and staff were conducting daily signs and symptoms checks of the disease. A clean room and donning and doffing area had been identified on floor plans and supplies of personal protective equipment (PPE) were maintained by the provider. Arrangements to maintain the staffing complement were clearly evident and the contingency plan had outlined the deputising management arrangements should the person in charge be unable to attend for duty. The contingency plan focused on the welfare of residents and outlined the importance of residents maintaining a normal routine where possible. It detailed that planned activities would assist residents' well-being during national restrictions and also introduced social stories to help residents to understand how to protect themselves from acquiring COVID-19. Social stories were also available in relation to getting tested for the disease and also what to expect when they were put forward to receive their vaccine.

The inspector met with three staff members on the day of inspection. One staff member spoke for a short time with the inspector and they explained how they felt supported by the person in charge and how they attended regular supervision and team meetings. They had a good understanding of resident's individual needs and they could also clearly account for procedures which safeguarded residents from abuse. The person in charge maintained an accurate rota which indicated that residents received continuity of care from staff members who were familiar to them. A sample of staff training records also indicated that staff had received training in areas such as infection prevention and control, fire safety and safeguarding. Training had also reflected the needs of residents with additional training delivered in relation to epilepsy and the administration of rescue medication and also dysphagia. These measures assisted in ensuring that staff could support resident's individual assessed needs.

Overall, the inspector found that the governance arrangements promoted the welfare of residents. It was also apparent that the well-being of residents was to the

forefront of care and that their rights and inclusion was actively promoted.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff attended regular supervision and team meetings which facilitated to raise concerns in regards to care within the centre. Staff were also up to date with their training needs.

Judgment: Compliant

Regulation 23: Governance and management

The provider failed to ensure that issues in regards to the upkeep and maintenance of the centre had been addressed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care which was provided to residents was generally maintained to a good standard. Residents were also active members in their local community and they were supported to engage in activities which they enjoyed. Although there were some areas for improvement, overall the centre was a pleasant place in which to live.

Residents enjoyed a good quality of life. Prior to COVID-19 they were active members in their local community and enjoyed shopping, restaurants, walking in nearby forests and visiting areas of interest. Throughout national restrictions residents kept busy by planting a raised bed vegetable patch, continuing to get outdoors to enjoy nature and also using a walking track in the local village. The person in charge also explained that staff were planning to support a resident who enjoyed walking to explore the possibility of raising funds for charity through their love of walking. Residents were also supported to identify and enjoy personal goals. A resident had goals such as exploring new sensory experiences and also getting to visit their home more often. This resident also had a love of music and they had a goal in relation to dancing and enjoying music; however, it was not clear how this goal had been progressed which did impact on the implementation of this resident's wishes. Furthermore, reviews of planning meetings with residents did not outline how their representatives were facilitated to participate if the resident so wished. Although residents enjoyed a good quality of life, improvements in this area of care would further build on the overall positive experience for residents.

Residents enjoyed a good quality of healthcare and they attended their general practitioner (GP) and a planned basis and also in times of illness. Residents also had access to allied health professionals and a physiotherapist visited the centre on the day of inspection to attend to a resident's exercise programme. Residents with reduced mobility had tissue viability scores completed and the person in charge completed an additional care plan in regards to pressure area care and tissue viability on the day of inspection. A resident also required support with epilepsy and there was an epilepsy care plan in place which gave an outline of their care. Although this document was recently reviewed and contained many relevant aspects to guide staff in the delivery of care, some improvements were required. For example, the document highlighted how the resident presented whilst having a seizure but the inspector found that this required more specific detail to guide the administration of rescue medication. Furthermore, although staff who met with the inspector could detail the resident's care requirements post administration of the rescue medication, there was no formal care planning post seizure to ensure that a consistent approach to this care need was delivered.

The centre had appropriate storage for medications and staff had received training to support the administration of medication. A review of medication prescriptions and administration records indicated that residents received medications as prescribed. As mentioned above, a resident was prescribed rescue medication. The administration of this medication was supported by a prescription and protocol for its use. Staff who met with the inspector could clearly detail when this medication was to be administered; however, there were conflicting thoughts on whether this medication should be administered within one or three minutes following the onset

of a seizure. The person in charge arranged a review with the resident's GP and they also stated that this protocol would also be reviewed at a neurology appointment which was due to occur in the week following the inspection.

Overall, the inspector found that residents were supported to enjoy a good quality of life in which their rights and welfare were actively promoted.

Regulation 17: Premises

The exterior and grounds of the centre required general upkeep and painting. A patio area had prevalent moss and weeds and the exterior walls had a build up of debris and required cleaning and painting.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a system for identifying, recording and responding to adverse events and a review of records indicated that no recent events of concern had occurred. The provider had also produced robust risk assessments in response to COVID-19 and also in regards to issues which may affect residents.

Judgment: Compliant

Regulation 27: Protection against infection

Enhanced infection and control procedures had been introduced in response to COVID-19 and staff were completing regular sign and symptom checks for themselves and residents.

Judgment: Compliant

Regulation 28: Fire precautions

Fire equipment was serviced as required and a review of fire drill records indicated that residents could be evacuated in a prompt manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

An as required rescue medication protocol required review to ensure that a consistent approach was in place to support the administration of this medication.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider failed to demonstrate that suitable action plans had been introduced to support a resident to achieve all their goals. Documentation also failed to highlight how residents' representatives were facilitated to be involved in the goal setting process.

Judgment: Substantially compliant

Regulation 6: Health care

An epilepsy care plan required more specific detail to guide the administration of rescue medication. This plan also required adjustment to ensure that the care requirements of this resident post seizure were clearly outlined.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in use in the centre which were risk assessed and subject to regular review by an oversight committee. However, some improvements were required as there was conflicting information in regards to the use of one restrictive practice which meant that the provider was unable to clearly demonstrate that the least restrictive practice was implemented at all times.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns in this centre and residents were supported in the area of self care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents attended weekly house meetings and they were actively involved in their own care. Advocacy was also available to residents if required.

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 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	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullaghmeen Centre 3 OSV-0005478

Inspection ID: MON-0031872

Date of inspection: 16/06/2021

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge made contact with the General Operations & Maintenance Department to arrange for a plan to be put in place to address all concerns regarding the standard of the premises. A plan is now in place to ensure the upkeep of the premises externally. Compliant by: 31st August 2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge arranged with the General Operations & Maintenance Department for a clean-up of the outdoor area of the premises to be carried out. Clarification sought by the Person in Charge through the General Operations Management Department related to the external painting of the house. The responsibility lies with an external agency who intend to seek funding for external painting. Compliant by: July 2022 pending funding.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge and staff team will arrange consultation with the necessary professionals to review the protocols in relation to prescribed medications in order to ensure that the designated centre has appropriate practices relating to all medicines prescribed are administered as prescribed to the resident. Compliant: 31st July 2021</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge and staff team will carry out a review of all personal plans, to ensure the effectiveness of the plan and engage with the resident's representatives to include their involvement. Compliant by: 15th August 2021</p> <p>A protocol of the reviewing process will be implemented by the Person in Charge to ensure each resident's personal plan is reviewed at least annually, or as required to ensure the resident's maximum participation is upheld through a person centered manner. Compliant by: 30th September 2021</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge will arrange a review with the staff team to ensure all health care plans consist of appropriate details to guide staff on the care and support required for all health care conditions.</p> <p>The Person in Charge will arrange an education piece and guideline for all staff related to</p>	

the care required pre & post seizures.

Compliant by: 31st August 2021

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Person in Charge will arrange a review with necessary multidisciplinary team and the resident's representatives to ensure where intervention are in place and deemed as restrictive practices that the least restrictive procedures are used for the shortest duration necessary.

Compliant by: 31st October 2021

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	31/07/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place	Substantially Compliant	Yellow	31/08/2021

	to address any concerns regarding the standard of care and support.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/07/2021
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	15/08/2021

Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	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 necessary, is used.	Substantially Compliant	Yellow	31/10/2021