



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:	Announced
Date of inspection:	27 April 2022
Centre ID:	OSV-0005478
Fieldwork ID:	MON-0027996

About the designated centre

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

The designated centre comprises two attached but self contained apartments location near to the local town. Full time residential services are provided from the designated centre to two residents with intellectual disability. Each apartment includes kitchen and living areas, bedroom and bathroom facilities, and there is a pleasant back garden area, and parking for several vehicles to the front. The centre provides 24 hour support with both waking and sleepover night staff and the staff team comprises nursing support, social care workers and support workers. The residents can access a number of local amenities including, shops, restaurants, leisure facilities.

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 (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 27 April 2022	10:30hrs to 16:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

The designated centre had been recently reconfigured to provide customised individual services for two residents. The centre comprised two semi-detached apartments and each resident had the sole use of their apartment. They had both moved into this new arrangement late in 2021, and there had been significant improvements in their quality of life as a result, particularly because they each preferred not to share their home, or to share their staff team with other residents.

All efforts had been made to ensure a smooth transition for residents into their new home. Detailed transition plans were presented to the inspector, which included visual planners and photographs to support residents in this change in living arrangements. Some staff members who were familiar with the care and support needs of the residents had transferred with them to their new home.

There was easy read information strategically placed throughout the centre, including information about the COVID-19 pandemic, notice boards with information about the staff on duty and the schedule of activities.

On the morning of the inspection both residents were out taking part in individual activities, but had been made aware that an inspector would be visiting their home. Each apartment was entirely self-contained, had a kitchen and living area, a bedroom and bathroom. The apartments were nicely furnished and decorated, and individual possessions were evident throughout. There were personal photographs, and items for residents' hobbies. One of the residents was becoming interested in gardening, and there was a flower bed and potted plants in the garden area, together with a pleasant seating area, and an individual smoking area for one of the residents. Each resident had chosen the décor and furniture for their apartment. There were two vehicles for their use, and the occupational therapist and positive behaviour specialist were both involved in sourcing a more appropriate vehicle based on the needs of one of the residents.

Residents had been encouraged and supported to be involved in decisions about the operation of the designated centre. Easy read contracts of care had been developed, and residents had signed these themselves.

Residents returned home from their activities at lunch time. One of them indicated very clearly that they did not wish to meet the inspector, or to have them in their vicinity. The other resident allowed the inspector to make a brief visit over lunch. The remainder of the inspection was conducted at a distance from the residents in the attached office area, in order to respect their wishes.

The inspector therefore made discreet observations, reviewed documentation and

spoke to staff about the care and support of residents. Staff were observed to be communicating effectively with residents, both verbally and via the use of pictures of items and social stories. One of the residents had difficulty hearing and was reliant on lip reading. The person in charge had sourced transparent masks so that staff could both adhere to public health guidelines, and maintain open communication with the resident.

Residents were observed to respond well to staff, all of whom were familiar to them. There was documented information in relation to the reduced incidents of behaviours of concern following the move to the residents' new home, and an associated increase in opportunities for residents, both in their home based activities and their access to the community.

Overall, the inspector found that residents were supported to have a good quality of life, and that their circumstances were much improved following their transition to this designated centre. The systems and arrangements that the provider had put in place ensured that the residents were supported and encouraged to choose how they wished to spend their time and that they were involved as much as possible in the running of their home.

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

Capacity and capability

There was a clear management structure with established lines of accountability. The person in charge had oversight of the centre, and reported to an area manager and, in turn to the regional director. There was a formal reporting arrangement whereby, the regional director received a monthly report on the management of the centre, and the care and support offered to residents. There was clear evidence of oversight from senior management through to local management.

Both six monthly unannounced visits on behalf of the provider and an annual review had been completed in accordance with the regulations. The annual review included reference to eliciting the choices of residents and hearing their voices and detailed information about the involvement of the families or representatives of residents. Overall it was a detailed and meaningful document giving a clear overview of the service, including both those aspects of care delivery that were effective, and those areas that required improvement. An action plan based on the findings of the annual review had been developed, and actions were either complete within the determined timeframes.

A suite of audits had been undertaken in accordance with the policy of the organisation. The outlined timeframe of the organisation had been adhered to, and audits of various issues including healthcare, communication, fire safety, medication

management, person centred plans and the personal finance of residents. There was also a detailed audit of infection prevention and control. Each of these processes resulted in an action plan, and these actions were either complete or within their agreed timeframes. In addition, 'spot checks' were regularly conducted, and any associated actions had been completed.

Regular meetings were held at each level throughout the management structure, and it was clear that learning was shared by these processes. For example, monthly staff meetings were held during which all aspects of care and support to residents was discussed, including any restrictive practices. The minutes of these meetings indicated that a meaningful discussion took place, and that improvements were made as a result. Any staff who were not present at the meeting were required to sign the record to indicate that they had read and understood any required actions.

Staff numbers and skills mix were appropriate to meet the needs of resident. Only familiar staff supported residents, and where familiar staff members had transitioned with residents, they were only phased out when other staff had become known to the residents.

The person in charge had clear oversight of staff training, which was found to be up to date. A training matrix was presented to the inspector which indicated the due training dates for all staff. A sample of staff records was examined by the inspector, and all required certificates were available.

Formal staff supervisions were undertaken regularly, and records maintained. Performance reviews were undertaken on an annual basis, with the facility to increase the frequency of these if necessary. All staff engaged by the inspector were knowledgeable in relation to the support needs of residents, and responded confidently to any questions put to them.

Registration Regulation 5: Application for registration or renewal of registration

All required documentation had been submitted with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant
Regulation 15: Staffing
There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.
Judgment: Compliant
Regulation 16: Training and staff development
Staff were in receipt of all mandatory training 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 and robust systems to monitor the quality of care and support delivered to residents.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose included all the required information and adequately described the service.
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 which was available in an accessible version.
Judgment: Compliant
Regulation 4: Written policies and procedures
All the policies required under Schedule 5 were in place and had been reviewed within the required timeframe.
Judgment: Compliant
Quality and safety
<p>Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that promoted and respected the rights of residents.</p> <p>Comprehensive assessments of residents' health and social care needs had been completed and regularly reviewed. Residents had access to members of the multi-disciplinary team in accordance with their needs.</p> <p>There were detailed personal plans in place for each resident which included their transition plans, and had been further developed to ensure the maximising of each residents' potential. The plans included a 'personal profile' which gave a brief overview of the residents' needs and abilities, and informed detailed plans of care in healthcare, behaviour support and personal goals. Where goals had been curtailed during community restrictions, there were plans in place to re-introduce residents to</p>

community activities. Goals had been agreed with residents with emphasis on their history of institutional care, with a view to increasing their community presence and increasing their opportunities.

Communication had been identified as being an area where residents required support, and communication plans were detailed and clearly identified guidance for staff. Staff were observed to be communicating with residents while respecting their boundaries.

Behaviour support plans had been updated to reflect the changed circumstances of residents. Staff had received training in positive behaviour support and on-site training in the individual needs of each resident. They could describe the interventions outlined in the plans, and the inspector observed strategies being implemented during the course of the inspection.

Where there were restrictive interventions in place, these were based on a thorough assessment. A register of restrictive practices was maintained and regularly reviewed. It was clear that any interventions were the least restrictive to mitigate the identified risks, and that their purpose was to maximise the opportunities for residents to lead a meaningful life. The use of any restrictive practice was recorded and regularly reviewed.

Healthcare needs were responded to appropriately, and plans of care had been developed. These documents included detailed guidance for staff, and were regularly reviewed. Health screening had been sourced and provided for residents. Health promotion had been introduced to residents, for example in relation to smoking cessation, and social stories had been developed to assist understanding.

Infection prevention and control was given high priority in the designated centre, and all current public health guidelines were being implemented. Risk assessments were in place, and audits of infection control were undertaken. Cleaning checklists had been maintained, including additional enhanced cleaning schedules.

Various fire safety precautions were in place, including fire safety equipment and self-closing fire doors. A detailed personal evacuation plan was in place for each resident, these included the additional needs of a resident with hearing impediment. Staff could readily describe the actions they would take in the event of an emergency. Regular fire drills had been undertaken, including night time drills. The documentation of these fire drills, together with discussion with staff members, demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency.

There was a risk register in place which included all identified risks, including risks individual to residents. Each identified risk had an associated risk assessment and management plan, each of which had been developed in liaison with the relevant members of the multi-disciplinary team. There was a system for the recording and reporting of any accidents or incidents which included documentation of any learning, and evidence that this learning had informed changes to ensure the safety of residents.

Overall the provider had ensured that residents' needs were met, and that their quality of life had been improved by their moving to this designated centre.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

Regulation 27: Protection against infection

Effective infection prevention and control measures were in place, in accordance with current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of

an emergency.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare and social care plans, which had been regularly reviewed.
Judgment: Compliant
Regulation 6: Health care
Healthcare and health promotion were well managed.
Judgment: Compliant
Regulation 7: Positive behavioural support
Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.
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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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