Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Unannounced
Date of inspection:	31 May 2024
Centre ID:	OSV-0005478
Fieldwork ID:	MON-0038265

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 and leisure facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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
Friday 31 May 2024	10:30hrs to 15:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards.

The two residents living in this designated centre each had their own self-contained apartment, and as the inspector arrived, one of them was making their way out to their individual garden area which had seating and plants and was for their sole use. The resident was chattering to staff in their own way, and staff were responding to their conversation.

The inspector had met the two residents on the previous inspection, when they were only newly admitted to this individualised service which had been identified as being required to meet their needs. The inspector observed an improvement in the presentation of the residents, who now appeared to be very settled and comfortable. In particular, one resident had been very anxious around the inspector's visit on the previous occasion, and chose not to have them go into their apartment. This time, however, they welcomed the inspector into their garden and apartment, and told the inspector the whole story about having had their bloods taken, using a mixture of gestures and vocalisations which the staff interpreted.

The residents' apartments were furnished and decorated as they chose, and their personal items and belongings were evident. There were family photographs and soft toys. One of the residents had been identified as needing covers on radiators and sharp corners for their safety, and these had been made in an unobtrusive way that blended into their chosen decor so as to be barely noticeable.

Staff described to the inspector the ways in which they supported the residents to both maintain their independence and also to increase their opportunities. One of the residents had been supported by staff to visit their family home for the first time in many years, and there were plans for the next visit to be an overnight stay.

Residents were supported to be involved in their local community as much as they chose, and one of them had entered a local competition and won a prize. The staff pointed out the cup and spoke to the resident about it, and the resident was visibly very excited about their achievement.

Communication with residents was given high priority, and staff were seen to be communicating effectively with them. Staff were familiar with the residents and appeared to understand their expressive communication, which was individual to each of them. Staff outlined several examples of residents using gestures or facial expressions, for example one of the residents used the lamh sign for bed when they wanted to return home from an outing.

As part of the preparation of the annual review of care and support of residents, the views of the families of residents had been sought. Comments from the families

indicated that they thought that there was a good quality of care and support in the centre, and that communication with them had improved over the year. There had also been other compliments recorded, including compliments about the care offered to the residents.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

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 clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was a regular presence in the centre and was involved in the monitoring and oversight of care and support.

There was a competent and consistent staff team who were in receipt of relevant training for the most part, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised by the person in charge.

There was a clear complaints procedure which was displayed as required and had been made available in an easy-read format.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre.

Whilst the person in charge had responsibility for two other designated centres, making a total of ten residents, they had full time team leader support in the other two centres, and a one day a week team leader support in this designated centre.

It was clear both from discussion with the person in charge, and from the findings of this inspection that this arrangement provided the required monitoring and oversight

of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents, each of whom had one-to-one staffing support. A planned and actual staffing roster was maintained as required by the regulations. The inspector spoke to two members of the staff team and the person in charge, and found that they were all knowledgeable about the support needs of residents, and their roles in providing this support.

It was important to both residents in this designated centre that the staff supporting them were familiar to them, so the person in charge had ensured a consistent staff team. Where a new member of staff had joined the staff tea, they were 'shadowing' an established staff member until the resident became accustomed to them. It was clear that the management of staffing was done in accordance with the needs of residents.

As staff files were maintained in the organisation's offices and not in the centre, they were not reviewed by the inspector on this occasion. However, the human resources department submitted written confirmation that all the documents required under Schedule 2 of the regulations were in place.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up-to-date, and additional training had been undertaken by staff relating to the specific needs of residents, for example on-site training had been provided in Lamh communication, in the management of a nebuliser, and in the management of dysphagia.

However, not all staff had received training in either first aid or CPR, and the inspector was concerned, given the support needs of the residents, as to whether staff would have the required skills to manage an emergency situation whilst waiting for emergency services.

Staff supervision conversations were held with each staff member three times each year, and a record was maintained of the discussions. Staff said that they found this process to be supportive, and that they could raise any issues of concern, both at these discussions, and at any other time.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. Both of these processes were detailed and reviewed all aspects of the operation of the designated centre. The report of six-monthly visit included evidence to support the findings, and identified any required actions. The inspector reviewed three of the identified actions and found them to have been completed within the required timeframe.

There was a monthly schedule of audits in place and each had been completed in accordance with this schedule. The inspector reviewed the recent audits of restrictions, activities, risk management and staffing. The person in charge prepared a monthly governance report which was submitted to the area director. Whilst the records of the monthly audits comprised a list of questions that were ticked off by the staff member, the findings were in accordance with the findings of this inspection, and the reports of the six-monthly unannounced visits included detailed evidence to support the findings, The inspector was therefore assured that the monitoring processes were effective.

Regular staff meetings were held, and a record was kept of the discussions which included the care and support of residents, team communication, restrictions and the management of finances. A record of attendance was maintained, and any staff unable to attend were required to sign the record to say that they had reviewed the minutes. There was also a detailed handover at the change of each shift, both written and verbal.

Any accidents and incidents were reported and recorded in accordance with the organisation's policy. The records reviewed by the inspector included a detailed description of the event, an account of the staff response and the outcome. Where incidents related to behaviours of concern, the reports were reviewed by the positive behaviour support team.

The inspector was assured on reviewing these systems that there was effective monitoring and oversight in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The required notifications were submitted to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy-read version. There were no current complaints, however the procedure outlined the steps that were required to resolve any issues raised, and the process of escalation should there be any complaints that could not be managed locally.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met.

The residents was observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Both healthcare and social care were effectively monitored and managed.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency,

There were robust risk management systems in place, and risk management plans were in place to mitigate any identified risks.

The rights of the residents were well supported, and given high priority in the designated centre.

Regulation 10: Communication

Staff were familiar with the ways in which residents communicate, and the inspector observed this in practice during the course of the inspection. Staff explained what certain gestures and facial expressions meant, and were observed to respond to these communications. For example, one of the residents approaches staff with the remote control if they want the tv on. Staff had received training in Lamh to enable them to communicate more effectively with one of the residents who used this method.

There were various strategies in place to aid communication, including a communication board in one of the resident's living room, which they checked daily for information such as which staff member was on duty. There were various pictures in use so as to assist the resident to know what was happening next, and to indicate their choices.

Easy-read information was had been made available to residents in relation to various topics, including any required restriction, how to make a complaint and any medical interventions that might be required.

Assessments had been conducted in relation to the ways in which each resident expressed discomfort, pain or changes in emotional well-being, and staff could describe these methods of communicating. There was also a 'communication passport' in place for each resident which was very detailed, and included information such as what a resident meant when they closed their eyes briefly, or if they pointed to their toes. It was also documented that if they pointed to their leg while pulling a face, it meant that they did not want to get out of the car, and all of these strategies indicated that there was effective communication with residents in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The residents each lived independently from each other in what is, essentially, an individualised service for each of them. This arrangement had been put in place to meet their individual assessed needs, and it was clear that there were positive outcomes for each of them due to this arrangement.

Residents were involved in various activities of their choice, both in their home and in the community. One of the residents preferred to have take-out meals as a treat

rather than go out to eat, and enjoyed baking and crafts at home. The resident had their own routine whereby they went out to the shops every morning, and chose activities such as going to the park or other quiet community facilities where they enjoyed people watching.

The other resident enjoys outings such as going to the zoo and various music shows. Staff who had known this resident for a long time described significant changes and improved outcomes since the resident moved to this designated centre.

Residents were supported to visit their friends and families, and to have breaks away if that was their preference. They were involved in their community in various ways, for example they had sold some of their arts and crafts at a local fayre, and used the money raised for a social occasion which they had enjoyed.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks. Local and environmental risks managed under this system included the location of the property and access to it, the risk associated with fire, and staffing levels. Where a new risk had been identified, a risk assessment had been completed and a management plan developed, and the risk had been completely mitigated.

Individual risk assessments included the risk relating to health issues, medication refusal and unsteady gait. Each of the identified risks had a detailed risk management plan outlining the guidance to staff to mitigate the risk. Each of these management plans was regularly reviewed, and staff could describe their role in implementing them.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. There was a fire alarm which included flashing lights to support one of the residents who had a hearing impairment.

Regular fire drills had been undertaken, and there was an up-to-date personal

evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. These plans were regularly reviewed any required changes made. For example, where maintenance was required on the back door of one of the apartments, the PEEP had been updated to ensure a safe evacuation if required.

All staff had received training in fire safety, and staff members could describe their role in ensuring the safety of residents. It was evident that staff could safely assist residents to evacuate in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was good practice in relation to the prescribing, dispensing and administration of medications. There was safe storage of medications, and the staff described the practice of administration of medication for one of the residents, which was in accordance with best practice and also with the particular needs of the resident, who indicated by gestures when it was time for their medication.

Staff were in receipt of current training in the administration of medications and discussion with staff indicated a detailed knowledge of the medication of each resident, including the purpose of each in relation to the assessed needs of the resident.

Three were clear protocols in relation to any 'as required' medications which had been signed off by the GP, the nurse and the person in charge. As these medicines were supplied loose rather than in the blister packs of the regular medication, the inspector checked the balance of stock of one of them and found it to be correct.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed and there were detailed care plans in place in relation to any identified healthcare needs.

Care plans were in place for the management of epilepsy for one resident, and this plan included detailed guidance in the management of a seizure, together with directions for staff in the monitoring and management of the condition. Another care plan related to the breathing of a resident with reference to smoking, and again was very detailed and included guidance in relation to health promotion.

Residents had access to various members of the multi-disciplinary team (MDT)

including the speech and language therapist who had made recommendation in relation to eating and drinking.

Age appropriate healthcare screening had been offered to residents, some of which had been completed, and some of which residents chose to only partly undertake. Their wishes in this regard were respected, in liaison with heir general practitioner (GP).

The inspector reviewed the end-of-life care plan for one of the residents and found it to be a respectful and caring document, which was based on the wishes of the resident.

Staff were familiar with the healthcare needs of residents and could describe their role in implementing the care plans, and the inspector was assured that this aspect of care and support was well managed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on an assessment of needs. There was step by step guidance in these plans as to how staff should respond to various presentations of residents. The behaviour support specialist regularly attended the centre and reviewed the behaviour support plans as required.

Any restrictive practices which had been found to be necessary to ensure the safety of residents were based on a detailed assessment and the documentation included a detailed rationale for each, and were the least restrictive available to manage the identified risk.

A log of restrictive practices was maintained, which clearly identified each restriction, and there was biannual oversight of all interventions by the 'restrictive practices review committee. Residents had consented to restrictions, and where one of the residents did not consent to wearing a safety harness in the car, and alternative that they did consent to had been sourced.

The inspector found from discussion with staff and from a review of the records, that there had been significant reduction in the frequency of behaviours of concern since the residents had first moved into the designated centre, and that their quality of life was improved because of this.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights and in assisted decision making. The person in charge outlined a new training that has been developed by the organisation in relation to restrictive practices and human rights, which was to be rolled out to all staff.

Residents were consulted with regularly via individual discussions, and a record of the consultation was maintained. Issues discussed included contact with family and friends, safety and management of individual finances.

Various strategies were in place to ensure that the rights of residents were respected. For example, there was a particular individual visitor's policy for one of the residents to assist their choice in whether or not to accept a visitor. Where one of the residents required some maintenance work in their apartment, this was scheduled and completed while they were away to reduce any anxiety around the process.

Advocacy services had been made available to residents, and one of them had availed of this service prior to their transition to this centre.

Overall it was evident that residents were treated with respect, and that all efforts were made to ensure that their voices were heard and their choices accommodated.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 19: Directory of residents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullaghmeen Centre 3 OSV-0005478

Inspection ID: MON-0038265

Date of inspection: 31/05/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training records have been reviewed by the Person in Charge and identified training has been arranged and scheduled to be completed by two staff. The PIC will continue to review the training records on a monthly basis. Action to be completed by 30th August 2024	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/08/2024