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:	Muinin
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	15 November 2021
Centre ID:	OSV-0007846
Fieldwork ID:	MON-0031716

About the designated centre

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

Muinin consists of three bungalow type residences located on a campus setting on the outskirts of a city. Two of the bungalows can provide a home for five residents each. The third bungalow is divided into two apartments with one resident living in each apartment. Overall the centre can provide full-time residential care for a maximum of 12 residents over the age of 18 of both genders with intellectual disabilities. Each resident in the centre has their own bedroom and other facilities throughout the centre include bathrooms, dining/living areas and kitchens amongst others. Residents are supported by the person in charge, nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Monday 15 November 2021	06:55hrs to 10:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The two residents met during this inspection were seen to be comfortable in the presence of the staff supporting them while one of the residents indicated that they liked living in the centre. It was seen though that the premises provided for one resident was small while other aspects of the premises required further maintenance and decoration.

This designated centre was made up of three bungalows all of which were located in close proximity to one another on the one campus. During a previous inspection in April 2021, HIQA visited one of these bungalows and at the time of the current inspection, another of the bungalows was vacant as some premises and fire safety works there had recently commenced. As such during this inspection the remaining third bungalow was the only bungalow visited. This particular bungalow was subdivided in two with one resident living on either side each with their own entrance. During this inspection both of these residents were met in their homes.

As this inspection commenced early in the morning, the inspector spent the initial period of the inspection in an office building on the campus speaking to some of those involving in the management of the centre. When the inspector was preparing to visit the bungalow, the person in charge phoned ahead to see if residents were available to meet the inspector given the time. When the person in charge made this initial call it was overheard that one resident answered the telephone themselves and it was indicated that the inspector could come to visit this resident. A call was made also for the other resident but it was indicated by staff that this resident was not ready to see the inspector at the time.

Following this the inspector went to see the first resident in their side of the bungalow. One staff member was supporting the resident at this time as they prepared for breakfast although a second staff arrived shortly after to assist. The resident seemed calm and relaxed in their environment while it was also observed they were comfortable with both staff members present. The resident indicated to the inspector that they liked their home and liked doing jigsaws. One of the staff members supporting the resident indicated to the inspector that resident also did swimming and art therapy regularly while also going on trips to nearby towns and doing shopping at the weekends.

The resident had been on one of these trips the previous weekend and had used this as an opportunity to buy Christmas presents for some family members which the resident showed to the inspector. Family was clearly very important to this resident and it was indicated by a staff member that the resident enjoying receiving visitors in their home and had recently received a visit from a family member. Pictures of some of the resident’s family members were on display in their home along with art works completed by the resident.

A photograph of the resident in a Halloween costume was also pointed out to the

inspector and he was informed that the resident had won a recent competition with this costume. In the hall area of the resident's home, it was observed that achievement awards received by the resident were on display for competing in an Easter colouring card competition and for using Zoom. These contributed to a homely feel and it was clear from the various items on display in the resident's home that it had been personalised to their interests.

Despite this it was clear that parts of this resident's home needed further maintenance and decoration. For example, there were gaps in the ceiling from previous appliances that used to be there and a gap was noted between the flooring and the wall in the living room. While efforts were being made to keep the resident's home clean with cleaning seen to be carried out by a staff member while the inspector was present, some improvement was also needed in this regard. In particular the inspector observed a weighing scales in the bathroom that required cleaning.

It was also apparent that the resident's home was very small. The resident had some mobility needs and used a walking aid at times. While the resident was seen to mobilise in their home by the inspector with grad rails available in the hall area, a numbers of marks on doors and doorframes from their walking aid were evident. In addition, it was seen that the resident's walking aid was stored in the bathroom of their home while the kitchenette provided for the resident was very confined. When the inspector was leaving this resident's home they were working on a jigsaw and were focused on this.

Later during the day, the inspector was informed that the resident on the other side of the bungalow was ready to see him. As such the inspector returned to the bungalow and entered via this resident's side. Upon initially entering it was seen that resident was being supported by two staff members to have a meal. This was carried out in an unhurried manner and after finishing the inspector met the resident in the presence of the staff members on duty. The resident did not engage directly with the inspector during this time.

It was noted though the resident seemed comfortable with the staff members present and while the inspector was in their home staff were observed to support the resident and their requests. For example, at one point the resident came to staff and indicated they wanted to go to their bedroom which the resident was supported in doing. Shortly after the resident came out of their bedroom and requested a pair runners which were also given to the resident by one of the staff members supporting them in their home.

The inspector also observed the resident's home which, compared to the other resident's home, was seen to provide more space while it was noted that efforts were being made to create a sensory room from a room that was previously used primarily for storage. However, again it was seen that further maintenance and decorations were required. For example, in the kitchen some areas on the wall were seen where some cables had been previously but these had not be painted over. The proposed sensory room also required painting and a storage chest was seen in

there that required cleaning.

In summary, the two residents living in the bungalow visited by the inspector had different amounts of space provided to them for their living environments, both of which required further maintenance, decoration and cleaning in some aspects. Staff members on duty were seen to interact with residents appropriately and both residents were observed to be comfortable in the presence of these staff members.

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 on the quality and safety of the service being delivered.

Capacity and capability

Works to improvement fire safety systems in one of the three bungalows which made up this designated centre had commenced. However a plan to improve fire safety systems in this bungalow and another bungalow had encountered delays throughout 2021.

This designated centre was based on a campus setting and had only been registered in its current form since January 2021. The designated centre received its first inspection in April 2021 where only one of the centre's bungalows was visited. The purpose of the current inspection was primarily to review progress with some actions arising from the April 2021 inspection and to explore aspects of the management structures in place for this designated centre at night. One bungalow of the centre was visited during this inspection which had not been visited during the April 2021 inspection.

As part of the registration of the designated centre, it had a restrictive condition which required the provider to complete fire safety upgrades across buildings on the overall campus including two bungalows of this designated centre. In line with this plan the first of these two bungalows had vacated in September 2020 with a view to completing works there by March 2021. Updates received from the provider in early 2021 suggested that delays had been encountered with concerns also raised regarding the resources available to carry out the overall plan.

During the April 2021 inspection, it was confirmed that works on the first bungalow had not commenced. In the compliance plan response to this inspection, the provider indicated that the works would commence in this bungalow by the end of May 2021. The works did not commence until November 2021 which were seen to be underway at the time of the current inspection. It was indicated to the inspector that it was expected that these works, which would see improvements to fire safety and a change to the layout of the bungalow, would take up to three months to complete.

Further updates received from the provider throughout 2021 had continued to highlight resource concerns around the overall plan and given the delays encountered it was unclear when the other bungalow of this centre which required fire safety upgrades would have these completed. This situation remained unchanged at the time of this inspection although it was noted that the provider had suggested another plan in response to such matters but further details were required about this. This was to be the subject of further engagement between the provider and HIQA following this inspection.

Aside from this matter, this inspection was also used to review aspects of the management of this designated centre at night. While a person in charge was in place for the centre, only staff that worked in the centre during the day time reported to and were supervised by the person in charge. Night-time staff reported to night duty clinical nurse managers (CNMs) with one such CNM being on duty each night. Supervision of night staff was to be carried out either by the night CNMs or by other delegated staff. When on duty at night the CNM present oversaw all five designated centres (including the current centre) on the campus while also offering clinical support to other designated centres operated by the provider in the Limerick area.

It was found that some links were in place between the management arrangements for day and night. These included daily handovers between management and a meeting that held every two weeks involved those from the day and night management of the campus overall. It was also noted that both the person in charge of this designated centre and the night duty CNMs reported to the same person who was directly involved in the management of the centre. This reporting and organisational structure was outlined in the centre's statement of purpose which is an important governance document in setting out the services to be provided to residents.

When reviewing the centre's statement of purpose, it was noted that reference made to there being staffing in place on a 24-hour basis. During the inspection it was highlighted that at night there was no staff assigned to work at night in either side of the bungalow which the inspector visited. To mitigate potential risks related to this, staff from another bungalow would check periodically on these residents while motion sensors were also installed to alert if any of these residents got up at night and needed assistance. Such measures were identified as control measures on risk assessments that the provider had carried out related to such matters. Despite these measures, it was noted that the risks related to these staffing arrangements had been assessed as higher risks for these residents. The inspector was informed that night rosters were in the process of being reviewed.

When reviewing records related to staffing it was also noted that a high number of different staff had worked in this centre since the April 2021 inspection. This posed challenges to ensuring a consistency of staff and a continuity of care. Given the campus setting which this designated centre was based on efforts were being to have certain staff assigned to this designated centre only which would be important in reducing the potential of any spread of COVID-19 in light of the ongoing pandemic. However, when reviewing rosters the inspector did note some occasions

at night where some staff had worked across different centres in quick succession. For example, one staff member was indicated as working in this centre and two other centres on the campus at night in the space of five days.

Arrangements were in place for staff members to received supervision and it was indicted to the inspector that formal supervision was to take place quarterly. Taking into account documents that were reviewed during the inspection and additional information that was provided in the days following this inspection, there was evidence that such formal supervisions were taking place. It was noted though that there were times during 2021 for both day and night staff when they had not received formal supervision for over three months. It was indicated to the inspector though that informal support was provided to staff regularly.

Regulation 15: Staffing

From records reviewed it was clear that a high number of different staff had worked in this centre in recent months. While the centre’s statement of purpose indicated that there was there was staffing in place on a 24-hour basis, during the inspection it was found that at night, one bungalow where two residents lived did not have staff specifically assigned to that bungalow.

Judgment: Not compliant

Regulation 16: Training and staff development

Formal supervision had taken place for staff during 2021 although some gaps were observed in the frequency of such supervisions.

Judgment: Substantially compliant

Regulation 23: Governance and management

Taking into account delays in progress an overall fire safety plan, which impacted some of the bungalows of this designated centre, and aspects of the staffing arrangements in place, HIQA were not assured that this designated centre was appropriately resourced in all areas.

Judgment: Not compliant

Quality and safety

There continued to be inadequate fire containment measures in some bungalows of this centre while the premises provided for residents to live in required improvement.

As highlighted elsewhere in this report, works were required in two of the three bungalows of this centre to improve fire safety. Such works primarily related to the provision of adequate fire containment measures which is important to prevent the spread of fire and smoke while also providing a protected evacuation route. Works on one of these of bungalows had recently commenced and the other bungalow which required fire safety upgrades was visited during this inspection. It was seen that this bungalow did not have sufficient fire containment measures although it was seen that it had other fire safety systems including a fire alarm, emergency lighting and fire extinguishers.

Such equipment was being serviced at regular intervals to ensure that it was in proper working order. Both sides of this bungalow had multiple evacuation points with both residents' bedrooms having exits points from their bedrooms that opened directly to the outside of the bungalow. Fire drills had been carried out regularly with low evacuation times recorded. It was indicated that in the event of a fire at night, the residents living this bungalow would be supported in the first instance by a staff member from another nearby bungalow while support was also to be provided by three designated first responders who could be based in different locations across the campus. Training records provided indicated that all staff had undergone relevant fire safety training.

These records also indicated that infection and prevention control training had been provided to staff in areas such as hand hygiene and personal protective equipment (PPE). Staff members on duty in the bungalow visited by the inspector were seen to wear face masks with supplies of PPE, hand gels and cleaning supplies available in both sides of the bungalow while any visitors were required to sign in and out for the purposes of contact tracing. Cleaning was also seen to be carried out in one side of the bungalow while the inspector was present but as noted earlier there some aspects of the bungalow that need further cleaning. During this inspection a sample of cleaning records relating to some of bungalows of the centre were reviewed and it was noted that there was some recent gaps in the records for one bungalow at night.

Based on other observations made regarding the bungalow visited by the inspector, improvement was required to this premises in areas such as the overall space provided and the general maintenance. During the previous inspection in April 2021, it was highlighted that the bungalow visited then also required improvement in similar areas with communal space in that bungalow noted to be limited given that five residents were living there. During the current inspection the inspector was informed that that bungalow remained unchanged with the same number of

residents still residing there.

Regulation 17: Premises

Issues highlighted regarding the bungalow visited during the April 2021 inspection remained unchanged. In the bungalow visited on this inspection it was seen that improvement was needed regarding the space provided, general maintenance, decorations and aspects of the cleaning

Judgment: Not compliant

Regulation 27: Protection against infection

Training was provided to staff in hand hygiene and PPE. Staff members were seen to wear face masks with supplies of PPE, hand gels and cleaning supplies available. Visitors logs were maintained but some gaps in cleaning records for one bungalow were seen.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Two of the three bungalows that made up this designated centre did not have adequate fire containment measures in place.

Judgment: Not 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Muinin OSV-0007846

Inspection ID: MON-0031716

Date of inspection: 15/11/2021

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 15: Staffing</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:
• Staffing levels are reviewed on continuous basis and we continue to endeavor to provide consistent staffing dayand night whilst also complying with public health requirements relating to covid.
• A full review of the night roster will occur in January 2022.
• Risk assessments are in place in relation to unstaffed apartments at night with mitigation in place that have been working effectively todate.
• PIC will review the SOP to ensure unstaffed apartments are reflected correctly as well as outlining the mitigations in place to ensure the safety of residents at night.</td></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• Formal support & supervisions continue throughout the centre by Day.
• The PIC/Night Managers will ensure to address the gaps noted in respect of support and supervision at night.
• In future the status of night staff supervision will be monitored by the PIC on a quarterly basis with the Night manager.</td></tr>
</table>

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Staffing levels are reviewed on continuous basis and we continue to endeavor to provide consistent staffing whilst also complying with public health requirements relating to covid.
• A full review of the night roster will occur in January 2022.
• ADON has fortnightly meetings with Night Managers. Any issues with night rosters are discussed at this and communicated to the PIC. The last meeting was 01/12/2021
• Risk assessments are in place in relation to unstaffed apartments at night and they include mitigations to ensure the safety of residents. These have worked effectively todate.
• PIC will review the SOP to ensure unstaffed apartments are reflected correctly with the relevant mitigations included to ensure the safety of residents.
• MDT held 01/12/2021 for PSS in Cedar Drive 3, where the PIC highlighted the need to reduce the numbers of residents from 5 to 4. This will be referred to the AMT meeting so that if a suitable vacancy arises this request can be facilitated in line with the organisations protocol for supporting the filling of vacancies.
• A revised capital upgrade plan was presented to HIQA on 19th November and a detailed report, in line with this presentation, will be submitted to HIQA by 21st December 2021.
• Cedar Drive 1 fire safety and heating upgrade works commenced on 02/11/2021. It is anticipated this work will be completed by 30th June 2022.
• There is a system in place for addressing maintenance issues as they arise. These are prioritized by the person in charge and are scheduled in consultation with facilities management.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• A revised capital upgrade plan was presented to HIQA on 19th November and a detailed report, in line with this presentation, will be submitted to HIQA by 21st December 2021.
• Cedar Drive 1 fire safety and heating upgrade works commenced on 02/11/2021. It is anticipated this work will be completed by 30th June 2022.
• There is a system in place for addressing maintenance issues as they arise. These are prioritized by the person in charge and are scheduled in consultation with facilities

management.
• A deep clean occurred of Cedar Drive 2 and apartment 2a on 17/11/2021.
• Apartment 2a has been de-cluttered in line with PSS wishes.
• MRF (maintenance request form) was completed on 01/12/2021 to finish the paint works in the sensory room in Cedar Drive 2.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• The gaps in the cleaning records have been addressed with the managers on night duty and the PIC.
• All staff have been reminded of the importance of completing all relevant documentation.
• The PIC will continue to complete the monthly Infection Prevention and control walkabout and address any arising issues immediately.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• A revised capital upgrade plan was presented to HIQA on 19th November and a detailed report, in line with this presentation, will be submitted to HIQA by 21st December 2021.
• Cedar Drive 1 fire safety and heating upgrade works commenced on 02/11/2021. It is anticipated this work will be completed by 30th June 2022.
• There is a system in place for addressing maintenance issues as they arise. These are prioritized by the person in charge and are scheduled in consultation with facilities management.
• First Responders training has been completed with relevant staff.
• All fire evacuations are now completed in full.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately

assure the chief inspector that the action will result in compliance with the regulations.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	28/02/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	28/02/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2022

Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/05/2023
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.	Not Compliant	Orange	31/05/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/05/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2023
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	01/12/2021

	ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2023