



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

Issued by the Chief Inspector

Name of designated centre:	Mulhussey
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	10 January 2025
Centre ID:	OSV-0002967
Fieldwork ID:	MON-0040809

About the designated centre

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

Mulhussey designated centre, operated by St. John of God services is located in the countryside in Co. Meath and provides care and support to four adults with disabilities. The property comprises of a two-storey house with two sitting rooms, a dining room, two bathrooms, a large kitchen area and two offices. Each resident has their own private double bedroom. There is also a separate day activation unit to the side of the house where residents can engage in recreational and learning activities that they enjoy. The property is surrounded by large garden areas and grounds with the provision of adequate private parking facilities. Residents are supported on a 24/7 basis by a person in charge, a team of social care workers and healthcare assistants. The service has access to two modes of transport so as to support residents with the community-based activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Friday 10 January 2025	08:45hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. The findings from the inspection were positive overall, but some areas required improvement, and it was found that the provider had not addressed all actions from the previous inspection in 2023. Of the 11 regulations reviewed, one was found to be non-compliant, three were found to be substantially compliant, and seven were found to be compliant with the regulations. The most concerning issues relate to the state of disrepair in the residents' home and the fact that the provider had not addressed issues in the main bathroom despite this issue being identified in 2022.

The person in charge introduced the inspector to all of the residents. Some of the residents communicated non-verbally with others using limited verbal communication. There was a well-established staff team who knew the communication needs of the residents well, and in addition there were guidance documents on how to support positive communication with them.

The inspector met two of the residents in the activity building on the grounds of the service. One of the residents was relaxing, and another was baking with a staff member. The residents appeared at ease in their interactions with the staff member and the person in charge. The activity room was well resourced, with a kitchen and a sensory space for residents to use if they wished.

The inspector was introduced to the other two residents in the afternoon; one resident chose not to interact with the inspector, and the second resident was engaging in their preferred relaxation activity and also decided not to interact with the inspector.

The review of residents' information identified that the residents, when they wished to do so, were engaged in their preferred activities with the support of staff members. One of the residents was attending a day service two days a week, and the other three residents were supported in engaging in activities from their home. Some of the residents required two-to-one staffing support when engaging in activities outside of their home, and there were sufficient staffing levels to allow for this.

The inspector observed the staff members interact with the residents caring and respectfully. As stated above, a well-established team had been working with the residents for a long time. Staff members were observed to understand the resident's non-verbal communication and respond attentively to the resident's needs.

In summary, the inspection found that the residents received a good care standard. The provider's failure to address all actions from the previous inspection did not demonstrate appropriate governance, and management improvements were required.

Capacity and capability

The inspector studied a large volume of information about how the service was managed and how the provider supported the residents. The appraisal found that the provider needed to improve how they responded to actions from inspections and audits.

The service being provided to the residents was being monitored. However, in some cases, for example, ensuring that all aspects of the residents' home was in good repair and that staff had up-to-date training, the provider had failed to appropriately address identified actions.

The review of information identified that the residents were supported in a manner that suited their needs and that a consistent staff team provided care and support to the residents appropriately.

Regulation 15: Staffing

The review of rosters and observations on the day showed that the provider had ensured that staffing numbers and the staff team's skill-mix were appropriate in meeting the needs of the residents. The inspector reviewed the current roster and rosters from September 2024. The comparison of the rosters showed that, a consistent staff team was in place to ensure continuity of care for the residents.

As discussed earlier, a large number of staff members were rostered each day. Residents were supported on a one-to-one basis in their home, but some were supported two-to-one when engaging in community activities, and some required two-to-one staffing during personal care. The review of the rosters showed that the provider had ensured that safe staffing levels were maintained.

In summary, the provider and the person in charge had ensured that a consistent staff team was supporting the residents; the skill-mix of the team and the number of staff supporting the residents each day was also appropriate.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training records of six out of the 10 staff members. This

review identified that some staff members required training in the following areas:

- Cardiopulmonary resuscitation
- Infection prevention and control
- Autism training.

Upon reviewing the records, it was noted that some training had been outstanding for over six months. The inspector also found that the person in charge was actively requesting to add staff members to upcoming training sessions. However, there were delays in the availability of training slots. This situation was affecting the person in charge's ability to ensure that, all staff members had up-to-date training to ensure they could meet the needs of the residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

This service was previously inspected in 2023, and that inspection identified a number of actions. The inspector, as part of this inspection, reviewed those actions. The inspector found that the provider had addressed the majority of the actions however, two areas had not been fully addressed. In particular, the resident's main bathroom still required extensive work. When the inspector reviewed the quality improvement plan for the service, the inspector found that the issues with the bathroom had been identified in 2022 but had still not been addressed. The impact of this will be discussed in more detail later in the report.

The 2023 inspection report also identified that improvements were required to ensure all staff members completed the necessary training. This inspection again found that not all staff members had up-to-date training, which will be discussed in more detail later in the report. Therefore, the provider failed to address all actions from the 2023 inspection fully.

At a local management level, the inspector found that the person in charge had adequate oversight of the service being provided to the residents. Regular audits were conducted, and where required, actions were identified and plans put in place to address them.

Audits being completed included:

- residents' finances
- infection prevention and control
- risk management

· personal plans.

Actions identified in these audits were added to the services quality improvement plan. The inspector reviewed this and saw that the person in charge was progressing actions where possible.

The provider had conducted the required unannounced visits to the service in 2024. Reports had been generated following the visits as per the regulations. The inspector reviewed these and found that there was a clear focus on identifying areas that required improvement and enhancing the service provided to the residents. Actions from these reports were also added to the services quality improvement plan.

In summary, the review of information relating to how the service was managed identified that the residents were well cared for and supported in engaging in what they enjoyed. However, the provider's failure to respond to the issues relating to the main bathroom raised concerns, as the problems had been ongoing since 2022.

Judgment: Substantially compliant

Quality and safety

This inspection found that the provider had improved the residents' home since the 2023 inspection. However, issues were still found with the residents' bathroom. The provider had failed to ensure that the bathroom was suitable to the residents' needs; the damage to flooring and rusting in some areas also posed infection prevention and control risks. These issues will be discussed in more detail later in the report.

In contrast, the review of information and observations found that residents were receiving a service tailored to their specific needs and provided in a way that respected their rights. The residents and the staff team were taking steps to identify what the residents wanted to do, and plans were being implemented to support them in achieving them.

The provider ensured that the residents' health and social care needs were comprehensively assessed, and support plans were developed to guide staff members in providing positive outcomes. The inspection found that guidance documents were created to help staff support the resident in the best possible way.

Regulation 10: Communication

A document called my communication profile had been developed for the residents.

The inspector reviewed two of the residents' information and found the documents captured a basic summary of the residents' communication needs. When reviewing the residents' behaviour support plans, the inspector saw there was additional information regarding the residents' communication. The inspector discussed this with the person in charge, who said they would review this and add it to the communication profiles.

In addition the inspector found that staff were supporting a resident in communicating via a tablet device which was listed as the resident's goal. The inspector found that the staff team regularly encouraged the resident to utilise the device, which was readily available.

In summary, the inspector found that the provider had supported the resident's communication skills.

Judgment: Compliant

Regulation 13: General welfare and development

As mentioned in the earlier part of the report, the inspector found that residents were supported in engaging in regular activities they enjoyed. Social goals had been established for the residents, and the inspector saw photos of the residents going on trips and engaging in a range of activities.

The residents were encouraged as much as possible to choose the things they wanted to do. Some of the residents often decided not to engage in activities outside of their homes, and this was respected by the staff team, with other options offered to the residents.

Judgment: Compliant

Regulation 17: Premises

The 2023 inspection found that the premises required significant improvements; the inspector noted that since that inspection, the provider has installed a new kitchen and flooring and painted the premises. However, at the time of this inspection, the provider had failed to address the issues in the main bathroom used by the residents.

There was damage to the flooring, with the specialised floor peeling away from the lower parts of the wall, allowing water in. This led to bubbles forming, which presented as a potential trip hazard. There were also tears in the flooring and other areas.

Rusting and stains were observed in the showering area. There was a specialised bath in the room with visible rust, and the person in charge informed the inspector that the bath was not fully functional.

While improvements to the residents' home had been made with the addition of sensory spaces and the works mentioned above, the issue with the bathroom had been outstanding since 2022. This did not demonstrate that the provider was taking steps to ensure that all aspects of the premises were well maintained or meeting the needs of the residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

During the review of residents' information and discussions with the person in charge, it was identified that planning and risk assessing before engaging in activities was very important for some residents. Social stories were used to help prepare the residents. The inspector found that the staff team used positive risk-taking to help maintain the safety of residents and allow them to engage in activities outside of their homes.

Risk assessments were developed to capture environmental and social care risks. Risk assessments had been designed for each resident. The inspector reviewed a sample of these assessments for the four residents and found them to identify the risk and the actions staff members should take to maintain their safety. The inspector also found that the risk control measures were appropriate for the level of risk.

The inspector reviewed adverse incidents that had occurred in the service in 2024, and while incidents were happening regularly, the appraisal of information showed that the control measures were effective in stopping incidents from escalating and that the staff team supported the residents and managed the incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The previous inspection identified several infection prevention and control issues. The provider had addressed most of these concerns; however, damage to the surfaces in the residents' bathroom, along with rusting, continued to pose risks, as these areas could not be adequately cleaned.

The inspector noted that the rest of the environment was clean and observed staff

members actively participating in cleaning practices during the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The person in charge had ensured that all staff members had received fire safety training. The inspector reviewed fire evacuation records and found evidence of regular fire drills being completed. They demonstrated that the staff and the residents could be evacuated under day and night scenarios.

The inspector studied a folder that contained all fire safety information; the provider had ensured that the fire detection, containment, and firefighting equipment was in working order and serviced when required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed information for two of the four residents and found that comprehensive assessments of their health and social care needs had been completed. Personal plans had been developed for these residents, which were under regular review and accurately reflected their current needs. Additionally, the inspector examined a sample of care plans designed to guide staff on how to best support each resident. These plans were tailored to the individual needs of each resident and clearly outlined their current requirements. In summary, the inspector was satisfied that appropriate assessments had been completed and that personal plans were in place to capture the residents' needs.

Judgment: Compliant

Regulation 6: Health care

Assessments of the residents' health needs were completed in 2024. The inspector reviewed two of these assessments and confirmed that they documented the residents' medical histories and current health needs. Care plans were developed with a focus on helping the residents maintain their health, and there was evidence that the residents attended medical appointments as needed.

The review of the residents' information demonstrated that their health needs were being regularly assessed, and they were accessing allied healthcare professionals

when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed two of the residents' behaviour support plans. The appraisal showed that the plans focused on understanding the residents' presentation, how to support them to have positive outcomes, why they may engage in the behaviours, how best to help them if they were to do so and how to support them post-incident. The plans were well written and gave the reader clear guidance on supporting the residents.

The inspector reviewed adverse incident reports and found that incidents were well managed by the staff team. There had also been a reduction in the intensity of incidents due to staff members following the behaviour support plans and supporting the residents to have positive outcomes.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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

Compliance Plan for Mulhussey OSV-0002967

Inspection ID: MON-0040809

Date of inspection: 10/01/2025

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>PIC contacted Human Resources department and requested additional dates for training in relation training. Additional dates were scheduled for the Mulhussey team and will be completed on 04 02 25.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staff training: Please see above.</p> <p>Bathroom: PIC liaised with Housing Association and SJOG Director. A plan is in place for the bathroom works to be completed by the end of June 2025.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Bathrooms: PIC liaised with Housing Association and SJOG Director. A plan is in place for</p>	

<p>the bathroom works to be completed in both mentioned bathrooms in Mulhussey by the end of June 2025.</p>	
<p>Regulation 27: Protection against infection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Bathrooms: PIC liaised with Housing Association and SJOG Director. A plan is in place for the bathroom works to be completed in both mentioned bathrooms in Mulhussey by the end of June 2025.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	20/01/2025
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	30/06/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	30/06/2025

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	30/06/2025