



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

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	01 May 2024
Centre ID:	OSV-0004590
Fieldwork ID:	MON-0034782

About the designated centre

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

The designated centre comprises three locations, all within close proximity to the nearest small town. There is a three storey house in a housing estate which provides a full time residential service with a social care staff to up to four adults with medium support needs. The house consists of an open plan kitchen/dining room and sitting area, utility room, sitting room, five bedrooms (three are ensuite), two bathrooms. There is a garden to the rear of the house. There is also a detached bungalow in another housing estate which provides a full time residential service with, social care workers and support workers to up to four adults with medium to high dependency support needs. The house consists of five bedrooms (one with an en-suite), one main bathroom, sitting room, kitchen/dining area and utility room. There is garden to the rear of the house. Lastly there is a detached bungalow which provides a full time residential service with social care staff to one resident with medium to high support needs. The house consists of an open plan kitchen/dining/living area, a separate living area, utility room, two bedrooms and a bathroom. There is a garden to the rear of the property. The organisation provides services to both male and female residents over the age of 18. All houses have 24 hour staff support with sleepover staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 1 May 2024	10:15hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision

This designated centre is made up of three locations including an individualised service for one resident, and the inspector visited all three locations as part of this inspection. Each of the locations was appropriate to meet the needs of the residents, and each house was well maintained, and furnished and decorated in accordance with the preferences of the residents.

Each resident had their own personal bedroom, and in the shared houses there were sufficient communal living areas to meet the needs of residents, including functional outside garden areas.

On arrival at the first house the inspector found that residents were going about their daily routine. One resident had gone out to their day service, and the others were seen to be relaxing in their favourite places in the house. One of the residents was having a foot spa, and the inspector observed them to be completely engrossed in this, both watching the process and listening to the noise of the foot spa.

Residents had given permission for the inspector to see their bedrooms, each of which was individual furnished and decorated, and each resident's personal items were evident. One of the residents who had particular sensory needs had various sensory items, including lighting, scents and equipment that had been recommended by the occupational therapist.

There was a new bathroom in this house which was spacious and equipped to meet the needs of the residents.

At the second house, the inspector again saw that residents were involved in sensory activities. There were social stories relating to a forthcoming outing for residents, and a system for communicating with pictures in place, in particular for one of the residents who liked to know what was happening at each stage of the day.

One of the residents invited the inspector into their room, and showed various items and photographs with obvious pride. They indicated in their own way that they were going away on holidays later in the year, and appeared to be excited about this.

The last of the locations visited by the inspector was an individualised service for one resident, and their house was decorated as they had chosen, and was filled with personal items. They were particularly proud of a recliner chair in their living room.

During the course of the inspection, residents came home from their various activities and were observed to greet other residents, and to be eager to tell staff all

about their day.

Staff had received training in human rights, and said that the training had heightened their awareness of ensuring the choices and consent of residents, particularly in relation to effective communication

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.

All the required actions identified in the last inspection had been fully addressed.

There was an appropriately qualified and experienced person in charge who was a regular presence in the centre and 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 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 and monitoring of the centre, and in the supervision of the staff team.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents. A planned and actual staffing roster was maintained as required by the regulations. The inspector spoke to one of the staff team in each house 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.

There was a consistent staff team, and some of the staff had known the residents for many years, prior to their move into this designated centre in some cases.

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 in the dysphagia.

Staff supervision conversations were held with each staff member every three months and a record was maintained of the conversations which covered various aspects of the care and support of residents, and allowed for staff to raise any issues that they wished to discuss.

Judgment: 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.

All the required actions identified in the previous inspection in relation to the premises, sensory needs, safeguarding, dignity and privacy and the supervision of staff had been fully addressed and resolved.

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. Required actions identified by these processes were monitored by the person in charge until complete. The inspector reviewed the required actions and found them all to be either complete or within the identified timeframe.

There was a schedule of audits in place and each had been completed. Some of the

audits had included comments with evidence to support the findings of the audit.

Regular staff meetings were held, and a record was kept of the discussions which included the care and support of residents, fire safety, restrictions and risk management. .

The structures and processes in place had ensured improvements in outcomes for residents.

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, and displayed in the designated centre as required by the regulations. An easy-read version of the procedure which included pictures was available to residents.

A recent complaint made by a resident had been addressed and resolved on the day the complaint was made. A clear record maintained of the complaint, the actions taken and whether the complainant was satisfied with the outcome.

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 were 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 for the most part.

Fire safety equipment and practices were in place to ensure the protection of

residents from the risks associated with fire for the most part, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management systems in place, and risk management plans were in place to mitigate any identified risks, although improvements were required in the implementation of the risk management plan relating to staff working alone.

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

Regulation 10: Communication

Communication with residents was well managed for the most part, although the development of some of the support systems in place was required to ensure that residents were offered a meaningful choice in some areas.

One of the residents had a way of indicating preferences by their reaction to items or meals being offered to them, but there was no system, such as a picture system whereby the resident could be offered various options to choose from.

However, there was clearly documented information about the meaning of residents ways of communicating, including an assessment of the ways in which people communicated discomfort or pain.

There was easy-read information available to residents around various issues including how to make a complaint, the use of restrictions and human rights.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were involved in a range of different activities both in their homes and in the community, in accordance with their preferences.

Some residents were members of local groups and clubs, and others enjoyed more home based activities. One of the residents enjoyed sensory activities and regular reflexology. This resident had celebrated their last birthday with a sensory birthday party.

Another resident was learning how to use public transport independently, and staff were gradually reducing the level of support on bus journeys. The resident had made significant progress towards this goal.

Judgment: Compliant

Regulation 26: Risk management procedures

There was risk management policy in place which included all the information required by the regulations

There was a risk register in place which listed all identified risks in the centre, both environmental risks, and risks individual to residents. Each risk was appropriately rated and there were risk management plans in place with guidance for staff as to how to mitigate each risk.

A risk which had not been fully mitigated on the occasion of the last inspection was now well managed, and protocols had been put in place so that the issue no longer posed any risk to residents.

Individual risk management plans included the risks relating to falls and to some medical conditions, and gave detailed guidance as to how the identified risks should be mitigated.

Local risk management plans included the risk associated with staff 'lone-working'. This risk management plan required staff to contact the staff of another house at two set times each day, and outlined the required actions to be taken if contact could not be made. There was a recording sheet in place which required the time that contact was made, and the name of the staff member contacted to be entered. This had not been completed correctly on five separate occasions in the two months prior to the inspection, so that the inspector was not assured that this was an effective system.

Judgment: Substantially 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. However the inspector observed that the intumescent strips around some of the fire doors in one of the houses had been painted over, and was therefore not assured that in the event of an emergency, a fire would be contained as expected.

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. One of the residents explained to the

inspector how they would respond if the fire alarm went off.

All staff had received training in fire safety, and the staff who spoke to the inspector could describe the steps they would take in the event of an emergency that required the evacuation of residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications, and staff described their administration practices clearly, and were aware of best practice in this regard. All staff had received training in the safe administration of medication,

Most of the medication was supplied in blister packs, and the inspector checked the stock of one of the loose medications and found it to be correct.

Three were clear protocols in relation to any 'as required' medications which included detailed information as to the circumstances under which the medication should be administered.

Judgment: Compliant

Regulation 6: Health care

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

Care plans were in place for the management of osteoporosis for one resident and the management of weight for another. However this plan required further detail to ensure effective guidance was available to staff, and there was no clear record of the implementation of the strategies that were outlined in it.

Residents were offered annual health checks, and age appropriate screening had been made available to them. Not all residents chose to avail of these checks, and their wishes were respected.

Easy read information had been developed to assist residents to understand their healthcare, and in relation to a health care decision for one of the residents, to assist them to make an informed decision.

Judgment: Substantially compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training and describe their role in protecting residents from all forms of abuse.

Where safeguarding issues had been identified there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any risks to residents. Appropriate measures had been taken to ensure the safety of all residents. The person in charge was very familiar with her role in the safeguarding of residents, and discussed any safeguarding issues in detail with staff.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had received training in human rights and could discuss the learning from this training. Residents were treated with respect by the staff, and an issue relating to maintaining the dignity of residents identified at the previous inspection had been addressed and resolved immediately after the close of the inspection.

Residents were consulted with regularly, whether by residents' meetings or by individual discussions, and where they made choices and decisions these were 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meath Westmeath Centre 3 OSV-0004590

Inspection ID: MON-0034782

Date of inspection: 01/05/2024

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none"> • The Person in Charge will ensure that there are photographs of resident’s meals at their preferred seating arrangements and also preferred Delph available to the residents. A range of photographs will be taken to offer numerous choices for meals, snacks and drinks. • For choice of activities the Person in Charge will ensure that photographs are taken of the residents while they are participating in their preferred activities. This will ensure familiarity and will encourage the residents to make their choices regarding their daily activities. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • An updated buddy call logbook has been distributed to all locations containing a new column stating what action staff will take if the call is not answered. Guidance has also been added highlighting to staff what steps to take if the call is not answered. This states that if after 30 minutes of staff trying to call there is no answer, staff must contact the on-call manager to inform them. • The person in charge has discussed with all locations, during their team meeting in June the importance of ensuring this protocol is followed and ensuring all sections of the call log are completed appropriately. 	

- Lone working Risk Assessment in place.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The Fire Officer has begun to replace the intumescent strips on all fire doors in one location and this will be completed by the 09th of July 2024.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- One resident is being supported to attend a doctor's appointment on 08/07/24 and a referral for a Dietitian will be sent following this appointment to ensure we are providing the best nutritional care to the resident.
- The residents Care Plan will be updated to reflect current practices and clear guidelines of how staff are ensuring a high calorie intake for the resident.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	22/07/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/06/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/07/2024
Regulation 06(1)	The registered	Substantially	Yellow	31/08/2024

	provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Compliant		
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