



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

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	05 August 2021
Centre ID:	OSV-0005787
Fieldwork ID:	MON-0025790

About the designated centre

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

The designated centre is a community house in close proximity to the nearest town which accommodates four adults, both ladies and gentlemen, with an intellectual disability. Each resident has their own bedroom, and there is sufficient private and communal space including a functional outside space at. The centre is staffed by two members of staff during the day, and a sleepover staff at night. There are vehicles for the use of residents, and a variety of activities available and supported.

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 - 2015 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
Thursday 5 August 2021	10:30 am to 3:30 pm	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection, and the inspector made observations, reviewed documentation, spoke to both staff and the person in charge and spent time with all four residents. There was clear evidence that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they chose and enjoyed. Throughout the inspection it was very clear that the person in charge and the staff prioritised the wellbeing and quality of life of residents, and had developed methods of communicating effectively with residents.

On arrival at the residents' home the inspector found residents to be engaged in their morning routine, and saw that they appeared to be comfortable and content. One of the residents greeted the inspector cheerfully, and invited them to their personal room to see their arts and crafts project, which they proudly showed. Their bedroom was decorated to their individual taste, and filled with personal items and soft furnishings of their choice.

Not all of the residents communicated verbally, and the inspector observed staff using various strategies to ensure effective communication, including gestures and speech designed to meet the needs of residents. During the course of the inspection a member of staff came on duty, and residents welcomed them with pleasure, one resident in particular called out, smiled and reached out their hands in greeting.

Communication was supported in various ways, including detailed communication dictionaries for residents, and supportive strategies including pictorial representations. Social stories had been developed and implemented to support residents around the restrictions in place due to the public health crisis, and in order to maximise understanding around vaccination processes. It was clear that efforts had been made to maximise understanding. Role playing had been undertaken, and modifications made to residents' clothing to minimise anxiety had been made.

The activities of residents had been curtailed to some extent due to the current public health issues, and it was clear that staff had gone to extensive measures to limit the impact of this. Various 'at home' projects had been undertaken, including a project to create a varied and comfortable outside space. The garden had been developed to create a sensory space, an attractive gazebo seating area, an outdoor dining area and a small vegetable garden. Some residents had returned to daily activities, some of which involved a return to a day service that they were particularly keen on, and others to outings which they enjoyed. Some residents were observed to be engaged in activities which were meaningful to them, and when one of the residents began to engage in repetitive behaviours, staff were seen to redirect them effectively to an activity which they clearly enjoyed.

The home that had been developed and sustained for residents was individual to them, there were photos and personal effects throughout. Visits were again being facilitated, with care taken to alleviate the anxieties of family members and to

comply with current public health guidelines.

There was a clear system to address complaints and receive compliments. There were no current complaints, but multiple compliments were recorded, including comments from family members thanking staff for their care and support to residents, in particular through the management of the pandemic concerns.

Within the constraints presented by the communication difficulties of residents, extensive efforts were made to ensure that the voice of each resident was heard, through weekly resident and staff meetings, and through thorough assessments of the needs and choices of residents.

In summary, the inspector found residents' safety and welfare was paramount. The systems and arrangements that the provider had put in place in this centre ensured that the residents were supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

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

Capacity and capability

The provider had ensured that there was a management structure in place that was led by a person in charge. There was a strong management team presence, which led to the effective delivery of care.

The staff team was led by an appropriately qualified and experienced person in charge. The person in charge reported that they felt supported by management, and in particular that there was senior management involvement. The provider had completed the required reviews and reports focusing on the quality and safety of care provided in the centre in accordance with the regulations. An annual review of quality and safety of care and support in the centre had been completed, and six monthly unannounced visits had been conducted. Required actions identified by these processes had been implemented for the most part, although there were still outstanding actions relating to the maintenance and upkeep of the house. Some painting and repair to the internal fixtures and fittings were outstanding, and a clean of the external building had not been fully completed.

A suite of internal audits supervised by the person in charge were undertaken on a monthly or quarterly basis, and were effectively monitored, through the team meetings and regular staff supervisions. There were no outstanding items from these processes, and these findings were upheld by the findings of the inspection.

Regular team meetings were led by the person in charge, and a review of the

minutes of these meetings indicated that meaningful discussions took place, and that learning around current best practice was shared.

All required notifications had been made to HIQA as required, and the person in charge was familiar with the requirements.

Staffing numbers and skills mix were appropriate to meet the needs of residents and there were sufficient staff on a daily basis. Whilst there was only one staff member on duty from evening time until the following morning, there was a detailed plan in place to ensure regular contact with colleagues. All required staff training was up to date, and the person in charge had oversight of training needs.

Overall the provider and the person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge, who had good knowledge of the needs and support requirements for the residents and good systems for monitoring and review of these.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents had been prepared and maintained which included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and systems to monitor the quality of care and support delivered to residents which were effective for the most part. Some of the required actions identified by these processes had not been completed, and were considerably outside their agreed timelines.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available as required by the regulations. There were no current complaints, however there were various complements submitted by representatives of residents, including comments of thanks to staff for their support to residents during the COVID-19 crisis.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that promoted and respected the rights of residents.

Comprehensive assessments of residents' health and social care needs had been completed and regularly reviewed. There was evidence that residents had access to members of the multi-disciplinary team in accordance with their needs. Reviews by the general practitioner (GP), mental health professionals, occupational therapy and behaviour support were documented and implemented. Staff engaged by the inspector were knowledgeable about the guidance in these reviews, and were able to clearly describe the implementation of them. Various healthcare needs had been assessed, and plans to manage these were in place and implementation recorded.

There was oversight of medication management by both GP and pharmacist. 'As required' (PRN) medications were prescribed in sufficient detail as to guide staff in their administration and recorded appropriately. Staff were knowledgeable about the circumstances under which such medication should be administered, and there was a clear recording system, and oversight by the person in charge.

There were detailed personal plans in place for each resident. These were based on comprehensive and current assessments of needs and abilities. These plans included measures to develop and maintain the roles of residents in order to maximise their potential. They included guidance for staff as to the management of behaviours which might hinder a resident's potential, and the inspector observed these being implemented by staff in a competent and knowledgeable manner, without having to reference the documentation.

Where there were restrictive interventions in place, these had been assessed and clearly documented. Consent had been obtained from residents or their representatives, and reviewed and monitored by a multi-disciplinary team including an external reviewer. Where an emergency prescription for chemical intervention was prescribed by the GP for medical procedures such as required phlebotomy, a full review by the MDT was conducted to ensure the rights of the resident were upheld.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and self closing fire doors. A detailed personal evacuation plan was in place for each resident. Staff could readily describe the actions they would take in the event of an emergency, and had all been involved in fire drills. These fire drills took place regularly, and included night time drills. The documentation of these fire drills, together with discussion with staff members, demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency.

The provider had ensured that there were systems in place to respond to safeguarding concerns. There were no current safeguarding issues. There was, however, a detailed policy relating to the prevention, detection and response to allegations of abuse, and this was an item discussed at team meetings. All staff were in receipt of up to date training in this area.

A risk register was in place which identified and risk rated all local and environmental risks in the centre, and individual risks to each resident. There was a risk assessment and management plan in place for each, which were regularly reviewed. The risk policy included all the requirements of the regulations

Infection control was given high priority in the centre. There was a detailed and current infection control policy in place, together with a contingency plan to be implemented in the event of adverse circumstances. The inspector observed throughout the inspection that current public health guidelines were observed.

The inspector reviewed the infection control practices in the centre and noted that since the introduction of public health safety guidelines, the provider had put a number of measures in place to maintain the safety and welfare of staff and residents. Regular temperature checks were occurring, social distancing was practiced and staff wore appropriate personal protective equipment (PPE) when supporting residents. The provider had contingency plans in place in response to an outbreak of infection at this centre, which included arrangements should residents require isolation as well as the response to decreasing staff numbers.

Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and various strategies were in place to ensure that information was available to them.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements of the regulations. There was a risk assessment and management plan in place for all identified risks, including risk relating to COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

There were robust measures in place to control the risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

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

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The systems for the management and administration of the residents' medicines were safe and in accordance with all guidelines. The systems were monitored and the residents medicines were frequently reviewed and their impact monitored.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had access to a range of multidisciplinary health and social care, and there were detailed personal plans in place which were based on their assessed needs. The residents' care needs and plans were reviewed frequently, in consultation with the residents and their representatives.

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were being protected through systems for consultation with them, respect for their known preferences and wishes regarding their day-to day lives, and support in the maintenance of their privacy and dignity.

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 - 2015 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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meath Westmeath Centre 4 OSV-0005787

Inspection ID: MON-0025790

Date of inspection: 05/08/2021

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:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• PIC to liaise with the Maintenance Department to arrange the completion of the outstanding cleaning of the external front of the building and the repair of internal fixtures and fittings. Completion date: 30th November 2021• PIC is liaising with the Maintenance Department to arrange the redecoration and painting of the premises. Completion date: 31st January 2022• PIC will ensure that the residents are involved with the replacement of items and the décor choices for the premises.	

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 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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2022