



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

Issued by the Chief Inspector

Name of designated centre:	Mullaghmeen Centre 5
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	01 December 2022
Centre ID:	OSV-0008256
Fieldwork ID:	MON-0038379

About the designated centre

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

The designated centre comprises a spacious four bedroom bungalow, and an adjacent self-contained apartment, and can accommodate five residents with intellectual disabilities. It is staffed in accordance with the needs of residents, including waking night staff. The centre is in close proximity to the nearest town, and there is transport available to residents at all times.

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
Thursday 1 December 2022	10:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted in order to monitor on-going compliance with the regulations. On arrival at the centre, the inspector found a staff team occupied in supporting the morning routine of residents, some of whom were up and ready for the day. Others who had very particular preferences of their morning routine were being supported in their rooms.

The centre was a comfortable and spacious home for five residents, four of whom were accommodated in the main house, and one in an adjoining self-contained apartment. The house was nicely furnished and laid out, and visibly clean and tidy throughout.

Each resident had their own room, and there was evidence of people's personal possessions throughout the home, and in their personal bedrooms.

Four residents were present on the day of the inspection, however, none of them chose to interact with the inspector in any way, and some very clearly indicated that they did not want to be engaged by the inspector. These preferences were respected, and the inspector made discreet observations of their daily lives, and their interactions with staff during the course of the inspection.

It was clear that staff were very familiar with residents' needs, and their various ways of communicating. Staff could interpret the behaviours of residents and explain to the inspector what it was that they were communicating, and were seen to respond appropriately and effectively to these non-verbal cues.

Staff explained to residents why the inspector was visiting their house, and asked everyone if it was ok for the inspector to look around the house, and visit their rooms.

During the morning of the inspection, the inspector saw that residents were not all occupied. Whilst the staff and the person in charge outlined some of the activities that were planned, or that regularly took place, it was not clear that all residents had meaningful activities. Later in the day there were some table top activities, and some residents went out for a drive or a walk, and staff told the inspector about the hobby of one of the residents involving gardening.

However, staff were seen to respond to the immediate needs of residents, and to have a detailed understanding of their preferences. They knew for example that one of the residents, although giving the impression of wanting very little interaction with staff or other residents, actually very much enjoys the proximity and presence of staff.

There was easy read information readily available to residents throughout the

centre, including information about staff on duty and menu planning for example.

Overall it was clear that great efforts had been made to ensure the comfort of residents, and to accommodate their needs.

The next two sections of the report outline 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 residents lives.

Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed. An annual review of the care and support offered to residents had been developed and was available to residents and their representatives.

Various monitoring strategies were in place, although not all audits had been completed, and there was clear and consistent communication with the staff team.

There was a consistent and knowledgeable staff team who were well supported by an appropriately experienced and qualified person in charge, and both an area manager and a regional manager, although there were some gaps in training and involvement in fire drills.

The centre was adequately resourced, and all required equipment was made available to residents, however, there were some outstanding maintenance issues, as outlined later in this report.

Regulation 14: Persons in charge

There was an appropriately qualified and experienced person in charge in position. They were knowledgeable about the support needs of residents, and showed clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skills mix of staff were appropriate to meet the needs of residents. Staffing rosters were adapted to meet the needs of residents, for example, one of

the residents who has been in hospital for some time will be returning home with additional needs. The number of staff will increase to accommodate this residents needs, and the staff team have agreed to a change in the shift pattern to ensure that the needs of all residents are met.

There was a consistent staff team, many of whom have worked with the residents for several years. Where agency staff have on occasion been needed to meet shortfalls, they are always known to the residents.

Regular staff supervisions were undertaken by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been in receipt of all mandatory training, and all were qualified to the FETAC level 5. Additional training had been undertaken in relation to the particular support needs of residents, for example in the management of dysphagia, and the maintenance of nebuliser equipment.

However, not all staff had been in receipt of up-to-date first aid and basic life support training, and given the high support needs of residents, this required attention.

All staff engaged by the inspector were knowledgeable, and could outline the support needs of residents, and explain how they would respond to various requirements.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents in place which included all the requirements of the regulations.

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.

An annual review of the care and support offered to residents had been completed in accordance with the regulations, and six monthly unannounced visits on behalf of the provider had been conducted.

Various monitoring strategies were in place, including a suite of audits which were conducted monthly. However, one of the required audits was the audit of personal plans, and these had not been completed.

Regular staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents. Infection prevention and control was a standing item at these meetings.

A handover discussion was held each day, and the person in charge outlined a new practice whereby staff would be supported to reflect on the events of each day at the handover to the next shift.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to HIQA in accordance with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a detailed complaints procedure in place, and an easy read version was available to residents.

Judgment: Compliant

Quality and safety

Overall residents were supported to have a comfortable life, and to have their needs met, although some improvements were required to ensure meaningful activities and occupation for some of the residents.

There was a detailed system of personal planning which included all aspects of care and support for residents. Healthcare was effectively monitored and managed, including appropriate management of medications.

Communication with residents had been prioritised, particularly where residents had difficulty in this area, and effective communication was observed through the course of the inspection.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety was appropriate, although some staff had not been involved in night time fire drills.

Both risk management and infection prevention and control were appropriate, and it was clear that all efforts were in place to ensure the safety and comfort of residents.

Regulation 10: Communication

Staff were observed throughout the inspection to be familiar with each resident's way of communicating, and were aware of the meanings of individual behaviours and actions of residents.

Various ways of assisting communication were in place, such as pictorial representation to assist menu planning. This type of communication had also been implemented by staff to assist a resident in coming to terms with a family loss. Easy read information was available to residents, and assessments and plans were in place for each. There was an assessment of the way each person indicated pain or discomfort, and an individual communication dictionary for each.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported by a knowledgeable and caring staff team, and various efforts had been made to ensure a meaningful day. However, whilst it is acknowledged that communication difficulties with residents caused challenges in ascertaining preferences in relation to activities, there was still insufficient evidence that everyone was occupied appropriately.

There were no definitive plans for activities, and records were sporadic, and sometimes included events such as all residents watching a tv programme, with no indication that this was a preference.

However, some of the interests of residents which had been identified were supported, for example one of the residents had a shared allotment with a friend,

and was very interested in gardening.

Judgment: Substantially compliant

Regulation 17: Premises

The layout of the premises was appropriate to meet the needs of residents. Each person had their own room, and these rooms were furnished with any required equipment, such as a ceiling hoist for one of the residents. There were two bathrooms available in the main house, and another bathroom for the sole use of the resident who lived in the self-contained apartment.

Furnishings and fittings were in place as required, and well maintained for the most-part. One of the bathroom floors had not been properly maintained following the removal of a fixed piece of equipment, however, this was rectified by a staff member during the course of the inspection.

However, some other maintenance work remained outstanding. It had been identified and agreed that the main kitchen required refurbishment, and this had not yet been completed. Meanwhile the staff and person in charge had painted the cabinets to improve the appearance whilst awaiting the funding for the refurbishment.

In addition, the bathroom in the self-contained apartment had a stained and unsightly ceiling, and both the shower door and the grouting required replacement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A nutritious and well balanced diet was available to residents. The kitchen was well stocked, and food safety guidelines were adhered to. Various strategies were in place to ensure that residents had a meaningful choice in relation to meals and snacks.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy which included all the requirements of the regulations. A risk register was maintained in which all risks had been identified. Risk management assessments and plans were in place for all identified risks, both

environmental risks and risks individual to each resident.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. Where there had been an outbreak of an infectious disease in the centre earlier in the year, this had been well managed, and the outbreak had been contained so that it did not affect all the residents. A post outbreak review had been conducted in order to ensure the learning from the experience was documented and available to inform future practices.

There was clear guidance available to staff both in relation to an outbreak, and also in terms of general good practice, and all staff were familiar with this guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety was well managed, and there was appropriate fire safety equipment throughout the designated centre, including self-closing fire doors throughout.

There was an up-to-date fire safety plan in place for each resident, giving clear guidance in the event of an emergency. Regular fire drills had been undertaken which showed that all residents could be evacuated in a timely manner in the event of an emergency. However not all staff had been involved in a fire drill under night time circumstances, and not all staff were aware of the optimum method of ensuring the safe evacuation of residents with mobility issues.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in place in relation to the storage and management of medication. Medications were kept in a locked cupboard in the staff office, and there were clear stock control systems in place. All staff had received training in the safe management of medications, and this training included three competency assessments, and this was repeated every two years.

Staff could clearly describe the circumstances under which they would consider the

administration of 'as required' medications for each resident, and outlined the documented guidance for each. The inspector observed the practice of administration and found it to be appropriate and confident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident which included sections on all aspects of daily life, including communication and healthcare, and these plans were regularly reviewed, in conjunction with the families of residents if preferred.

The plans were based on a thorough and detailed assessment of needs, however, some sections required more detail to ensure that there was sufficient guidance to staff in all eventualities. For example, whilst most of the plans in relation to healthcare were in sufficient detail, the plans for the management of mobilising for one of the residents did not include detail as to the steps to be taken should the resident choose not to mobilise. Staff explained that they would wait and try again later, but this had not been documented.

There was also improvement required in the setting of goals for residents in order to support the maximising of their potential.

Judgment: Substantially compliant

Regulation 6: Health care

Residents healthcare was well managed, and both long term and short term conditions were responded to appropriately. There was well documented monitoring of health of residents, and of the implementation of healthcare plans.

Staff had received training in the management of some of the chronic conditions of residents, including the management of stoma care, and were supported by nursing staff of the organisation.

Other members of the multi-disciplinary team were involved in the care and support of residents, for example one of the residents and the input of the physiotherapist and occupational therapist in relation to mobility. Staff were seen to be following the recommendations of these professionals, and were observed to support the resident to use the prescribed equipment to optimise mobility. Another resident was supported to use exercise equipment which they had clearly indicated that they enjoyed.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were detailed behaviour support plans in place for each resident. These plans included detailed step-by-step guidance for staff in relation to any assessed eventuality, and staff were knowledgeable about this guidance and could describe the actions they would take under various circumstances.

Where any restrictive practices were required to ensure the safety of residents, these were based on detailed assessments of need, and were closely monitored. Oversight of restrictions was provided by a specialised restrictive practices committee, and a clear and detailed rationale for each intervention was in place. The use of each intervention was recorded daily.

Judgment: Compliant

Regulation 8: Protection

Staff were in receipt of training in relation to the protection of vulnerable adults, and could outline information they had learnt during this training.

The inspector observed various activities and practices throughout the course of the inspection. Staff were seen to be supporting residents in an appropriate and respectful manner. Residents were seen to engage with the support offered, for example in relation to mobilisation and the use of equipment.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mullaghmeen Centre 5 OSV-0008256

Inspection ID: MON-0038379

Date of inspection: 01/12/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff are scheduled to complete CPR training by the 16/03/2023. A number of staff have been identified to complete the full first aid responders three day training by 16/04/23. This will ensure there is a fully trained first aid staff on duty.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A full review of the audits has been undertaken. The audit that was omitted on Personal Plans is now accounted for in the Monthly Individualised Person Centered Meeting. All recommendations arising from the review have been implemented with effect from 01/01/2023.	
Regulation 13: General welfare and development	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>A full review of all the paperwork in relation to activities, goals, daily schedules has been arranged for 27/01/2023. A panel has been formed with members of senior management; local management and staff to review all current activities and paperwork associated with same. Going forward paperwork will be streamlined, person specific, person centered and reflect activities and goals that will enrich each person's daily schedule in line with their will and preference. The panel formed will monitor and review the daily activities and will ensure they remain meaningful and person centered.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Funding has been secured to refurbish the kitchen area. The Organisation will follow its procurement process and will commence with the works tendered for. Funding has been secured to relocate the wet room and again will follow the procurement process.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A new document has been introduced that captures staff involvement in fire drills. A number of drills will take place over the coming months to ensure that all staff have taken part in both day and nighttime drills. A comprehensive debrief on each residents PEEPS, Fire Evacuation Plan and differing scenarios took place on the 13.01.2023</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All personal plans have been reviewed; any additional information required has now been added to each person's plan.</p> <p>A panel has been formed and will be meeting on the 27.01.2023 to improve the goal setting for each individual, update the necessary documentation so this is captured</p>	

effectively and can be measured. The goal setting will focus on each resident's needs, will and preference in order to maximise their potential.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	15/02/2023
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	16/03/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	25/05/2023

	kept in a good state of repair externally and internally.			
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	31/01/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	05/04/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required	Substantially Compliant	Yellow	15/02/2023

	to maximise the resident's personal development in accordance with his or her wishes.			
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