Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 7
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	09 January 2024
Centre ID:	OSV-0008491
Fieldwork ID:	MON-0040681

About the designated centre

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

Mullingar centre 7 can accommodate up to three individuals male or female in a single storey building on the outskirts of a town. Only residents aged 18 years and above will be accommodated in the centre. The residents are supported by a team of support workers managed by a person in charge. The person in charge manages three centres including this centre and splits their time evenly between the three centres.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 January 2024	10:05hrs to 18:05hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector found that the governance and management arrangements in the centre facilitated good quality, person-centred care and support to residents. However, some improvements were required in premises, records and governance and management.

The inspector had the opportunity to meet all three residents living in the centre. Residents had alternative communication methods and did not share their views with the inspector. They were observed throughout the course of the inspection at different times in their home, they appeared relaxed in their home and were observed to move around freely. Residents were also appeared to be comfortable in the presence of staff members and the inspector observed respectful communication between staff members and residents.

On the day of the inspection, the residents were occupied with a number of activities for instance, visiting the hairdresser to get their hair cut, went for a walk and had they lunch out. Upon their return they had a visit from the chiropodist and in order to promote a relaxing atmosphere for the residents' appointments, staff used room scents.

In addition to the new person in charge and a person in charge from another centre, there were three staff members on duty during the day. The staff members spoken with demonstrated that they were familiar with the residents' support needs and preferences.

The provider had arranged for staff to have training in human rights. One staff spoken with said that, the training made them more conscious and open for the residents to have opportunities to make their own decisions and 'be their best selves'. They said that it helped them to be more conscious to promote each resident's independence. For example, they encouraged the residents to pay for their own goods when shopping and that way it promoted their independence and supported them to integrate into the community.

The house appeared tidy and had different spaces for residents to relax and spend time in. The sitting room and the art and leisure room had televisions available for use for the residents. There were sensory objects available in the sitting room and there were art and craft supplies available in the art and leisure room.

Each resident had their own bedroom. There were sufficient storage facilities for their personal belongings in each room. Residents' rooms had personal pictures displayed and there were pictures of the residents displayed in different areas of the house. The centre had an adequate sized back garden which contained a swing, a small gazebo, a seating area and raised garden beds.

The next two sections of this report present the findings of this inspection in relation

to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken to assess if the centre was operating in compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). This was the first inspection of this centre since it became a standalone registered centre in June 2023.

Overall, the provider had ensured that there were effective systems in place to provide a good quality service to residents.

The provider had completed unannounced visits to the centre as per the regulations and there were other local audits completed in areas, for example health and safety audits. However, there were delays in completion of some actions within agreed time frames from previous inspections, for example the uneven side path and with the completion of some actions from the provider's own audits.

A review of the rosters demonstrated to the inspector that there was sufficient staffing in place to meet the assessed needs of the residents. There were formal supervision arrangements in place for staff and staff had the required training to carry out their roles. For example, staff had training in fire safety.

From records reviewed, while the majority were available for timely review by the inspector, some records were not readily available or fully maintained. For example, one resident's medication prescribing document did not have the time frame stated for administration of a rescue medication that may be required for a prolonged seizure.

A resident recently admitted to the centre had lots of opportunity to visit the centre prior to their admission. Additionally, each resident had a contract of care and it explained if there were fees that they would incur.

The inspector reviewed the complaints documentation for the centre and found that the provider had suitable arrangements in place for the management of complaints.

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge in place managing the centre. The person in charge worked in a full-time role managing three centres. They had just taken over the running of the centre the day before the inspection.

The plan was for them to attend the centre a minimum of twice a week.

Judgment: Compliant

Regulation 15: Staffing

From speaking with staff members and from documentary evidence, staff had the necessary skills and knowledge to meet residents' assessed needs. The roster reflected the staffing arrangements in the centre and there appeared to be adequate staffing levels for the current needs of the residents and to promote a meaningful day.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to an array of training and development opportunities. For example, staff had mandatory training as well as other training deemed necessary by the provider in order to support the residents, such as, adult safeguarding and medication administration. Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

While one staff member required training in epilepsy a date was provided to the inspector on the day of the inspection for the 11th of February 2024 for this training to be completed. In the meantime it was confirmed that the staff member had not and would not work alone prior to this training.

While there were some issues with the oversight training document this is being actioned under Regulation 21: Records.

Judgment: Compliant

Regulation 21: Records

For the most part, all required records were maintained and available for inspection, including records of staff meetings and supervision. Some quarterly servicing documents for the fire alarm and emergency lighting were not available for review in

the centre; however, the person in charge arranged for them to be submitted shortly after the inspection.

However, one resident's medication prescribing document did not state what time frame the resident could receive their rescue medication in the event of a prolonged seizure. Notwithstanding this, staff members spoken with were clear as to when the medication was to be administered.

In addition, the formal compatibility assessment for the recent admission to the centre was due for review at the end of October 2023 and was not reviewed.

Additionally, some personal evacuation emergency plans (PEEP) were not specific in the method and level of support required at night to evacuate residents. The information contained in the PEEPs was not always an accurate reflection of the supports required for residents. For example, one resident's second page of their PEEP was not present and instead it was a duplicate of another resident's second page that was in its place.

While the residents were assessed for self-administration of their medication it wasn't clear from the document how a resident's capacity was actually assessed for self-administration as the document was a tick box document. There was no section on the form to allow for any supports that may be required that could support a resident to develop their skills and independence in this area.

From a review of the training oversight documents and training certificates, the inspector observed that the documents on file were not always an accurate reflection of staff training. The inspector had to review several different sources of information to establish that some staff were in fact up-to-date on their training that had appeared to have expired. The person in charge communicated that they had a plan for oversight of staff training and showed a proposed method by which they planned to maintain appropriate oversight.

Furthermore, while there were formal staff supervision arrangements in place as per the organisation's policy, it took a review of different sources of information to establish that some staff had received their supervision in line with the frequency stated in the policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the area manager for the organisation.

The provider had arranged for six monthly unannounced visits and the completion of the annual review for 2023 was in progress as per the regulations.

There were other regular audits and reviews conducted in areas, for example on the vehicles, restrictive practices, medication and health and safety.

The provider had submitted a compliance plan after the last two inspections with specific dates as to when they would complete identified actions. The inspector observed that certain agreed time frames for actions had not been adhered to. For example, completing a risk assessment for the uneven side path, repairing the side path and renovation of the main bathroom. The inspector was assured that works to the bathroom and uneven path were due to be started on the 15th of January 2024.

In addition, from a review of some of the provider's audits there was no evidence that could provide if actions identified were completed or in progress as those sections were left blank on the documents. The inspector did observe visually that some actions identified with the premises had been addressed and others were yet to be addressed. For example, gaps were identified in the staff office flooring and observed to still be present; however, no time frame was recorded as to when this would be completed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The most recent admission to the centre was provided with an opportunity to visit the premises and meet with the other people that lived there on many different occasions in advance of their admission. There was a transition plan in place for the resident to support a smooth transition for them to the centre. In addition, the provider arranged for some staff that were familiar to the resident to move to work this centre in order to further promote a smoother transition and continuity of care.

Furthermore, the residents were afforded a contract of care that was signed by the residents' representatives and stated what category of fees would apply.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. While there had been two complaints made to the centre any complaints made had been suitably recorded, investigated and resolved.

Judgment: Compliant

Quality and safety

Overall it was found that the centre was meeting the residents' needs and that care and support was delivered to residents in a safe manner.

The provider had ensured that assessments of residents' health and social care needs had been completed and that care plans were in place for any identified areas, for example eating and drinking plans.

There were some restrictive practices in place and these were kept under on-going review. For example, the chemical press was kept locked.

Additionally, specialist behavioural support was provided when required to support residents with behaviours that may challenge or cause distress.

From a review of the safeguarding arrangements in place the inspector found that residents were protected from the risk of abuse. For example, staff were trained in adult safeguarding.

In addition, the inspector observed that the centre was being operated in a manner that promoted the rights of residents.

For the most part, the residents' home was observed to be clean and tidy. However, some premises issues were identified on the day of the inspection. For example, some mildew was observed in one of the porches.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, there was a policy on risk management available.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place. For example, periodic fire drills were being completed.

Furthermore, the inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines.

Regulation 17: Premises

For the most part, the premises was observed to be adequate in meeting the assessed needs of the residents with different spaces available for privacy or recreation.

The inspector found the premises was clean; however, some issues were identified. For example, the current shower in the main bathroom was not fully suitable for one

resident to use as it was small and during showers water was splashing onto the bathroom floor. There was also a slight malodour in the main bathroom, slight mildew was observed around the bath and on some tiles in the shower enclosure. The provider had arrangements in place for the bathroom to be renovated with work to start on 15th January 2024. The inspector was informed after the inspection that the uneven path at the side of the house was also due to be repaired at the same time as the bathroom renovation works.

The inspector observed some other areas for improvement in the centre and some of these were self-identified by the provider; however, no dates or action plans in some cases were identified.

The other areas that were observed were:

- the kick board under the sink in the kitchen was chipped in places which may prevent it from being fully cleaned
- mildew was observed on the ceiling of the porch beside the office
- the surface of the radiator in the en-suite of the art and leisure room was rusty and or peeling which would prevent it from being fully cleaned
- there were gaps observed on the flooring of the staff office and the surface of some of the floor boards appeared worn or discoloured
- some of the windows of the two porches internally within the glass appeared dirty or foggy.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks. For example, there was a risk management policy and safety statement in place.

Additionally, centre specific and individual risk assessments had been developed and control measures in place as required. In addition, all incidents were reviewed by the person in charge and were seen to be appropriately dealt with.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was scheduled for quarterly servicing. There was evidence of regular fire evacuation drills taking place and each resident had an up-to-date PEEPs in place that outlined some of the supports they required to safely evacuate in the event of a fire. However, as previously discussed,

the PEEPs did not adequately guide staff for night time evacuations and this is being actioned under Regulation 21: Records.

Some fire containment doors had a larger than recommended gap between the door and the door frame. In addition, two fire containment doors would not close fully by themselves. The provider arranged for any identified issues with the doors to be rectified on the day of the inspection and evidence provided to the inspector.

Additionally, the inspector raised a query with the provider as to the coverage of the fire alarm that was in the centre to ensure that it provided adequate coverage for the centre. The provider submitted written assurances from their competent fire person that the alarm type in place was suitable for the premises. The inspector also observed from a review of documentation that the fire alarm was intermittently beeping or showing up faults over the course of a few months. The provider had responded by getting a competent person to review the alarm on a number of occasions and the inspector was assured that the issue was resolved at the time of the report.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Prescribed medicines were dispensed by a local pharmacy, and found to be appropriately stored. There was a range of medication audits in place that ensured medicines were safely received, stored and disposed of. An assessment of capacity was completed with the residents in relation to self-administration of medication. In addition, the inspector conducted a sample count of medication stock and it matched the count completed by staff members.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and there were personal plans in place for any identified needs, for example communication plans and plans for specific healthcare needs which had all been reviewed within the last year. In addition, residents had goals for 2024 for them to work towards, for example to replant areas of the garden in the spring and grow some vegetables or to go on a holiday for a few nights to a particular destination. The inspector observed lots of pictures of outings and activities the residents had taken part in during 2023.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place with regard to restrictive practices, which included locked doors at night and a press that stored household chemicals was kept locked and they were under on-going review.

Additionally, residents had access to specialised behavioural support to support them with regard to any behaviours of concern or distress and there was guidance in place to guide staff practice.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained and were familiar with what to do in the event of a safeguarding concern. There were arrangements in place to facilitate safeguarding of the residents' finances, for example daily money checks and periodic audits. In addition, there were intimate care plans to guide staff as to what supports residents required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and have control over daily activities. There were regular residents' meetings to encourage residents to make choices and the meetings helped keep them informed of information that may affect them.

For example, the inspector observed that residents were kept informed when a complaint had been raised to the centre and again with regard to the outcome of the complaint. In addition, pictures were used in the centre to support residents to make informed choices.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullingar Centre 7 OSV-0008491

Inspection ID: MON-0040681

Date of inspection: 09/01/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Individual PRN protocol amended by GP to reflect procedure to follow if prolonged seizure continues – completed. The formal compatibility assessment for the recent admission has now been reviewed – completed. The PEEP for all individuals are more specific and detail the level and method of support required at night and day to evacuate residents – Completed. The self-administration assessment of medication for the individual's, details the supports a resident requires to develop their skills and independence – Completed. The person in charge has developed a training matrix. This provides a structured overview of training records, identifying any gaps in training. The matrix will give an overview of workforce competency and alert to any upcoming training required for staff – almost completed, will be done by 31.3.2024. There is a supervision schedule now in place to allow for the prompt access to dates of supervision for all staff members – completed.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:
Renovation commenced in the main bathroom and the small bathroom in the activity room on the 15/01/2024. Works are now complete in both bathrooms – 19.2.2024.

The path at the side of the house is currently being resurfaced and a ramp is currently being erected from the back door to the side entrance of the property, works are due to be completed by 29/02/2024.

The person in charge has requested new flooring for the office – will be completed by 31/05/2024.

In relation to Oversight of Compliance Plans and Actions, Muiriosa LWM process re same is:

LOCAL:
The Residential Leader/PIC escalates items as they arise with the Area Director (AD) for immediate resolution where possible – in addition all Compliance Plans and Actions are also reviewed systematically at the PIC / Area Director Monthly Meetings.

REGIONAL:
All outstanding actions / Compliance Plans and escalated from the PIC /Area Director meeting are agenda items at the LWM Leadership Meeting with Regional Director and Area Directors.
In addition – all non-completed and escalated Compliance Plan actions are also discussed, reviewed and either Actioned or escalated through Individual or Supervision Meetings with Regional Director.

ORGANISATIONAL:
Any issues that cannot be resolved at a Regional Level or require escalation are then escalated to the Muiriosa Senior Leadership Team meetings with CEO and Other Org Leaders – in place and ongoing 19/2/2024

Escalated to HSE
Where issues cannot be resolved internally within Muiriosa and require additional funding – the Regional Director and CEO raise at the HSE/Muiriosa IMR Meeting for action to bring into compliance.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A new bathroom suite has been installed in the main bathroom, which is now a wet room. The bathroom has been tiled throughout thus eradicating any issues with mildew- completed- 19/2/2024.

A new kickboard has been ordered for under the sink in the kitchen to ensure that thorough cleaning can be undertaken in this area – 31/3/2024.

There is a new radiator in the en-suite of the art and leisure room – completed 19.2.2024.

Person in charge has requested new flooring for the office – 31/2/2024

All windows in the property have been cleaned externally and internally- completed.

Fogging double glazing in porches - PIC has requested fixing/replacement of fogged up windows – 31/5/2024

Path at exterior of house – completion 31/3/2024

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 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.	Substantially Compliant	Yellow	29/02/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/05/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	20/02/2024
Regulation 21(1)(c)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/03/2024

	additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.			
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	20/02/2024