



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	15 June 2021
Centre ID:	OSV-0004213
Fieldwork ID:	MON-0032967

About the designated centre

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

Mullingar Center 4 is a designated centre, providing support for a maximum of five adults with an intellectual disability and high dependency and support needs. The centre comprises of two bungalows situated in a quiet, historical village in North Co. Westmeath, surrounded by Lough Derravaragh. One bungalow has three medium sized bedrooms, one with an en-suite, shower room and a utility room, an open plan kitchen, dining and sitting room and a main bathroom. To the rear of the house is a large fenced enclosed garden and a lawn area to the front of the house. The second bungalow has three medium sized bedrooms, one with an en-suite, shower room and a utility room, an open plan kitchen, dining and sitting room and a main bathroom. There is a large fenced enclosed garden to the rear of the house and a lawn area to the front of the house. Both houses are wheelchair accessible. Services are provided from the designated centre to male adults (i.e. over 18 years old). 24 hour support is provided 7 days a week, with waking night and sleepover staff support. The centre is close to local amenities including shopping centres, numerous pubs/bars and restaurants, cinema, swimming pools and town park. The staff team consists of care assistants and nursing staff. A multi-disciplinary team are also available to provide support in areas including; Occupational Therapy, Physiotherapy, Speech and Language Therapy, Psychology and Behavioural Therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 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
Tuesday 15 June 2021	09:00hrs to 14:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with the public health guidelines and minimise potential risk to the residents and staff. The inspector met with both of the residents in their homes at different times during the day.

The residents told the inspector of their plans for the day which they were making with the staff and were looking forward to them. They said this was the new home and they really liked there. They showed the inspector some of the work they had done to make decorate and furnish their homes the way they wanted them. This included planting flowers, painting the fences, putting up their own chosen possessions, and choosing furnishings.

They were proud of the pictures of their various activities. They said they really liked their new homes and that the staff were good to them, and should get a star. The residents were happy to be back having visits with their families and getting out to their activities.

It was apparent that the residents' day was driven by their own preferences and choices, for example, getting up late, and their choice of breakfast with the staff and deciding where they would go. They were supported and encouraged to be independent. A resident was reminding the staff that their car needed diesel when they went out to day service.

They had very good access to the local community and this had been planned as part of the admission process. They were getting familiar with the local shop keepers, the amenities such as the basketball court and were doing the shopping with staff support.

The inspector observed that the staff were very familiar with the residents need for support and were following the support and communication plans advised by the behaviour therapists.,

While there was no opportunity to speak with families regarding the residents' care and support needs, the inspector did see evidence of good communication and consultation with the residents' guardians regarding their new homes, their care and support needs, and the communication was very complementary regarding the centre.

The houses are adjacent to each other and the residents can visit and crossover as they wish. However, each house is the individual home of each resident and they each have one-to-one staff. The houses were very comfortable, homely, and personalised. The communication observed between the staff and the residents was good natured, respectful, warm and supportive.

Overall, the inspector found systems were in place to provide for the health,

emotional and social care needs of the residents. A number of minor matters were discussed with the provider at the feedback meeting but these did not impact on the resident's wellbeing. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations. The centre was last inspected in June 2019 and the actions identified at that inspection had been satisfactorily resolved, namely the installation of fire doors in the centre.

The centre had not been occupied since 2019. However, the provider applied for and was granted renewal of the registration in January 2020. The first resident was admitted in January 2021. The provider is a voluntary, non-profit organisation, with sufficient systems and resources available.

The inspector found that this service was planned and managed so as to offer the best outcome for the residents who lived in individual houses with one-to-one staffing. There were good management structures and oversight systems in place which helped to ensure the care provided for the residents was safe and suitable to meet their individual needs.

The centre was managed by a suitably qualified and experienced person in charge, reporting to the area manager, who had a good knowledge of the assessed needs and support requirements for the residents. There were effective reporting systems evident, with detailed monthly audits and reports submitted to the area manager by the person in charge, to ensure quality assurances in key areas such as care plans, social activities, health and safety, incidents and finances. These were reviewed by the area manager and action taken as necessary. The provider had undertaken an unannounced audit of the service since it commenced operations.

The provider ensured that there were sufficient staff with the training and skills to meet the needs of the residents. Ongoing mandatory training was provided and any gaps which occurred due to COVID- 19 pandemic rescheduled. The residents had one-to-one staff at all times, which consisted of a small core team of people. Familiar staff from their previous homes, had been assigned to ensure consistency and make the transition easier for them. Additionally, the inspector saw that the person in charge altered the staff roster to avoid points of anxiety for the residents. For example, at staff changeover times.

Although staff worked alone, there were effective systems for communication, staff

supervision and on-call management arrangements.

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 resident and good systems for monitoring and review of these.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that there were sufficient staff to meet the needs of the residents. Recruitment procedures were found to be safe.

Judgment: Compliant

Regulation 16: Training and staff development

Ongoing mandatory training was provided for staff and any deficits which occurred due to the COVID-19 pandemic were scheduled. Training in administration of emergency medicines was also provided.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management structures and oversight systems in place which helped to ensure the care provided for the residents was safe and suitable to meet their individual needs.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incidents reports, the inspector was assured that the provider and person in charge was forwarding the required notifications to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complaints recorded at the time of the inspection. However, the inspector was assured that the person in charge responded to and provided reassurance for any issues raised by, or on behalf of, the residents.

Judgment: Compliant

Quality and safety

The inspector found that the residents' quality and safety of life was prioritised and admissions to the centre, and living in their own single homes, had a beneficial impact on their wellbeing. This was supported by good access to a range of multidisciplinary assessments, including nutritional guidance, physiotherapy, neurology, and general medical care. The residents' care needs were being reviewed frequently, in consultation with their guardians so that the admissions to the centre could have the best outcome for the residents.

There were detailed personal support plans implemented, which the inspector saw were effective and detailed for all of the residents' needs, Attention was paid to identifying goals, with the resident's involvement, and how these would be achieved. The staff spoken with were very familiar with these plans. The inspector observed that they were following them in their communications with the residents, ensuring that the sensory equipment they needed was used and available to them and behaviour support guidance implemented.

The individual social care needs of residents were actively supported and encouraged. One resident took part in a significant charitable walking event as part of a personal weight management programme and community involvement. They were learning to manage using cash machines, and do their own shopping on line.

The residents had good access to the local community and used all of the local services, such as hairdressers and beauticians, clubs and amenities. They joined each other for activities as they choose. These systems ensured that the residents had the best opportunity for a meaningful life and achievements with support.

The residents' healthcare needs were monitored and reviewed frequently with good access to general practitioners, (GPs) and other relevant clinicians. All referrals were followed up on. These systems ensured that the residents maintained the best possible health. Where a resident was unable to tolerate a medical intervention, this was recorded and alternative sourced.

To this end, from a review of the records available, speaking with the residents and staff and observation on the day, the inspector found that the residents wellbeing had improved in a range of areas, including mobility, general health, behaviours of concern, anxieties, with a corresponding positive impact on the quality of their lives.

There were suitable and safe systems for the management and administration of resident's medicines. These were frequently reviewed and their impact on the resident monitored.

The provider had effective systems, policies and procedures in place to protect the resident from abuse. There was a suitable protocol in place for management of situations where the residents may have been using maladaptive coping strategies, which would ensure that they were safe from abuse. The staff had detailed guidelines in regard in regard to supporting the resident with personal care which protected their privacy and dignity. The inspector confirmed that these were adhered to. The resident were assessed as to the level of support needed with their finances, the inspector found the there was good oversight of this, and the residents were involved in decisions regarding how they spent their monies.

There were good systems to support the resident's emotional wellbeing. Clinical guidance was available and had a key role in supporting the residents' transition and settling in to their new environment and lifestyle. From the records reviewed and observation on the day, these have had a positive impact on the resident day-to-day life, with a significant reduction in incidents evident. Any incidents of behaviours of concern which occurred were promptly reviewed. Restrictive practices were minimal and the person in charge was trialling a reduction in a number of practices to ascertain if they were no longer in fact necessary.

The risk management systems protected the residents and were proportionate, without impinging unduly on the residents' freedom. Relevant risks were identified for the residents and suitable support plans implemented. The person in charge was seen to have acted promptly to address any event which occurred, for example, when a seizure monitor failed to activate. The residents' safety was also promoted by the fire safety management systems implemented. Staff also undertook regular fire evacuation drills with the residents and had developed strategies to encourage the residents to participate, such as the use of head phones.

The residents' rights were were being protected by the systems for consultation with them, respecting their known preferences and wishes regarding their day-to day

lives, their privacy and dignity, support with their monies and consultation with their families who acted as advocates.

There were systems implemented to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, personal protective equipment (PPE) and hand hygiene. There were adequate hand washing facilities along with hand sanitising gels available throughout the house on the day of this inspection. Staff were also observed to be wearing PPE as required. The residents were in the process of receiving the second dosage of their vaccination which would give them further protection and allow more involvement in their community.

Regulation 10: Communication

The residents had detailed plans to assist their communications, with access to tablets and phones, and the staff were seen to be very familiar with communication.

Judgment: Compliant

Regulation 17: Premises

The premises were very homely and suitable for purpose and the residents expressed their contentment in their homes.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management systems protected the residents and were proportionate, without impinging unduly on the residents' freedom. Relevant risks were identified for the residents and suitable support plans implemented for situations such as falls, weight loss, seizure activity and road safety.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable and effective systems implemented to mitigate against the risk of an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems implemented, including systems for containment, and alerting of fires which were serviced as required. Staff also undertook regular fire evacuation drills with the residents.

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 on the resident monitored.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had good access to a range of multidisciplinary assessments, including dietitians, occupation therapy, physiotherapy, neurology, and general medical care. The residents' care needs and plans were reviewed frequently, in consultation with the residents and their guardians. Changes were made to the detailed support plans where necessary. The residents social care needs and preferences, access to their preferred activities and the community were well supported.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs were monitored and reviewed frequently with good access to GPs and other relevant clinicians.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good systems in place to support the residents' emotional wellbeing. Clinical guidance was available and had a key role in supporting the residents' transition and settling in to their new environment and lifestyle. From the records reviewed and observation on the day, these have had a positive impact on the residents day-to-day life, with a significant reduction in incidents evident. Restrictive practices were minimal and the person in charge was trialling a reduction in a number of practices, to ascertain if they remained necessary.

Judgment: Compliant

Regulation 8: Protection

The provider had effective systems, policies and procedures in place to protect the residents from abuse. There was a protocol implemented in specific situations which ensured that they were safe. Their personal care and finances were managed with due regard to their dignity and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were being protected by the systems for consultation with them and respecting their known preferences and wishes regarding their day-to day lives, their privacy and dignity, support with their monies and appropriate consultation with their families.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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