



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	21 July 2021
Centre ID:	OSV-0005047
Fieldwork ID:	MON-0026460

About the designated centre

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

Mullingar Centre 3 is a modern bungalow based on the outskirts of Mullingar town for residents with severe to profound intellectual disabilities and physical care needs. It is operated by the Muiríosa Foundation. It is a full time community house which provides support based on a social model. The building design is suitable for individuals with high support needs and can accommodate a maximum of four individuals, both male and female. The residents are supported by a 24 hour staff team consisting of nursing staff, social care workers and support workers. There is a large entrance hall and wide corridors. There are four large double bedrooms, three of which are en suite and one with a wet room. All bedrooms are personalised and designed to each individual's personal preferences. Each resident is supported to avail of community based facilities that are of importance to the individual and which reflects their support plan. The following services are provided by Muiríosa Foundation if required; social work, occupational therapy, physiotherapy, speech and language therapy, psychology and behavioural therapy. A wheelchair accessible vehicle is available for use by the designated centre.

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
Wednesday 21 July 2021	10:00hrs to 16:30hrs	Noelene Dowling	Lead
Wednesday 21 July 2021	10:00hrs to 16:30hrs	Karena Butler	Support

What residents told us and what inspectors observed

The centre comprises of a bungalow in a quiet location in the countryside. A section of the inspection was undertaken in the provider main offices to minimise risk to the resident and staff and the inspectors spent a number of hours in the centre. Guidelines for the prevention of infections were adhered to.

The inspectors met with the four residents who live in the centre. Overall, the inspectors found that the residents who live there were supported to have a good and safe quality of life, based on their need for support.

The residents were unable to communicate verbally with the inspectors, but allowed the inspectors to observe some of their routines, meals and were supported by the staff to communicate using gestures and expressions. The residents appeared to be content in their home, and relaxed in the company of the staff and their peers.

The layout of the centre provides very good support for the residents within a homely, spacious and bright environment. The residents were supported to spend time at their preferred activities, and they had a range of sensory equipment such as a waterfall in the living room, a brightly coloured fish tank and access to gentle music. Sensory supports, such as massages, formed a significant part of the residents routine. The staff were observed to respond quickly to the residents communication and expressions. They spent time in the company of the staff and each other in the kitchen, while cooking and other work was done.

The residents required full support with all of their personal care and mobility needs. The inspectors observed that the staff were very attentive and careful to ensure that they were repositioned regularly, and had periods of rest. The person in charge had ensured that the residents comfort was prioritised with a range of equipment, specialised seating, egg chairs and additional cushioning, all managed without impacting on the homely environment of their home.

The residents bedrooms were spacious and comfortable with personal mementos and pictures of those closest to them. The residents social care needs were supported according to their known preferences. They had day trips out, on occasion went to the Zoo, visited the local dog shelter. They went out for ice cream, had long walks in the local area with the staff and used the local community amenities.

The person in charge had ensures that the residents contact with and support of their families were maintained during the Covid-19 pandemic with video calls to their families. As restrictions were easing, visits were resuming but all activities were considered in the light of the significant vulnerability of the residents. On what was an extremely hot day, the inspectors observed that the staff were very careful in ensuring the residents were comfortable, with the house ventilated as much as possible. The staff constantly applied sun screen, provided cold drinks and moved

the residents to different areas, in and outside of the house, to help them stay cool. The garden was large and very suitable for the residents' wheelchairs and with bright flowers and decorations. A large gazebo had been donated in memory and thanks by a resident's family. This was used very effectively to give the residents shade and comfort and the inspector observed that they enjoyed this activity. Another resident had a shed which he liked to spend time in with his favourite possessions.

The inspectors did not have the opportunity to speak with the residents' family members. Nonetheless, there were numerous records of communication evident, and the family members were closely consulted regarding the residents care. They acted as advocates on the residents behalf, ensuring that their right to safe and appropriate care in their home was upheld. The inspectors saw records of very complimentary messages in regard to the care and support provided to their family members, particularly at difficult times, which gave them reassurance.

The inspectors spoke with staff, the CNM 11 and the person in charge and reviewed a range of documentation to inform this inspection. Of particular note, was the knowledge of all of the staff in regard to the complex care needs of the residents and how to support them. They were very familiar as the residents' preferences, and responsive to their expressed wishes during the day. The inspectors observed that all communication with and regard to the residents was managed in a person-centred, respectful, kind manner, but also with humour.

Therefore, while there had been a decrease in the staffing levels available prior to the inspection, the findings in next sections of this report indicate that the provider had good procedures in place to provide for the emotional, physical and healthcare needs of the residents.

The following section of this report details the governance and management arrangement and how this impacts on the quality and safety of care in the centre.

Capacity and capability

This announced inspection was carried out, in order to ascertain the providers continued compliance with the regulations and to inform the decision in regard to the provider's application to renew the registration of the centre.

This inspection found good governance arrangements in place which supported the residents' complex needs and ensured the quality and safety of their lives. The provider is a voluntary non-profit organisation with a suitable reporting structure in place. At the time of this inspection the centre was managed by a suitably qualified person who was also the area manager, on an interim basis, while recruitment took place. The post holder was responsible for three designated centre however, the presence of a team leader/ CNM 11, helped to ensure that this was a suitable arrangement. There was an effective on-call support system in place also.

There were good systems for oversight, including regular and detailed monthly reports to the area director which captured all aspects of life in the centre. Audits undertaken included the use of PRN (as required) medicines, residents' support plans, finances and healthcare. These systems, along with a transparent annual review and provider visits, supported the ongoing monitoring of the service and the welfare of the residents.

From a reviews of the staff rosters, the skill mix and numbers of staff reflected the residents need for support with nursing care available regularly and easy access to additional nursing oversight available within the organisation. The staff rosters indicated that there were two staff on duty from 08:00hrs to 20:00hrs and a third staff from 08:00hrs until 15:00hrs. However, the rosters indicated that this staff had not been regularly available for some time. The inspectors were advised that this was due to the urgent need to deploy staff to another service operated by the provider and familiar staff needed to support a resident in hospital. The area manager advise that recruitment had taken place, and this, coupled with the return of the third staff nurse would ensure the complement was maintained and sufficient. There was no evidence that the residents vital care needs had been impacted on by this, however, some activities such as walks outside had been limited at times.

The recruitment practices had been reviewed at an earlier date and were seen to be safe. According to the training documents reviewed, there was a commitment to the provision of both mandatory training and additional training pertinent to the residents' needs. This included specialised feeding systems, first aid, skin care and pressure area prevention, site specific infection control, all of which supported the residents' wellbeing and comfort. Staff spoken with were knowledgeable as to the supports necessary for the residents in all of these matters.

The statement of purpose, which outlines the services to be provided and to whom, was reviewed and the care provided was in accordance with this statement.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge. The post holder was responsible for four centres and is also the area manager for the region This was an interim arrangement and the inspectors was were advised that recruitment had taken place and a new person in charge was to be appointed. Nonetheless, the presence of the team leader, CNM 11 helped to ensure that this arrangement did not have a negative impact on the residents.

Judgment: Compliant

Regulation 15: Staffing

From a review of the staff rosters, the skill mix and numbers of staff reflected the residents need for support with nursing care available regularly and easy access to additional nursing oversight available within the organisation. The staff complement, had been reduced in the period proceeding the inspection. The area manager advised that recruitment had taken place, and this, coupled with the return of a third staff nurse in early August 2021 would ensure the complement was sufficient. There was however, no evident negative impact on the residents, due to the consistency of the staff group and their knowledge of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

According to the training documents reviewed, there was a commitment to the provision of both mandatory training and additional training pertinent to the residents' needs. This included specialised feeding systems, first aid, skin care and pressure area prevention, site specific infection control, all of which supported the residents' wellbeing and comfort. Staff spoken with were knowledgeable as to the supports necessary for the residents in all of these matters.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found good governance arrangements in place which supported the residents' complex needs and ensured the quality and safety of their lives, these included regional manager and the person in charge. There were effective systems for oversight, including regular and detailed monthly reports to the area director which captured all aspects of life in the centre. Audits undertaken included the use of PRN medicines, residents' support plans, finances and healthcare. These, systems, along with a transparent annual review and provider visits and responses to any risks or untoward events, supported the residents wellbeing and continuity of care.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions were managed in a manner so as to ensure compatibility of residents, and each resident had a detailed contract, signed on their behalf as was appropriate

to their needs.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose was accurately reflected in the care and support provided in the centre.
Judgment: Compliant
Regulation 31: Notification of incidents
From a review of the accident and incident records, the person in charge was forwarding the required notifications to the Chief Inspector.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The provide had adhered to the requirement to notify the Chief Inspector of the arrangements in place in the absence of the person in charge.
Judgment: Compliant
Regulation 34: Complaints procedure
There were no complaints recorded at the time of the inspection. There were however, procedures for making a complaint and for eliciting the views of the residents and their representatives on the care provided.
Judgment: Compliant
Quality and safety

The inspectors found that there was a high standard of evidence based practice delivered in a compassionate and kind manner. There was evidence of frequent multidisciplinary assessment and reviews of the residents' need. Detailed support plans were implemented for all of their care needs including, nutritional requirements, pressure area care, transporting and moving, comfort and sensory supports. The staff were observed to be implementing these plans during the day. In accordance with the residents' need for support, their family members were closely involved and consulted regarding their care and decisions being made with regard to this. The inspectors found that there was attention paid to the details to support the resident's lives and comfort. For example, a recent admission had been managed very carefully, with cognizance of the Covid- 19 risk and also to provide the best opportunity for the resident to make the transition comfortably.

Following the admission, a range of further pertinent multidisciplinary assessment been undertaken and the inspector saw that all recommendations, either had been or were in the process, of being addressed.

The residents enduring and complex healthcare needs were very well monitored, and any changes were promptly responded to by the staff. There was good access to GP general practitioners (GP), neurology, haematology with all referral and follow ups necessary undertaken.

The inspectors saw that during hospital admissions, staff remained at all times with the residents, to help them feel safe in the unfamiliar environment and ensure that their non-verbal communication was understood. All of these factors supported the residents' health and therefore their quality of life at this stage.

The residents were especially vulnerable given their complete dependency on the staff. The systems for safeguarding took this into account. The inspectors were informed that there were no current concerns of this nature. The organisation had systems and designated persons assigned to oversee this. They were protected by the robust systems for support with management of their finances, good communication and consultation with the families who acted as advocates for them, good oversight of their physical wellbeing, and good systems for monitoring of any minor injuries or bruising. Their personal care was directed by detailed and protective plans.

A small number of restrictive practices were implemented in the centre. These were fully assessed by the appropriate clinician, and reviewed for their continued necessity for the residents' ongoing safety.

Behaviours of concern were not a feature of this service. Nonetheless, the residents' emotional wellbeing was supported by clinical guidance in regard to their changing mental health needs, for example, the onset of dementia. The inspectors noted the understanding of the staff in relation to this and how to support the resident. For example, colourful items such as tapestries, were been introduced to help the residents identify areas in their own environment.

The systems for the management of risk protected the residents and took account

of their vulnerabilities. The risk register and the individual risk assessments and management plans were specific to the environment and the clinical risks for these residents. They included detailed guidelines in the use of specialised feeding systems, monitoring of fluids, seizure activity, falls, and strategies to manage such risks.

There were health and safety procedures implemented, and the inspectors saw that all of the specialised equipment necessary for the residents was available, and serviced. This included hoists, specialised beds, with suitable accessible bathrooms, and ramps and seating.

Fire prevention and management systems were satisfactory. Since the previous inspection, the provider had, as required, promptly installed containment doors in the bedrooms. The guidance of the local area fire officer was also sought due to the lone working arrangement at night and the dependency level of the residents. Additional precautions such as installing ski-sheets, amending the personal evacuation plans, were advised and implemented, so that the fire service could respond and act promptly should they be required.

A range of suitable fire safety systems were in place, including a monitored fire alarm, and were found to be serviced as required. Staff had training in fire safety and regular drills were held to ensure that they could be evacuated at night and within the time advised by the fire officer.

There were good practices for the management and prevention of control and these had been significantly revised to prevent and manage the COVID-19 pandemic and to protect the residents. There were clear lines of responsibility for the oversight and management of this and ongoing direction and procedures for the staff to follow which they were observed to be carrying out. These systems had protected the residents.

The staff and the area manager demonstrated a commitment to supporting the residents in their choices in their own daily lives and routines, and their right to have appropriate dignified care in a safe environment.

Regulation 10: Communication

The residents had communication plans devised and a number of tools were used to support them in their non-verbal communication. These included pain or distress assessments and the staff understood and responded to their gestures and expressions.

Judgment: Compliant

Regulation 17: Premises

The premises was homely, brightly decorated, well laid out and equipped to meet the residents' needs for support and privacy.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents nutritional needs were identified, supported and consistently reviewed by the staff and specialists to enable them to maintain the best possible health.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was detailed information available to ensure that all of the residents needs were understood in the event of a resident being admitted to acute care. However, it was policy and practice that the staff accompanied and remained with the residents during any such periods.

Judgment: Compliant

Regulation 26: Risk management procedures

The systems for the management of risk, protected the residents and took account of their vulnerabilities. The risk register and the individual risk assessments and management plans were specific to the environment and the clinical risks for these residents. They included detailed guidelines in the use of specialised feeding systems, monitoring of fluids, seizure activity, falls, and strategies to manage such risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were good practices for the management and prevention of control and these had been significantly revised to prevent and manage the COVID-19 pandemic and had protected the residents.

Judgment: Compliant

Regulation 28: Fire precautions

Fire prevention and management systems were satisfactory. Since the previous inspection the provider had, as required, promptly installed containment doors in the bedrooms. There were four easily accessible exits from the centre. The guidance of the local area fire officer was also sought, given the lone working staff at night and the dependency level of the residents. Additional precautions were advised and implemented, so that the fire service could respond and act promptly should they be required.

A range of suitable fire management systems were in place, including a monitored fire alarm, and were found to be serviced as required. Staff had training in fire safety and regular drills were held to ensure that they could be evacuated at night and within the time advised by the fire officer.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors reviewed the systems for the management and administration of medicines and found that these were safe, prescriptions regularly monitored. The residents medicines were reviewed frequently for their benefit to the residents or any side effects which could impact on the residents health. Changes were seen to be made promptly if needed and monitored by the staff .

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was evidence of frequent multidisciplinary assessment and reviews of the residents' needs, with detailed support plans implemented for all of their care needs including, nutritional requirements, and pressure area care, transporting and moving. The staff was observed to be implementing these plans during the day and the residents representatives were closely involved in all decisions , reviews and

planning for their care. Their social and emotional needs were also well supported with access to the local communities.

Judgment: Compliant

Regulation 6: Health care

The residents enduring and complex healthcare needs were very well monitored, and any changes were promptly responded to by the staff. There was good access to general practitioners, neurology, haematology with all referral and follow ups necessary undertaken.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents' emotional wellbeing was supported by clinical guidance in regard to their changing mental health needs, for example, the onset of dementia. The inspectors noted the understanding of the staff in relation to this and how to support the residents. A small number of restrictive practices were implemented in the centre. These were fully assessed by the appropriate clinician, and reviewed for their continued necessity for the residents' ongoing safety.

Judgment: Compliant

Regulation 8: Protection

The systems for safeguarding took the residents vulnerabilities into account. The inspectors were informed that there were no current concerns of this nature. The organisation had systems and designated persons assigned to oversee this. They were protected by the robust systems for support with management of their finances, good communication and consultation with their families who acted as advocates for them, good oversight of their physical wellbeing, and good systems for monitoring of any minor injuries or bruising. Their personal care was directed by detailed and protective plans.

Judgment: Compliant

Regulation 9: Residents' rights

The staff and the area manger demonstrated a commitment to supporting the residents in their day-to-day lives, and routines, to have appropriate safe and dignified care and to live in a safe environment. The staff and the residents representatives acted as their advocates.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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 Mullingar Centre 3 OSV-0005047

Inspection ID: MON-0026460

Date of inspection: 21/07/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment has taken place and a staff member has been successfully progressed and allocated a role to support the staff team particularly during absences and times of illness of residents when extra support may be required. The return of one staff nurse will also bring back the staff team to full complement.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	20/09/2021