



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

Name of designated centre:	Meath Westmeath Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	26 July 2018
Centre ID:	OSV-0004590
Fieldwork ID:	MON-0021895

## About the designated centre

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

The provider had a statement of purpose in place that outlined the provision of residential services to 14 individuals with intellectual disabilities across three locations. The providers' statement of purpose outlined caring values and an inclusive ethos that was supported by clear organisational structures. The provider stated they wished to add a new premises to their service and stated new applications would be completed and submitted to HIQA regarding same.

**The following information outlines some additional data on this centre.**

Current registration end date:	08/09/2018
Number of residents on the date of inspection:	14

## How we inspect

To prepare for this inspection the inspector or 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
26 July 2018	09:00hrs to 17:00hrs	Conor Brady	Lead

## Views of people who use the service

Residents in this designated centre presented as very content and well cared for. There were 14 residents in the centre across three locations. The inspector had the opportunity to meet with residents from each of the three locations and observed very person centred practice and a homely atmosphere. All residents spoken with told the inspector that they were very happy in their homes and felt safe, well supported and cared for by staff. Resident feedback questionnaires were reviewed as part of this inspection and were found to be positive. Resident complaints were listened to and corrective actions and follow up on the part of the provider was evident.

## Capacity and capability

A good governance and management team were in place and the levels of oversight were found to be effective. Governance systems were clear and accountable and this resulted in a good standard of service delivered to residents.

A very professional and competent person in charge was in place who demonstrated high levels of knowledge, understanding and expertise. The person in charge was very aware of the assessed needs of the residents and was ensuring the effective management of the designated centre.

Performance management and supervision systems were in place. Staff meetings and reviews were occurring frequently. The person in charge audited practices on a regular basis to ensure clear and consistent provision of service. Areas of best social and health care practice, medication, finances, health and safety and risk were very well monitored in this centre.

The provider and quality team had completed audits and there was evidence of action plans being implemented to improve the service delivered to the residents.

Overall good levels of capacity and capability were evident in this designated centre.

### Regulation 14: Persons in charge

A full time, qualified and competent person in charge was in place.

Judgment: Compliant

### Regulation 15: Staffing

An appropriate number and skill mix of staff were supporting residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Mandatory training, rosters, supervision and performance management systems were in place.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was in place.

Judgment: Compliant

### Regulation 23: Governance and management

Good levels of governance and management were in place that resulted in good outcomes for residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was reviewed that reflected the service delivered.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications were submitted and followed up appropriately.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints processes were in place and complaints made by residents were followed up.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures in place were found to be implemented and understood by staff spoken with.

Judgment: Compliant

## Quality and safety

The quality and safety of service in this centre was found to be of a very good standard.

Residents health and social care was well promoted in the centre. Residents were observed to have good professional supports in place that promoted high levels of social activation. Residents told the inspector they were very happy and gave numerous examples of positive activities that had occurred including concerts, weddings, day trips, festivals, etc. A number of residents were on holidays at the time of inspection. From reviewing personal plans the inspector found comprehensive plans in place that were based on residents needs, wishes and

preferences.

Residents were found to be well supported in line with their individual needs, wishes and preferences.

Risk management procedures reviewed were found to be effective with evidence of follow up and learning from incidents such as resident falls and accidents.

Safeguarding procedures were in place and staff demonstrated good knowledge and understanding of the types of abuse and the policy, procedures and protocol's in place to keep residents safe. Resident finances were reviewed and found to be well protected.

Overall the quality and safety of care provided to residents in the centre was found to be excellent.

### Regulation 10: Communication

Residents were communicated with appropriately in line with their personal plans.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had ample room for personal possessions.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents welfare and development was well provided for in this centre

Judgment: Compliant

### Regulation 17: Premises



All three premises reviewed were suitable to residents assessed needs.
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
Residents were observed to be well supported at mealtimes and informed the inspector they were very happy with same.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
Risk management procedures were in place. Incidents and accidents were logged, risk assessed and control measures were put in place.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Fire precautions were in place and the centre could be safely evacuated according to the person in charge and fire register records.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Medicines management policies were in place and practices regarding the prescribing, administering and secure storage of medicines were appropriate.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>

Personal plans in place were found to be clear, comprehensive and reviewed.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents had good access to allied health professionals and health plans reviewed demonstrated the promotion of best possible health.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Residents requiring positive behavioural support planning had same in place. Residents were observed being supported in line with these plans.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Appropriate safeguarding measures were in place to protect residents from abuse.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Residents rights were found to be well respected and promoted in the designated centre.
Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant