



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 1
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	03 November 2020
Centre ID:	OSV-0004090
Fieldwork ID:	MON-0030794

About the designated centre

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

Mullingar Centre 1 supports eight individuals with moderate to severe intellectual disability and specific support needs in relation to health care, behaviours of concern and autism. The service is offered to both male and female adults and is a 24 hour service. The provider aims to provide people with an intellectual disability and their families a service which promotes each resident's best interests, choices and that optimally captures the balance of empowerment and necessary safeguards. The designated centre comprises of two community houses in close proximity to the local town. Each resident has their own bedroom, as well as access to the communal areas and garden areas. The residents are supported by both social care and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Tuesday 3 November 2020	10:00hrs to 16:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met with three of the residents, in one of the houses which comprise the designated centre during the day. The residents communicated in different ways according to their ability and preference. Some residents communicated by gesture and allowed the inspector to observe some of their routines at times during the day. Their views were relayed through staff advocating on their behalf.

The residents appeared comfortable in their home, which was warm and cosy, and were supported with their personal care sensitively. Staff were attentive and responsive to them, assisted them with their mobility and communicated easily with them. Staff responded quickly to their non-verbal communication and assisted them gently with their meals and other tasks. The staff ratios available allowed the residents to undertake their preferred individual activities during the day.

The second house which comprises the centre was not entered by the inspector due to COVID-19 and public health guidelines, however; additional documentation was reviewed so to ensure that the care and support provided was suitable.

Capacity and capability

This risk inspection was carried out at short notice, in order to ascertain the provider's continued compliance with the regulations. The centre was last inspected in January 2019 with a high level of compliance evident. The providers' application to renew the registration of the centre was processed and granted in October 2020, following a desktop review, due to the COVID-19 pandemic.

This inspection found good governance arrangements in place with an experienced and suitably qualified person in charge. The post-holder was responsible for two centres but supported by the organisational structure, to ensure that this was a suitable arrangement.

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 medicines, residents' personal goals, finances, accidents and incidents. These supported the ongoing monitoring of the service and the welfare of the residents. The provider's unannounced inspection visits and the annual report for 2019 were also detailed reviews, with actions identified for completion. These reviews included the views of the residents and in this instance, primarily their relatives, which expressed satisfaction with the service and the care

provided to their relatives.

However, the findings in the quality and safety section of this report in relation to the suitability of the centre to meet the needs of all residents, and safeguarding responses, clearly indicated the need for more definitive actions to be taken by the provider where issues of concern emerge which impact on resident lives. It is acknowledged however, that efforts have been made by the provider to seek funding to address the issues.

The skill mix of staff reflected the residents' assessed needs for support, with regular nursing oversight available at various times in each of the centres per week. An additional nurse was being recruited at the time of the inspection. Further nursing oversight was also available from the local management team. This supported the residents' healthcare needs effectively. The staff rosters indicated that there were sufficient staff on duty during the day and overnight to provide the care and individualised support needed for the residents.

Recruitment practices were not reviewed in total on this inspection, as the records were stored in another location. The inspector did review a sample of records for agency staff and found that these contained all of the relevant documentation, and that the staff had the training required to work with the residents. A limited number of specific dedicated agency staff are used which provided consistency of care for the residents. By agreement, such staff do not work in other centres currently, so as to reduce the risk of infection to the residents. According to the training records reviewed, staff had the skills and knowledge to support the residents with varied and complex needs. All relevant COVID-19 specific training had been provided and was kept updated.

Mandatory training requirements were up-to-date, with revised schedules of training to account for any course which had been cancelled due to the COVID-19 pandemic. However, staff also had additional training pertinent to the residents including first aid, emergency medicines, dysphagia and oxygen therapy. The staff were knowledgeable as to the supports necessary for the residents in these matters. There was evidence of good staff supervision systems in place by the person in charge.

The person in charge had submitted most of the required notifications to the Chief Inspector. However, as a number of incidents which occurred were not deemed to be categorised as safeguarding, these had not been submitted. This requires review.

The inspector reviewed the details of a concern/ complaint regarding care and welfare, which had been received in 2019. The response to this was comprehensive, and additional supports had been provided including additional staff, increased communication and reporting to relatives, additional clinical review and consideration given to a change of residence. However, despite this, transparent process and response, this matter is ongoing.

Regulation 14: Persons in charge

There was an experienced and suitably qualified person in charge, who was full time in post.

Judgment: Compliant

Regulation 15: Staffing

The skill mix and numbers of staff reflected the residents need for support, inclusive of nursing care. Rosters were organised to provide one-to-one supports as needed. The recruitment practices were not reviewed in total on this inspection, but the inspector saw that the provider sought the required An Garda Síochána vetting and references and other documentation for all agency staff used.

Judgment: Compliant

Regulation 16: Training and staff development

According to the training records reviewed, staff, including agency staff, had the skills and knowledge to support the residents. COVID-19 specific training had been provided and was kept updated. Mandatory training requirements were up-to-date, with revised schedules evident where any had been cancelled due the COVID-19 pandemic. Staff also had additional training pertinent to the residents needs.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found good governance structures and systems for oversight in place.. However, the findings in relation to the suitability of the centre to meet the needs of all residents, and safeguarding, clearly indicates the need for more prompt and robust actions to be taken by the provider where such issues become apparent. It is acknowledged however, that efforts have been made by the provider to seek funding to address this matter and put additional supports in place in the interim.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a detailed contract for the provision of service, signed on their behalf by appropriate representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the details required by the regulations and care practices were found to be in accordance with the statement.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted most of the required notifications to the Chief Inspector. However, as a number of incidents which occurred were not deemed to be categorised as safeguarding, these had not been submitted. This requires review.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a suitable policy for the management of complaints and was processing a complaint transparently.

Judgment: Compliant

Quality and safety

The residents' complex needs were recognised and supported by the provider in order to support their quality of life and safety. However, there are clearly identified concerns regarding the compatibility of the residents and the subsequent

inadvertent consequences on their lives which arise from this.

As the residents' needs dictated, there was evidence of frequent multidisciplinary assessments and reviews of the residents' needs with detailed support plans implemented for all of their care needs including, healthcare, nutrition, mobility, occupational therapy, speech and language, mental health, communication and sensory supports. The staff were observed to be implementing these plans during the day.

The residents' day-to-day and social care needs were dictated by their known preferences and ability to manage in certain environments. For example, one resident attended a formal day service which had recommenced, and undertook computer work, art and life skills. The provider had set up a sensory activity room for one person, external to the centre, which allowed individual sensory supports to take place when the resident wished to participate. Their social care needs were also supported with trips to the coffee shops and swimming, drives and short breaks. There was a "Share a Break" scheme whereby specific volunteers provided some external activities and social outlets for the residents. This was managed by the social work service within the organisation. These activities had obviously been impacted by the pandemic. There were safe alternatives introduced. The revised restrictions were being adhered to, and visits were being curtailed in accordance with the public health surveillance guidance and the specific vulnerabilities of the residents to the virus. Alternatives to family visits, including visits in the garden or the use of technology had been introduced.

The residents' complex healthcare needs were very well supported with prompt access to general practitioners, physiotherapy, dietitians, neurology and general medical review. Any changes to their health were promptly noted and interventions implemented. Staff supported the residents with physiotherapy exercises to maintain and improve mobility.

Nonetheless, despite this very good practise, the inspector was not assured that the current living environment and the diverse needs of all of the residents were being met within the centre. There was evidence on record, from clinicians, that the current environment and shared living arrangement may in fact have been exacerbating a deteriorating situation for one resident, albeit inadvertently, and required urgent attention. In response to this the provider had taken a number of actions. These included additional staff, multidisciplinary reviews and revised assessments. An advocate had been sourced to support the residents, but due to the pandemic, this had not as yet progressed. Medicine and behaviour support reviews were also evident.

It is acknowledged that there are be multiple factors involved and efforts have been made to alleviate the situation. However, there was evidence from incident reports that very disruptive incidents occurred with some frequency, which disrupted residents' sleep at night. On occasion, the residents were taken from their home for periods of time, to allow incidents be managed. Two physical assaults had also taken place, primarily as a result of this incompatibility of need and disturbance. The incidents have been occurring for a significant period of time. The inspector was

informed that a business case had been submitted to the funding agency in relation to a change of living environment. However, this move was discussed in 2019 and had not been progressed.

In addition to this, the systems for safeguarding of residents required review to ensure that the impact of incidents which occurred on residents was recognised and acknowledged as safeguarding incidents. While safeguarding plans had been implemented in some cases, the inspector found that the threshold for escalating incidents was not satisfactory. Records seen by the inspector indicated that this response was prompted only by incidents which resulted in direct physical assault. This does not take account of the impact of the incidents on resident's psychological well-being and safety in their day-to day lives. This is especially relevant as the residents in the main are unable to verbalise their distress, or make a complaint on their own behalf, but they do respond with increased anxieties and self-harm when such issues arise.

Where a resident's legal status required full support, this was managed safely via a multidisciplinary committee. This supported decision making in regard to all care and welfare matters, in order to ensure the resident was protected.

The residents required full support with their finances and there were good oversight systems in place to ensure this was safe. The residents' personal care was directed by detailed and protective plans. There was good access to behaviour support guidance and clinical oversight.

A number of restrictive practices were implemented in the centre. These were fully assessed by the appropriate clinicians and reviewed for their suitability and continued necessity for the residents' ongoing safety and well-being. Where PRN (administer as required) medicine was used to support behaviours of concern, this was according to a specific protocol and was regularly reviewed.

The systems for the management of risk protected the residents. 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 of monitoring of fluids, choking risks, seizure activity and strategies to manage such risks. Additional supports such as padding on items of furniture were implemented to prevent injury where this was necessary. Accidents and incidents, including medicine errors, were well and promptly managed.

Medicine management practices were seen to be safe with systems for storage administration, recording and disposal evident.

The residents were protected by the fire safety and evacuation procedures implemented. There were a range of fire safety systems in place, including a suitable fire alarm, emergency lighting and extinguishers which were seen to be serviced as required. Staff had received centre specific fire safety training and evacuation practices had been undertaken at various times to ensure they could be safely evacuated.

The policy and procedure for the prevention and management of infection had been

reviewed to reflect the increased risks and challenges of COVID-19 and to protect the residents. A number of strategies were deployed; these included: restrictions on any visitors to the centre; increased sanitising processes, infection control protocols for staff, the use of and availability of suitable PPE when necessary. Unnecessary crossover was avoided and there are contingency staffing plans available should these be required.

The provider had implemented this plan during an initial outbreak in the centre, to good effect, with continued and prompt access to medical care, support for the residents and sufficient staff to ensure that their care needs were supported during what was a very difficult time.

The inspector saw that the residents were supported to understand and adhere to public health guidelines and staff used appropriate personal protective equipment when required. The risk register had been reviewed to reflect the pandemic and took account of the vulnerabilities of the residents and their inability to maintain the guidelines in some circumstances. The provider continued to seek guidance from the relevant agencies and there were processes readily available to offer direction and updated guidance promptly.

Regulation 10: Communication

The residents had detailed communication support plans in place. Where required, these included the use of pictorial images, technology or signing; and the staff were seen to be very attuned to each resident's communication style.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable for purpose, comfortable and with suitable adaptations to allow ease of movement and personal care for the residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was detailed information available in the event that a resident required admission to acute care.

Judgment: Compliant

Regulation 26: Risk management procedures

The systems for the management of risk protected the residents. The risk register and the individual risk assessments and management plans were specific to the environment and the clinical risks for these residents. Untoward events were responded to promptly.

Judgment: Compliant

Regulation 27: Protection against infection

The policy and procedure for the prevention and management of infection had been reviewed to reflect the increased risks and challenges of COVID-19 and to protect the residents. A number of strategies were deployed and these were being monitored. The provider continued to seek guidance from the relevant agencies for best practice in infection control. There were processes in place in the centre which gave good direction to staff and residents which were reviewed and updated promptly.

Judgment: Compliant

Regulation 28: Fire precautions

The residents were protected by the fire safety and evacuation procedures implemented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practices were seen to be safe with systems for storage administration, recording and disposal evident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' complex needs were suitably assessed and the provider had put in place suitable arrangements to support and optimise the residents' quality of life and safety. There was frequent multidisciplinary assessments and reviews of the residents' needs with detailed support plans implemented for all of their care needs including, healthcare, nutrition, mobility, occupational therapy, speech and language, mental health, communication and sensory supports. Their social care needs were being supported according to their own preferences. However, the inspector was not assured that the needs of all of the residents could be met within the centre, and this impacted on their quality of life and well-being, despite the best efforts of all concerned.

Judgment: Not compliant

Regulation 6: Health care

The residents complex healthcare needs were very well supported with prompt access to all relevant clinicians. Any changes to their health were promptly noted and interventions had been implemented.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was good access to behaviour support guidance and clinical oversight.

Restrictive practices implemented were clinically assessed and regularly reviewed and monitored.

Judgment: Compliant

Regulation 8: Protection

There were good systems for the safe management of resident finances and decision making where this was required. However, the criteria for deciding when the threshold for abusive experiences has been reached, required review. For example, improvements were required to ensure consideration of the impact of ongoing incidents on resident's psychological well-being and safety in their day-

to-day lives in their home, where they cannot express this for themselves.

Judgment: Not 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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Mullingar Centre 1 OSV-0004090

Inspection ID: MON-0030794

Date of inspection: 03/11/2020

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Safeguarding meeting held with PIC, Area Director, Positive Behavioral support team, and Designated Officer on the 06/11/2020. • PIC and Designated Officer reviewed data collected via the monitoring tool in relation to the impact of living with others on the 11/11/2020. • The family members of each individual was contacted by the PIC to update them on the inspection and the actions taken to date on the 16/11/2020. • Preliminary screening submitted to HSE safeguarding team by the Designated Officer on the 18/11/2020. • PIC supported three individuals to seek advocacy support. • PIC met with positive behavioral support team and psychologist to review all incidents and notifications on the 18/11/2020. • Comprehensive report completed which outlines all actions taking to safeguard the individuals 20/11/2020. • Monthly meetings attended by the Person in Charge & behavior support team to review all incidents and notifications are in place. 	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge will review all accidents incidents, ABC form and progress notes to ensure all safeguarding incidents are identified and notified to chief inspector.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • MDT meeting was held to review all monitoring data, risk assessments, safeguarding plans, accidents and incidents on the 10/11/2020. Attendees of this meeting included Occupational Therapist, Physiotherapist, Speech & Language Therapist, Behavioral Therapist and Advocate. • Each individual safeguarding plan was reviewed and amended accordingly by the Person in Charge & Designated Officer on the 11/06/2020. • A business case was submitted to the funding body for an individualized service for one individual whose behavior impacts on the quality of life of their peers. • A comprehensive report was prepared which outlines all actions taken to safeguard all individuals 20/11/2020 by the psychology department. • Meeting held on the 26/11/2020 following report attended by staff, management & psychology to identify the most appropriate actions to meet the needs of all individuals within the designated centre. • The identified incompatibility issues of the individuals have been reviewed and are on the organizations risk register. • The incompatibility issues of individuals are discussed and reviewed a the regional and organizational IMR meetings with the funding body. 	
Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: Actions taken to date following inspection:	

- Safeguarding meeting held with PIC, Area Director, Positive Behavioral support team, and Designated Officer on the 06/11/2020.
- PIC and Designated Officer reviewed data collected via the monitoring tool in relation to the impact of living with others on the 11/11/2020.
- Preliminary screening submitted to HSE safeguarding team by the Designated Officer on the 18/11/2020.
- The family members of each individual was contacted by the PIC to update them on inspection and actions taken to date on the 16/11/2020.
- PIC supported three individuals to seek advocacy support.
- PIC met with positive behavioral support team and psychologist to review all incidents and notifications on the 18/11/2020.
- Monthly meeting attended by the PIC & behavior support team to review all incident and notifications are in place.
- The organizational risk register has been updated to ensure the incompatibility issues are appropriately profiled with the funding body.
- The incompatibility concerns are profiled at the Regional and organizational IMR in relation to funding required to implement an individualized service.
- Organizationally the appropriate reporting of Peer to Peer incidents is being reviewed to ensure consistency in appropriate reporting to the Safeguarding team.

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 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	30/11/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	30/11/2020
Regulation 05(3)	The person in charge shall ensure that the	Not Compliant	Orange	30/05/2021

	designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/12/2020