



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

## Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	01 December 2020
Centre ID:	OSV-0003958
Fieldwork ID:	MON-0030989

## About the designated centre

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

The designated centre is made up of three community based houses, each in close proximity to the nearest town and to public transport facilities. The service provides care and support to adults with an intellectual disability. Each resident has their own bedroom decorated to their individual style and preference and there are various communal areas throughout the house including well maintained garden area. Transport is also available to meet the needs of residents and avail of social activities. Two of the houses accommodated residents with various levels of independence while the other, as described by the statement of purpose, provided support to residents as having high support needs. Staffing was provided in accordance with the assessed needs of residents, including waking night staff and nursing support in the house where residents had higher support needs. Additional staff were made available if or when required.

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

Number of residents on the date of inspection:	12
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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 1 December 2020	09:30hrs to 15:30hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

In order to comply with public health guidelines, the inspection was carried out in one of the three houses which comprise the designated centre, and supports five of the residents with high dependency needs. However, in order to ensure the care needs of other residents were being supported, documentation and information was also reviewed for those houses. The inspector was able to observe some of the residents' routines and care and they communicated with the inspector in their preferred manner, with the assistance of staff. The house was warm, cosy and bright, and they had ample room to move around with their equipment. Their daily lives and activities were seen to take place at their own pace, and choice. For example; residents got up late as they wished, and let staff know the activities they wanted to do. The inspector observed the residents enjoying their own favourite activities, such as memory boxes, doing their exercises with staff, and sensory activities. They went out for drives, had takeaways and went to a safe location to enjoy this.

While a lot of the residents' lives and routines had been impacted by the pandemic, the staff had mediated this. The provider had also used the time to review the routines and day service available for the residents. For example, for some residents, the person in charge advised that they would continue with a wrap-around service from their home, as this was found to be more beneficial to them, given their preferences and age. Day service staff supported the residents and staff with other activities, including planting flowers, painting and crafts. In some instances, the time was used to develop additional life skills, such as cooking, hair colouring. The residents had participated in decorating the garden and yard area, which was very colourful and safe so they could enjoy it. One resident went to an individualised day service in the mornings. This had been arranged as it had become obvious that the lack of such a schedule was impacting on the residents' emotional well being. It was carefully planned however.

Care was taken to ensure the residents had continued contact with their families. For example, family visits to the centre or short visits home had been managed safely, in accordance with the public health guidelines and restrictions. Contact was maintained via phones and video calls.

The residents were supported with their personal care sensitively. Staff responded quickly to their non-verbal communication and assisted them gently with their meals, tasks and activities during the day. The atmosphere was homely and relaxed in the centre.

## Capacity and capability

This risk inspection was carried out at short notice, in order to ascertain the providers continued compliance with the regulations and to inform the decision in regard to the renewal of the registration. The centre was last inspected in January 2019. All of the documents required for the application to renew the registration of the centre had been submitted.

This inspection found good governance arrangements in place with an experienced and suitably qualified person in charge, who was very knowledgeable of the resident's needs and her responsibilities. There was also a robust organisational structure, with clearly defined roles, to support the residents care. Staff expressed their confidence in the availability and support of the management team in any situation, or at any time.

There were effective systems for oversight, including regular and detailed monthly report and audits undertaken, including medicines, accident and incidents and residents' finances. 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 detailed reviews with actions identified for completion. These reviews included the views of the residents and also their relatives, which were very positive regarding the overall care, consultation and communication, but in particular, the care and support offered during the COVID-19 pandemic.

The skill mix and numbers of staff reflected the residents assessed need for support, in each of the individual houses, with regular nursing oversight available in one house. The staff rosters indicated there were sufficient staff on duty during the day and overnight to provide the care and support needed. A small number of agency staff were used, but these were consistent and assigned only to this centre to reduce unnecessary footfall.

The recruitment practices were not reviewed on this inspection, although from previous reviews of these, the provider has demonstrated a commitment to ensuring that these practices for all including agency staff, are safe. According to the training records reviewed, staff had the skills and knowledge to support the residents varied and complex needs. All relevant COVID-19 specific training had been provided and this was updated internally. Mandatory training requirements were up-to-date, with revised schedules where any had been cancelled due to the COVID-19 pandemic. The staff were very knowledgeable as to the supports necessary for the residents. There was evidence of good staff supervision and communication systems in place which supported the care of the residents. These had continued in an altered format since the pandemic.

From a review of the accident and incident reports the provider was submitting the required notifications to the Chief Inspector.

Registration Regulation 5: Application for registration or renewal of registration

All of the documents required for the application to renew the registration of the centre had been submitted.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a very experienced and qualified nurse, fully engaged in the role, with very good knowledge of the residents and her responsibilities in the role of person in charge

Judgment: Compliant

### Regulation 15: Staffing

The skill mix and numbers of staff, reflected the residents assessed need for support, in each of the individual houses, with regular nursing oversight available in one house and waking night staff as needed.

Judgment: Compliant

### Regulation 16: Training and staff development

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 this was updated internally. Mandatory training requirements were up-to-date, with revised schedules where any had been cancelled due the COVID-19 pandemic. There were good supervision and communication systems implemented.

Judgment: Compliant

### Regulation 22: Insurance

Evidence of up-to-date insurance had been submitted as part of the application for renewal.

Judgment: Compliant

### Regulation 23: Governance and management

This inspection found good governance arrangements in place with a robust organisational structure, and systems for oversight and direction of practice evident.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in accordance with the regulations and care practices were found to be in accordance with this statement.

Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of the accident and incident reports, the provider was submitting 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

There were suitable arrangements in place for any absences of the person in charge.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no complaints recorded at the time of the inspection but the



provider has a suitable policy should any such arise.

Judgment: Compliant

## Quality and safety

The residents' varied needs were identified and supported so as to ensure their safety and quality of life was prioritised. This was demonstrated by the how the living arrangements within the centre were organised and how the provider responded, when issues of incompatibility arose. To this end, the centre's three houses support different levels of need.

From a review of a sample of five residents' records, it was apparent that multidisciplinary assessments and reviews of their needs took place frequently, with detailed support plans implemented including nutrition, mobility, communication, emotional well being and sensory supports implemented. The staff were observed to be implementing these plans during the day. These were reviewed frequently in consultation with the residents themselves, and their families, as appropriate. There was evidence that changing needs were promptly responded to. For example; when a resident needed additional support with mobility, or revised nutritional supports these were promptly responded to. There was a "Share a Break" scheme, whereby suitable long term volunteers, provided some respite breaks if residents wished and benefited from such external friendship and support.

The residents day-to-day and social care needs were dictated by their known preferences and choices. While normally, activities such as swimming, working with animals, reflexology, would take place, these had obviously been impacted by the pandemic. There were safe alternatives introduced in a planned manner. For example a resident continued to go to see the animals, so at least had contact with their preferred activity. The residents had pictures of all of their activities and achievements.

There was however, a difference in the quality and detail in the documentation available within the houses, especially in relation how the residents' personal goals and daily activities were progressing. However, from a review of other documents, and speaking with staff, the inspector was assured that this was primarily a documentary deficit for review.

The residents' healthcare needs were very well supported with prompt access to general practitioners, physiotherapy, dietitians, neurology and general medical review and gender specific screening. Any changes to their health were promptly noted and interventions had been implemented in order to promote their health for as long as possible. They had very detailed healthcare support plans devised and the staff were able to outline these to the inspector.

The premises visited by the inspector is very suitable for its purpose, with good

access, suitably adapted bathrooms, and space for privacy and comfort. The residents were supported with all of the equipment necessary including overhead hoists, specialised and motorised chairs and Jacuzzi bath. All of the equipment was seen to be maintained to ensure it was safe for the residents.

There were no safeguarding concerns within the centre at this time. Where this issue had arisen, the provider had acted promptly to address it, so that all of those concerned were looked after. The staff spoken with were very clear on their reporting responsibilities, and on what was not tolerated for the residents.

A number of the residents required full support with their finances. There were good systems for oversight of this generally. However, in one instance, there was uncontrolled access to a resident's bank card. While the provider had a plan to address this in the long term, it required an interim arrangement while awaiting this. From the records reviewed, there was no evidence of any wrongdoing, but it presented a risk. For those residents who maintained full control of their finances, there was a system of support, which was agreed in consultation with the residents. The residents' personal care was directed by detailed and protective plans. There was good access to behaviour support guidance and clinical oversight as needed. A small number of restrictive practices were implemented in the centre, such as bed rails and falls alarms. These were assessed by the appropriate clinicians, reviewed for their suitability and continued necessity for the residents' ongoing safety and well-being.

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 personal safety, with detailed strategies to manage such risks. Accidents and incidents, including medication errors, although not a feature of the service, were well and promptly managed by the person in charge.

The residents were protected by the fire safety and evacuation procedures implemented with a range of suitable fire safety systems in place, including containment systems, a suitable fire alarm, emergency lighting and extinguishers which were seen to be serviced as required. Staff had received fire safety training and evacuation practices had been undertaken at various times, and using the equipment needed to ensure the residents could be safely evacuated. There were two waking night staff in one house to manage this.

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

The policy and procedure for the prevention and management of infection had been revised to prevent and manage the COVID-19 pandemic and to protect the residents. There was an identified lead within the organisation with specific responsibility for implementing this. There were also procedures for monitoring and ensuring the guidelines were adhered to.

The systems included protocols for staff coming on duty, limiting of footfall within

the centre, sanitising procedures, checking of staff and residents for any potential symptoms. There was also details procedure for the management of any potential outbreaks and the staff outlined this to the inspector. There was a suitable and varied supply of PPE available. There was regular contact via the public health agencies.

The inspector saw that the residents were supported with this and staff used appropriate personal protective equipment, and sanitised frequently. However, there were some lapses in wearing of masks noted, which was brought to the attention of the person in charge.

The residents' rights were promoted by the systems for consultation with themselves and their families, and during the day it was apparent that their preferences were being respected. They were treated with dignity and respect by the staff. While the COVID-19 pandemic had impacted significantly on their choices and freedom of movement, it was apparent that all measures had been taken to mediate this. Their access to necessary services and healthcare had continued throughout. Contracts for care had been reviewed and were signed appropriately, either by the resident or by family members on their behalf. There was consultation taking place in regard to Christmas arrangements, taking their vulnerabilities, wishes and public health guidelines into account.

#### Regulation 10: Communication

There were detailed communication support plans devised which encompassed the residents non-verbal communications regarding their wishes, distress or pain.

Judgment: Compliant

#### Regulation 17: Premises

The premises visited is very suitable for purpose with good access and suitably adapted bathrooms and space for privacy and comfort. The residents were supported with all of the equipment necessary including overhead hoists, specialised and motorised chairs and Jacuzzi bath.

Judgment: Compliant

#### Regulation 18: Food and nutrition

The residents' nutritional needs and preferences were identified and facilitated,

weights and fluids were monitored and where needed, supplements were provided.

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 to ensure their needs were known, understood and could be responded to promptly.

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. Any untoward events were promptly responded to, with learning and review evident.

Judgment: Compliant

### Regulation 27: Protection against infection

The policy and procedure for the prevention and management of infection, had been revised to prevent and manage the COVID-19 pandemic and to protect the residents. There were also procedures for monitoring and ensuring the guidelines were adhered to. The inspector saw that staff used appropriate personal protective equipment, and good sanitising procedures during the day, there were some lapses in the wearing of mask noted, which was brought to the attention of the person in charge.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The residents were protected by the fire safety and evacuation procedures

implemented with a range of suitable fire safety systems in place.

Evacuation practices had been undertaken at various times and using the equipment to ensure the residents could be safely evacuated. There were two waking night staff in one house to manage this.

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 lives were supported by good access to multidisciplinary assessments and reviews of their needs, with detailed support plans implemented including nutrition, mobility, communication, emotional wellbeing and sensory supports took place. The staff were observed to be implementing these plans during the day. These were reviewed frequently in consultation with the residents themselves, and their families, as appropriate. There was evidence that changing needs were promptly responded to.

Judgment: Compliant

### Regulation 6: Health care

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 responded to.

Judgment: Compliant

### Regulation 7: Positive behavioural support

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

Restrictive practices such as bed rails or falls alarms were assessed by the appropriate clinicians, reviewed for their suitability and continued necessity for the residents' ongoing safety and wellbeing.

Judgment: Compliant

### Regulation 8: Protection

There were no direct safeguarding concerns within the centre and where this issue had arisen the provider had acted promptly and address it. A number of the residents required full support with their finances. There were good systems for oversight of this generally. However, in one instance, there was no control over who had access to the residents bank card. While the provider had a plan to address this in the long term, it requires an interim arrangement while awaiting this, as it poses a potential, if inadvertent risk of financial abuse.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Resident rights were promoted by the systems for consultation with themselves and their families, and during the day and it was apparent that their preferences were being respected. They were treated with dignity and respect and their privacy was respected.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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
<b>Quality and safety</b>	
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	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Meath Westmeath Centre 2 OSV-0003958

Inspection ID: MON-0030989

Date of inspection: 01/12/2020

## 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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"><li>• A memo will be issued to all staff to reiterate infection prevention and control protocols already in place and to highlight the mandatory use of masks – 15/12/2020.</li><li>• Infection prevention and control and mask wearing will be discussed at the next monthly team meeting – 27/01/2021.</li><li>• PIC will ensure that staff undertake refresher training in infection prevention and control – 27/01/2021.</li></ul>	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: <ul style="list-style-type: none"><li>• The individual's finances will transfer to the Muiríosa Foundation's PPPA account in the first half of 2021 – 30/04/2021.</li><li>• In the interim the Person in Charge will manage the individual's bank card with the individuals permission. A sign in / sign out procedure will be put in place – 15/12/2021.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	27/01/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2021