



Report of an inspection of a Designated Centre for Disabilities (Mixed)

Issued by the Chief Inspector

Name of designated centre:	Mullingar 5
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	05 November 2019
Centre ID:	OSV-0002760
Fieldwork ID:	MON-0022682

About the designated centre

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

This designated centre intends to offer a full time residential service to three gentlemen over the age of 18 in a detached bungalow in close proximity to the nearest town. Each resident will have their own bedroom which will be personalised in accordance with their preferences.

In addition to personal bedrooms, there are adequate communal areas, including a living room, kitchen and dining area. There is a large enclosed garden to the rear, and a lawned front garden.

The provider describes the support offered as being based on a social model of care for individuals with high support needs. Support is offered to people with an intellectual disability, autism, sensory needs and complex medical needs.

Staffing will be provided on a 24 hour basis, with waking night staff, and numbers and skill mix will be in accordance with the needs of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

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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
05 November 2019	10:30hrs to 14:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This designated centre has been closed for several months and has changed its purpose and function from being a service offering respite breaks to being a full time residential centre. As such, there were no residents in the centre on the day of the inspection.

The person in charge outlined the strategies to ensure that the voices of the residents would be heard. These strategies included assessments of needs including communication needs, a plan to have residents' meetings, and the involvement residents' representatives, including families.

The centre intends to offer a service to three residents, and the person in charge presented transition plans for three people who are the potential future residents. These transition plans were detailed, and included visits to their new home and plans to ensure that the facilitation of the choices of residents in relation to their rooms, decor and having personal possessions in their home.

Capacity and capability

This centre had been closed for a number of months, and its purpose and function had been changed from being a respite service to being a full time residential service.

The provider had put arrangements in place to ensure that the centre would be well managed and governed. The strategies outlined during the inspection indicated that the new service will be effectively managed, with a clearly defined management structure in place and explicit lines of accountability and various governance processes in place to ensure the safety and quality of care and support to residents.

The provider had made arrangements to ensure that key management and leadership roles were appropriately filled. There was a person in charge already in position at the time of the inspection who was appropriately skilled, experienced and qualified. This person in charge was full time and outlined their plans to lead the staff team and to support good practice.

There were plans in place to ensure the staff team could effectively meet the needs of residents. Assurances were given that the number of staff would meet the needs of residents, and that appropriate training would be provided. Plans to deploy staff already known to residents were described. The inspector met staff members who had been identified to staff the designated centre, and it was clear that they were

adequately skilled to meet the needs of the intended new residents.

Strategies were presented which demonstrated that the provider would identify and address areas for improvement. A system of auditing was discussed, and it was evident that the provider understood the requirement to conduct six monthly unannounced visits, and prepare an annual review of the quality and safety of care and support of residents.

There were plans in place to ensure communication between staff and management, and to ensure oversight of the care and support in the centre. The person in charge outlined a schedule of regular meetings, and a system whereby any required actions would be monitored.

The provider had put systems in place to receive and respond to feedback about the service. There was a complaints procedure in place which was clearly available, and whereby complaints would be reviewed and recorded.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and outline plans to ensure oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was not open, however the person in charge presented plans to ensure that staffing numbers and skills mix would meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The designated centre was not open, however the person in charge presented plans to ensure that staff training and supervision would meet the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. The intended monitoring systems were presented including planned audits.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and described the intended service.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which the provider intends to continue in this centre.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents would have support in leading a meaningful life and having access to healthcare, and would be supported to make choices.

An effective personal planning system was outlined which included detailed assessment and regular review. It was reported that each intended resident would have a personal plan in place based on a detailed assessment of needs and abilities, including both social and healthcare needs, and that these plans would be reviewed regularly.

As the intended residents are known to the person in charge, they were able to describe how residents would be supported to have positive healthcare outcomes, and to have continuity of care.

Robust systems in relation to risk management were outlined, and the process of risk assessment was underway. Local and environmental risk assessments had been conducted, and risk assessments individual to potential residents had commenced, in particular in relation to fire safety.

Fire safety practices and equipment were in place to ensure risks relating to fire were mitigated. Fire safety equipment including fire doors, extinguishers, fire blankets and emergency lighting were in place. There was already a personal evacuation plan in place for each potential resident, and fire drills had taken place while residents were visiting their new home.

There were structures and processes in place in relation to the safeguarding of residents. The person in charge gave assurances that all staff working in the centre would have the appropriate training.

Overall, the plans in place for residents moving into the centre indicated that each resident would be supported in having their needs met, to have a good quality of life, and to maximise their personal development in a safe environment.

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents with the needs and abilities outlined in the statement of purpose.

Judgment: Compliant

Regulation 26: Risk management procedures

The intended risk management procedures were available, and the process of risk assessment had commenced.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were clear strategies to ensure that each potential resident would have personal plan in place based on an assessment of needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The systems to ensure that the rights of residents would be upheld were in place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant