



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

Name of designated centre:	Mullingar Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	31 January 2019
Centre ID:	OSV-0004083
Fieldwork ID:	MON-0021867

About the designated centre

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

The designated centre comprises two community houses in close proximity to the nearest small town, which provide a full time, long term service to four male residents with an intellectual disability.

The provider describes the service as providing a range of services to support adults with an intellectual disability, as reflected in their person centred support plan, with the core purpose of supports to be to enable the person to be a participant in their community and to contribute to that community.

The following information outlines some additional data on this centre.

Current registration end date:	29/08/2020
Number of residents on the date of inspection:	4

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
31 January 2019	10:30hrs to 17:30hrs	Julie Pryce	Lead

Views of people who use the service

There were four residents living in the centre, and the inspector met and spent some time with all four people. Some residents greeted the inspector with handshakes and when asked indicated in their individual ways that they were happy for the inspector to be there and to look around their home. Some people needed the support of staff members to communicate, and it was clear that their preferences were respected. The preferred location of the inspector in the houses was indicated by residents, and the inspection progressed with respect to these preferences. A resident who chose to be involved throughout was included, and discussions took place in their presence.

Residents were clearly comfortable and at home, and there was a trusting relationship between staff and residents. Choices in relation to activities, meals, preferred staff and autonomy had been communicated by residents and were respected, and the inspector had a clear impression that people were content in their homes.

Whilst communication difficulties meant that resident could not verbally describe their preferences in relation to living accommodation, there was an indication of contentment in their home by the recorded reduction in anxiety related behaviours of concern since their admission to the centre when compared to records from their previous accommodation.

Capacity and capability

The inspector found the centre to be effectively managed, with a clearly defined management structure in place with clear lines of accountability and appropriate governance processes to ensure consistency of oversight.

The provider had made arrangements to ensure that key management and leadership positions were appropriately filled. There was a person in charge in position at the time of the inspection who was appropriately skilled, experienced and qualified. This person in charge has consistently demonstrated her ability to lead the staff team and to support good practice. She was a regular presence in the centre and was knowledgeable about the care and support needs of residents.

The provider had put systems in place to ensure the staff team could effectively meet the needs of residents. The person in charge conducted regular structured supervision of staff, and also had undertaken team supervision on a monthly basis..

The number and skills mix of staff was appropriate to meet the needs of residents.

There was a core team of staff, and any required relief staff were drawn from a local staff complement, all of whom were known to residents. The roster allowed for staff availability for activities for individual residents. The gender of staff preferred by residents was respected. Staff were in receipt of regular training which was found to be up to date. Therefore staff providing support to residents were in accordance with their needs and preferences.

The provider demonstrated the capacity to self identify and proactively address areas for improvement. There was a robust schedule of auditing which included a correlation of all required actions from any audits to ensure effective monitoring. Any required actions were clearly identified and overseen. All required actions reviewed by the inspector had been completed, This correlation of audit information also included information relating to complaints, family members questionnaires and staff absences. The person in charge had initial responsibility for this information, and there was a system whereby the area director had oversight of the process.

Six monthly unannounced visits on behalf of the provider had taken place, and no required actions had been identified in the most recent document.. This was consistent with the findings of this inspection. A detailed annual review of the quality and safety of care and support had been developed and made available to the inspector.

The provider had put systems in place to receive and respond to feedback about the service. There was a clear complaints procedure in place which was clearly available, and a log was maintained which included a record of both complaints and compliments received, indicating that cognisance was taken of both positive and negative feedback .

Therefore the inspector found that oversight of the centre was robust, that issues were immediately addressed, and that the quality of life for residents was upheld.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place which was available in an accessible version. A complaints log was maintained, and residents and their families were aware of the procedure if they wished to make a complaint.

Judgment: Compliant

Quality and safety

The provider had put arrangements in place to ensure that residents had support in leading a meaningful life and having access to healthcare, and were supported to make choices with a focus on communication requirements.

There was a personal planning system in place which was aimed at maximising the potential of each resident. Each resident had a personal plan in place based on a detailed assessment of needs and abilities, each of which were regularly reviewed. Residents were supported to maximise their personal potential, in that meaningful goals had been set for each person. Steps towards goals were outlined, regularly reviewed and refocused if necessary. There was a monthly review of each person's plan, and records were kept of steps taken towards goals, and on some occasions, less challenging goals put in place to ensure success, in accordance with the needs and preferences of residents. Accessible versions of plans had been developed which included pictures of achievements.

An annual review of this process was undertaken for each person, and families of residents were invited to be involved in this process. Families were also clearly welcomed to residents' homes, and staff had made overtures to families who were not currently involved.

The results of these processes were evident in the activities and daily lives of residents. The garden in one of the houses had been made accessible to residents by the installation of raised beds and a small greenhouse following the identification of interest in this activity. Where a resident enjoyed watching the world go by from their home, this had been accommodated by the arrangement of furniture and space. Where an interest in refurbishing old furniture, or an interest in artwork had been identified for people this was supported, and completed pieces were displayed in their homes.

Where residents could not communicate verbally, or had limited expressive verbal communication, there were aids to communication in place. Augmentative communications systems were in place, and a new method was being introduced for

one resident, The inspector observed interactions between residents and staff, and it was clear that staff understood and allowed residents the necessary time to communicate. Staff were knowledgeable, and could then indicate to the inspector how best to communicate with residents. This meant that the voices of residents were heard.

Healthcare plans were in place where needed and implementation of them was recorded. Residents had access to various members of the multi-disciplinary team, and their recommendations were recorded and clearly implemented. All staff engaged by the inspector demonstrated clear knowledge of needs and interventions. It was therefore evident that healthcare needs were addressed and managed.

Residents were supported to experience positive mental health. Where residents required positive behaviour support, there were detailed assessments place and the relevant allied professional had been involved in the development of plans. Plans included an assessment of the function of behaviour and strategies to reduce the occurrence of incidents. Detailed records were maintained to inform reviews of strategies and staff engaged by the inspector were aware of the strategies, and reported their role in the implementation of them. Whilst there was some lack of clarity around the updating of documentation, the inspector found that behaviours of concern were well managed and that residents were supported to lead a meaningful life with the appropriate supports.

Where restrictive interventions were in place there was a detailed rational, consent where possible and a record maintained of the implementation of these interventions. The implementation of these interventions was in accordance with best practice, was notified to HIQA as required and was kept under regular review.

There were safe practices in relation to the ordering, storage and administration of medications. All staff involved in the administration of medication had received training. The pharmacist was a resource to staff, both by undertaking regular audits and by being available to staff for advice. Administration of medication was observed by the inspector to be in accordance with best practice.

A risk register was maintained in which all identified risks, both local and individual, were recorded. The information included a brief description and a risk rating and was reviewed every six months.. Each entry referred to a full risk assessment and risk management plan which detailed guidance for staff in the management of the risk. The person in charge had oversight of all risks in the centre, and escalation, if required was to the regional director. A recently identified risk had been assessed and a management plan had been developed. There was a record of the implementation of the plan. These processes indicated that risk management was robust, and that the safety of residents was prioritised.

There were structures and processes in place in relation to the safeguarding of residents. All staff had had appropriate training and there was a policy in place to guide staff. The management of both personal finances and household finances were examined by the inspector and found to be robust. Detailed records and regular checks were in place. All transactions and balances reviewed by the

inspector were found to be correct. There were no current issues relating to safeguarding of residents. Staff and the person in charge were aware of their roles in relation to safeguarding of residents.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated and welcomed.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Structures and procedures were in place to ensure the safe management of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Provision was made for appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of residents

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	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