



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	14 January 2020
Centre ID:	OSV-0005047
Fieldwork ID:	MON-0026462

About the designated centre

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

Mullingar Centre 3 is a modern bungalow based on the outskirts of Mullingar town for residents with severe to profound intellectual disabilities and physical care needs. It is operated by the Muiríosa Foundation. It is a full time community house which provides support based on a social model. The building design is suitable for individuals with high support needs and can accommodate a maximum of four individuals, both male and female. The residents are supported by a 24 hour staff team consisting of nursing staff, social care workers and support workers. There is a large entrance hall and wide corridors. There are four large double bedrooms, three of which are en suite and one with a wet room. All bedrooms are personalised and designed to each individual's personal preferences. Each resident is supported to avail of community based facilities that are of importance to the individual and which reflects their support plan. The following services are provided by Muiríosa Foundation if required; social work, occupational therapy, physiotherapy, speech and language therapy, psychology and behavioural therapy. A wheelchair accessible vehicle is available for use by the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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 14 January 2020	10:30hrs to 17:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met all four residents during the day. The inspector could not communicate with the residents verbally but they allowed the inspector to sit with them during meals and some of their routines and activities.

Residents appeared comfortable in their home, which was warm and cosy and staff were attentive and responsive to them and carried out their various plans sensitively but in a timely manner. The layout of the centre allows for the residents to spend time at their preferred activities, or in the kitchen with staff. Residents were observed listening to music, watching preferred DVDs and using sensory equipment. The staff were very attentive to the residents, spending time sitting with and communicating with them. Staff responded quickly to their non-verbal communication and assisted them gently with their meals and other tasks.

Capacity and capability

This monitoring inspection was carried out in order to ascertain the providers continued compliance with the regulations. The centre was last inspected in October 2018 with a high level of compliance evident.

This inspection found continued good governance arrangements in place with an experienced and suitably qualified person in charge. The post holder was responsible for three centres but there was a suitable organisational structure, including team leader, in place to ensure that this was a suitable arrangement.

There were effective systems for oversight for the most part, including regular and detailed monthly reports to the area director which captured all aspect of life in the centre. Audits undertaken included the use of PRN medicines, residents' social goals and plans, finances and activities. These supported the ongoing monitoring of the service and the welfare of the residents. However, the findings in the quality and safety section of this report in relation to fire safety systems and evacuation procedures indicates that some improvements were necessary in the ongoing review of fire safety and containment systems. This was discussed at the feedback meeting the provider responded promptly.

The provider's unannounced inspection visits and the annual report for 2018 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.

The skill mix of staff reflected the residents need for support with regular nursing

oversight available. The staff rosters indicated that there were two staff on duty from 8 am to 8 pm with an additional staff until 5 PM. This allowed for access to the residents' chosen activities and the supports needed with primary care. Nonetheless, the number of staff available at night time required review to ensure that that the single waking night staff could safely evacuate the residents if required , given their level of dependency. This is detailed in the quality and safety section of this report under fire precautions.

The recruitment practices were not reviewed on this inspection as the records were maintained elsewhere. However, according to the training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents. These included specialised feeding systems, first aid, site specific infection control and skin care. Staff spoken with were knowledgeable as to the supports necessary for the residents in these matters. There was evidence of good staff supervision systems in place and regular team meetings which focused on the residents care and promoted consistency of care.

Regulation 14: Persons in charge

There was an experienced and suitably qualified person in charge. The post holder was responsible for three centres but there was a suitable organisational structure, including team leader, in place to ensure that this was a suitable arrangement.

Judgment: Compliant

Regulation 15: Staffing

The skill mix of staff reflected the residents need for support with regular nursing oversight available. Staffing arrangements and resources during the day time ensured there was access to the residents chosen activities and the supports needed with primary care. However, the staffing arrangements at night time required review to ensure that that the single waking night staff could safely evacuate the residents if required, given the residents' level of dependency. Staff expressed a lack of confidence in doing so.

Judgment: Substantially compliant

Regulation 16: Training and staff development

According to the training documents reviewed, there was a a commitment to the provision of mandatory training and additional training of relevance to the residents.

These included specialised feeding systems, first aid, site specific infection control and skin care. 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 and regular team meetings which focused on the residents care and promoted consistency of care.

Judgment: Compliant

Regulation 23: Governance and management

There were good governance arrangements in place with effective oversight and systems for monitoring of the centre for the most part. However, issues regarding fire safety systems and evacuation procedures indicated that some improvements were necessary in the ongoing review of fire safety and containment systems. These matters were discussed at the feedback meeting and the provider responded promptly.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose accurately reflected the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting the required notifications to the Chief Inspector,

Judgment: Compliant

Quality and safety

The care practices in the centre were implemented in a manner so as to ensure that

the complex needs of the residents were met and their quality of life prioritised. The residents did not attend formal day services, but in accordance with their assessed need, they had well planned and individually tailored day-programmes. The residents had access to specialised massage, sensory therapies or music during the day in the local community. Within their home, there were a number of areas where therapeutic supports were part of their rest and relaxation time. Their social care needs were also supported with trips the Zoo, visits to the local dog shelter, and having family in for meals.

There was evidence of frequent multidisciplinary assessment and reviews of the residents' needs with detailed support plans implemented for all of their care needs including, dietary requirements, pressure area care, transporting and moving. The staff was observed to be implementing these plans during the day. In accordance with the residents' need for support, their family members were closely involved and consulted regarding their care and decisions being made.

Residents' healthcare needs were very well supported with good access to physiotherapy, dietitians, neurology and general medical review. The residents needed rest periods during the day and these were seen to be facilitated by the staff. The residents needs were outlined in a comprehensive "all about me" document which provided guidance on their individual needs and their known preferences for day time activities, communication, and also for very specific preferences such as their preferred type of material in clothing. These systems helped to ensure that the residents' wellbeing and contentment in their lives was supported and prioritised. There were also detailed communication plans outlined and it was evident that the staff understood and responded to their communication.

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 in the uses of specialised feeding systems, monitoring of fluids, seizure activity and strategies to manage such risks.

There were health and safety procedures implemented and the inspector saw that all of the specialised equipment necessary for the residents was available, including hoists, specialised chairs and beds and these were maintained and serviced as needed.

Systems for safeguarding of residents were satisfactory and the inspector was informed that there were no current concerns of this nature. The organisation had systems and designated persons assigned to oversee this. Staff were familiar with what issues should be reported and to whom. The residents required full support with their finances and there were robust oversight systems in place to ensure this was safe. The residents' personal care was directed by detailed and protective plans.

A small number of restrictive practices were implemented in the centre. These were fully assessed by the appropriate clinician and reviewed for their suitability and continued necessity for the residents' ongoing safety.

Medicine management practices were reviewed and found to be satisfactory, with

appropriate storage and disposal arrangements now in place.

However, the fire safety and evacuation procedures required review to ensure they were effective taking the dependency levels of the residents and the single waking night staff into account. 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 procedures.

However, three of the four residents required full support with mobility and transfer including the use of a hoist and or wheelchair. The four bedrooms were located in one compartment on the corridor and the most direct fire exit was via double doors from one resident's bedroom. Not all of the doors had appropriate fire containment status although the provider had installed strips on the door frames and self-closing devices to help with this containment.

There was one waking staff on duty at night. One resident's evacuation plan required the use of specialist equipment by one staff to evacuate and another resident was to be evacuated in the specialised bed via the double doors for the bedroom. Another resident required a hoist to access the wheelchair. The fourth resident would also require significant support and direction from staff. The inspector saw that there were a number of fire drills conducted to simulate the night time staffing arrangement. The records indicated that these evacuations had been managed in a reasonable time frame. However, on the day of the inspection, the staff spoken with were not confident that this could be achieved safely and quickly in a real emergency and a staff indicated that they had not participated in such an evacuation practice. The provider responded promptly to these concerns to provide assurance in regard to the prompt installation of fire containment systems. In addition, the provider also advised that a competent person would review the evacuation systems and staffing levels to ensure they were sufficient to safely evacuate the residents.

Regulation 10: Communication

There were detailed communication plans outlined and a resident was being supported to use a specialised device to assist with communication. It was evident that the staff understood and responded to their communication.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents had specialised dietary and nutritional needs and these were adhered

to and these were adhered to and their needs monitored.

Judgment: Compliant

Regulation 26: Risk management procedures

There were health and safety procedures implemented and the inspector saw that all of the specialised equipment necessary for the residents was available, including hoists, specialised chairs and beds and these were maintained and serviced as needed.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety and evacuation procedures required review to ensure they were effective having regard to the dependency levels of the residents and the staffing arrangements which were in place at the time of inspection. The provider did not demonstrate that there was adequate arrangements in place for the containment of fire and smoke in the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practices were reviewed and found to be satisfactory with appropriate administration storage and disposal arrangements now in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was evidence of frequent multidisciplinary assessment and reviews of the residents' needs with detailed support plans implemented for all of their care needs including, dietary requirements, pressure area care, transporting and moving. There social care needs were also well supported. Appropriate family members were consulted regarding the residents' care needs and decisions .

Judgment: Compliant

Regulation 6: Health care

The residents complex healthcare needs were very well supported with good access to physiotherapy, dietician, neurology and general medical review.

Judgment: Compliant

Regulation 7: Positive behavioural support

A small number of restrictive practices were implemented in the centre. These were fully assessed by the appropriate clinician and reviewed for their suitability and continued necessity for the residents' ongoing safety. Residents using bedrails were monitored at night.

Judgment: Compliant

Regulation 8: Protection

Systems for safeguarding of residents were satisfactory with systems and designated persons assigned to oversee this. Staff were familiar with what issues should be reported and to whom. Systems for the monitoring of the residents finances and personal care were satisfactory.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not 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

Compliance Plan for Mullingar Centre 3 OSV-0005047

Inspection ID: MON-0026462

Date of inspection: 14/01/2020

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Actions completed:</p> <ul style="list-style-type: none">• On 29/01/2019 all staff participated in simulated night time fire evacuation drills supervised by the fire officer and PIC. Each staff member completed the simulated night time fire evacuation drill in a timeframe of between 5 and 6 minutes.• The night time safety protocol was reviewed and a nightly fire precaution checklist was devised and will be introduced at the next staff meeting• Day and night time evacuations will continue to take place monthly and findings reviewed at monthly staff meetings. <p>Measures in place to support evacuation:</p> <ul style="list-style-type: none">• The Designated Centres proximity to the local fire station (3km)• Zoned fire detection alarm panel in operation• Monitored smoke and fire alarms in every room• Fire doors on all bedroom doors and other main doors within the Centre with automatic door closures• All door closures are operational• The fire exits are checked and recorded daily by staff• There are 3 evacuation exits• Fire extinguishers are in place, serviced and certified annually• Staff are all trained in fire safety• Fire protections equipment are checked and certified annually• Effective on call system in place• No white good electrical equipment is used at night time	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Fire doors installed on all bedroom doors with automatic door closures on 31/01/2020 giving 30 minutes fire resistance • On 29/01/2019 all staff participated in simulated night time fire evacuation drills supervised by the fire officer and PIC. Each staff member completed the simulated night time fire evacuation drill in a timeframe of between 5 and 6 minutes. • The night time safety protocol was reviewed and a nightly fire precaution checklist was devised and will be introduced at the next staff meeting • Day and night time evacuations will continue to take place monthly and findings reviewed at monthly staff meetings. • The local station fire officer will visit Designated Centre and familiarize themselves with layout and dependency levels of Individuals residing in the Centre. <p>Measures in place to support evacuation:</p> <ul style="list-style-type: none"> • The Designated Centres proximity to the local fire station (3km/5 minutes) • Zoned fire detection alarm panel in operation • Monitored smoke and fire alarms in every room • Fire doors on all bedroom doors and other main doors within the Centre with automatic door closures • All door closures are operational • The fire exits are checked and recorded daily by staff • There are 3 evacuation exits • Fire extinguishers are in place, serviced and certified annually • Staff are all trained in fire safety • Fire protections equipment are checked and certified annually • Effective on call system in place <p>No white good electrical equipment is used at night time</p>	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them	Not Compliant	Orange	31/03/2020

	to safe locations.			
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