



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

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 5
Name of provider:	Muiríosa Foundation
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	17 January 2025
Centre ID:	OSV-0008556
Fieldwork ID:	MON-0046129

About the designated centre

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

The designated centre is a spacious bungalow in close proximity to the nearest town and to public transport facilities. The service provides care and support to up to four adults with an intellectual disability. Each resident has their own bedroom decorated to their individual style and preference, and the designated centre is designed and laid out to meet their needs. There are various communal areas throughout the house including well maintained garden areas. Transport is available to meet the needs of residents and to avail of social activities. Staffing was provided in accordance with the assessed needs of residents. 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:	4
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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 (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
Friday 17 January 2025	10:30hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards.

There were four residents living in the centre on the day of the inspection and the inspector met and spent some time with them all. On arrival at the centre, the inspector found that two of the residents were out engaging in activities, and two of them were at home, one getting ready for the day and the other having a relaxing morning and a lie in.

The introductory meeting with the person in charge and one of the staff members took place in the kitchen of the designated centre so as to ensure that the residents who were enjoying a relaxed start to their day were not disturbed. One of the residents came into the kitchen to make their morning cup of tea, and helped themselves to their preferred drink. They greeted the inspector and said that it was ok if the inspector had a cup of coffee too. They indicated that they were happy to have a chat, and spoke about the pet dog of the house. They took the inspector into the living room to meet the dog and settled down for their drink and snack. They spoke about the pet dog, and another dog that they knew, then told the inspector about a trip that they had recently been on, and described some aspects of the trip.

Another resident who had just got up also came into the living areas, and greeted the inspector with a hug. They also greeted the person in charge with a hug, and went off to get their tea and breakfast. They then chose to engage in a sensory table-top activity, and both residents discussed this activity.

The inspector walked around the communal areas of the designated centre, and found that the layout was appropriate to meet the needs of residents. There were adequate communal areas and bathrooms to meet the needs of residents, and a spacious private back garden. There was garden furniture so that residents could enjoy the garden in good weather, and a raised garden bed which staff explained was particularly important to one of the residents who grew their own vegetables and salads. Staff described the way in which resident harvested lettuce and salad onions and made meals from their home grown ingredients.

Later in the inspection, the inspector was passing by the room of a resident who had just returned from their morning activity. The resident invited the inspector in to see their room and have a chat. This resident explained that they had a job in a nearby nursing home, and this morning's task had been setting up the tables for lunch. They explained that it was payday, and that their pay was going directly into their bank account.

Two of the residents had lived together for more than thirty years. There were photographs of them together as children, and it was evident that they were very attached to each other. There were occasional incidents between these two

residents, all of which had been reported to the office of the Chief Inspector in accordance with the requirement to report any allegations of abuse. However, the inspector found that these incidents were minor in nature, and were quickly resolved by the staff team, and that the attachment of the two residents was an important relationship to both of them.

During the course of the inspection the inspector observed an affectionate relationship between all of the four residents, and each of them spoke fondly about the others.

Whilst reviewing documentation and holding discussions with staff, the inspector heard loud music and vocalisations, and on entering the living room found the group of residents enjoying music together. One resident was playing a small table top keyboard, and another was dancing, and involved the inspector in the dancing.

Family members of one of the residents visited during the afternoon of the inspection, and agreed to speak to the inspector. They agreed to have some of their comments included in this report. They told the inspector that they were very happy with the care and support offered to their relative. They said that they were assured that their relative was cared for with love by the staff team. They said that this was their relative's home, and that when they visited it was as a family member visiting a relative's home because all care was provided by the staff team. They said that the staff went 'above and beyond' to support their family member and that nothing was too much trouble to ensure that their relative was happy and well cared for. They wanted it to be noted that when their relative was hospitalised recently that staff advocated on behalf of their relative. When the inspector asked if there were any improvements that they could suggest, they asked only that the staff team could be acknowledged.

Staff had all been in receipt of training relating to human rights, and all staff mentioned aspects of the care that they delivered being in accordance with ensuring that the rights of residents were upheld.

Following the closing meeting of the inspection which took place in the staff office, the inspector went into the kitchen to say goodbye, and all the residents were enjoying time together with staff, telling jokes, and teasing each other about having hugged the person in charge and the person participating in management. There was a pleasant family type atmosphere and it was clear that all residents were comfortable and happy in their home.

Overall, while there were some minor improvements required in documentation as further discussed under Regulation 5: Individualised assessment and personal plan, and there were some outstanding maintenance issues, it was evident to the inspector that residents were supported to have their voices heard, their choices respected and to have a happy home life.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff and was knowledgeable about the care and support needs of the residents.

There was a competent and consistent staff team demonstrated good knowledge of the support needs of residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of the support needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents, including any agency staff. In addition, the staffing numbers had recently been increased in response to the changing needs of one of the residents.

The inspector reviewed a sample of three staff files and found that all the information required by the regulations was in place.

The inspector spoke to the person in charge and three staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a

caring and respectful way.

Judgment: Compliant

Regulation 16: Training and staff development

There were clear records of staff training, and all staff had been in receipt of all mandatory training, with the exception of training in positive behaviour support. While none of the residents currently required behaviour support, this training is a requirement of the regulations.

However, additional training had been provided to staff in relation to the specific needs of residents including dementia awareness, the management of dysphagia, and the management of epilepsy.

Staff were appropriately supervised on a daily basis, and formal supervision conversations had taken place in accordance with the organisation's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review for 2024 of the care and support of residents had already been prepared in accordance with the regulations. This review outlined the consultation with residents, and reviewed complaints and compliments received. It examined all areas of the operation of the designated centre.

The inspector reviewed a sample of the identified required actions from the last two six-monthly unannounced inspections, and found that all the required actions had been completed. For example, the personal evacuation plans for each resident had been updated, unnecessary signage had been removed and risk assessments had all been reviewed and updated.

There was a schedule of monthly audits which had all been completed, and while the inspector found that some of these audits were self-audits undertaken by the staff team and consisted of ticking boxes, the six-monthly audits were detailed and covered all areas of care and support and included comments which provided evidence in support of the findings.

The designated centre was well resourced, and additional equipment had been provided in accordance with the needs of residents including a wheelchair accessible vehicle and an overhead hoist in one of the resident's rooms.

There had been no accidents and incidents in the year prior to the inspection, however there was a system of reporting, recording and escalating any incidents if any did occur.

Staff meetings had been undertaken regularly during the first half of the previous year, but had been intermittent in the second half of the year. The person in charge had identified this issue, and presented a plan to rectify this with immediate effect.

Overall it was apparent that there was clear oversight in the centre and that staff were appropriately supervised.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Office of the Chief Inspector, including notifications of any incidents of concern.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations.

There were no current complaints, but various compliments had been recorded, including comments from family members of some of the residents in relation to their satisfaction with the care and support offered to their relatives. There were also compliments from allied healthcare professionals in relation to the high standard of care and support offered to residents.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place in relation to the social care needs of residents who were supported to engage in multiple different activities, although some improvements were required in the documented healthcare plans..

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan and supported residents to maintain their independence. .

Residents were safeguarded against any forms of abuse, and some minor incidents between residents were well managed, and their friendly relationships were supported.

While the premises were laid out to meet the needs of residents with personalised bedrooms and sufficient communal areas, there were various items of maintenance that were outstanding.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 17: Premises

The designated centre was appropriately designed and laid out to support the needs of all the residents, each of whom had their own private room. There were various communal areas including living areas and a spacious and functional garden area.

While the centre was well resourced in terms of the availability of equipment for residents, there were some areas where maintenance was required.

One of the bathrooms had a stained and damaged floor, and the grouting around the shower area was in a state of disrepair. The inside of the door to this bathroom was scuffed and damaged down to the bare wood in parts.

In one of the resident's bedrooms the cupboard doors under the sink were damaged and broken, and when the inspector opened the doors there was a distinct malodour of stale dampness, and the shelves were in such disrepair that cleanliness could not be assured.

The utility area in the house had broken and missing handles, and the flooring in the main hallway was raised and presented a trip hazard. This floor was repaired immediately during the course of the inspection.

Otherwise, each of the residents' bedrooms were decorated and furnished in a person centred manner and in accordance with the preferences of each resident.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to the resident. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk management plans included the risk associated with changing healthcare, the risk of falls and the risks associated with accessing community activities. They were based on detailed assessments, and clearly identified any required control measures.

Due to the changing presentation of one of the residents there was a newly identified risk. This had been responded to immediately and a risk assessment and management plan had been put in place, which included the requirement to explore options so that the independence of the resident could be safely maintained whilst safely managing the risk. Consideration was being given to introducing a new restriction, and this was on the agenda for discussion at the meeting of the restrictive practices committee within days of the inspection. The inspector was assured that there was a rapid response to new risks, and that this risk would be safely managed.

It was evident that the person in charge had clear oversight of risk management in the centre, and that residents were supported to in their safety whilst maintaining their independence.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place various structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was a personal evacuation plan in place for each resident, giving guidance to staff as to how to

support each resident to evacuate.

Fire drills were documented, and the documentation indicated that all residents could be safely evacuated in the event of an emergency, including under night time circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were reviewed at least annually and were based on a detailed assessment of need.

A person-centred plan had been developed with each resident, and goals were set with each resident in relation to maximising their potential. Goals were set in accordance with the preferences and abilities of residents, and steps towards achieving goals were clearly identified and recorded regularly.

Care plans in place included plans relation to personal care, activities, mobility and healthcare. However some of the healthcare plans did not include sufficient guidance for staff in relation to delivering appropriate care and support. For example, a care plan relating to the management of epilepsy did not include any information as to how to manage a seizure. Another care plan relating to a residents dietary requirements was vague, for example it required 'adequate fluids and fibre' but did not include any information as to the exact requirements, and intake was not monitored.

While staff knowledge was detailed in relation to these aspects of care, and each staff member could describe the care and support required, improvements were required in the documentation.

Judgment: Substantially compliant

Regulation 6: Health care

Overall healthcare was well managed, and changing needs of residents were responded to appropriately and in a timely manner. Despite the requirement for improvement in documentation as discussed under Regulation 5: Individualised assessment and personal plan, staff knowledge was detailed, and the care and support they discussed with the inspector was appropriate.

Where changes had been identified in the presentation of residents there was a clearly documented timeline, and all appropriate referrals had been made. For example, two of the residents had been referred for dementia assessments. There

was a clear plan for 'aging in place' intended to ensure that residents would remain in their home despite changing presentation.

Residents had been offered healthcare screening in accordance with their ages, and had undertaken screening in relation to women's health and bowel care. In addition residents had access to various members of the multi-disciplinary team including the neurologist, a speech and language therapist and a physiotherapist.

It was evident that residents were continually monitored, and that they had access to appropriate healthcare.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training. Residents and their families knew who to approach if they had any concerns.

There were several incidents between two of the residents which were minor in nature. The two residents had lived together for more than thirty years, and enjoyed a close relationship. There was a detailed safeguarding in place for each of them, and the inspector was assured that there was no risk to any residents from any incidents.

Judgment: Compliant

Regulation 9: Residents' rights

All staff had undertaken training in relation to human rights, and could give various examples of the ways in which they were upholding the rights of residents. For example, they spoke about supporting the decisions of residents which might be identified as being unwise. For example, one of the residents enjoyed making purchases where they perceived a 'bargain'. Some of these purchases were for items that were either unnecessary or irrelevant to the resident, however they took pleasure in having found a 'bargain'. Staff gave the information to the resident, and explained that if they made this purchase they might not have money left for another purchase later in the week, but once having given the information, supported the resident's decision. They explained that the resident would be proud and happy with their purchase, and declare 'that was a good bargain'.

It was evident throughout the inspection that the choices and preferences of

residents were respected and that risks associated with choices were considered and that control measures were put in place to minimise the risk whilst supporting the rights of residents to make their own decisions.

For example, one of the residents had been identified as having risks associated with falls, however their independence in accessing community activities had not been curtailed. The resident accessed their chosen activities, and staff maintained a distant presence. Where the resident chose to go into a shop or café on their own, staff told them that they would be in the next door establishment in case the resident needed to call on them. Staff would then unobtrusively walk past to check on them, and thus support their independence whilst also minimising any risk.

Overall it was clear that the rights of residents were respected and upheld.

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 (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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meath Westmeath Centre 5 OSV-0008556

Inspection ID: MON-0046129

Date of inspection: 17/01/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The person in charge has scheduled Behaviour Support Training for all staff to be completed on 27/02/2025. This will be conducted by the internal Behaviour Support Team. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The registered provider has conducted a maintenance review of the centre and plans are in place to complete the works identified in the inspection report in the resident's bedrooms and utility room. • A refurbishment of the main bathroom has been approved with the works to start in March 2025. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:

- The person in charge has conducted a review of resident's healthcare plans in relation to Epilepsy and Diet. These plans have been updated to ensure there is sufficient guidance for staff in relation to delivering appropriate care and support to the residents in the Centre. Scheduled reviews of these healthcare plans are in place also.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	27/02/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Substantially Compliant	Yellow	20/01/2025

	needs or circumstances, which review shall assess the effectiveness of the plan.			
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