Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 6
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	12 November 2024
Centre ID:	OSV-0008207
Fieldwork ID:	MON-0036859

About the designated centre

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

The centre is a community based residential house that can accommodate up to four residents from 18 years of age and above to both male and female adults. The centre is managed by a person in charge. Staff in the centre support the residents living in the centre on a full-time basis and they are a mixture of support workers, social care workers and nurses. The centre is a bungalow and each resident has their own bedroom. There are two bathroom facilitates that residents share. There is one internal sitting room and there is also a garden cabin which provides an additional living space for recreational use for residents. Residents have access to a well-proportioned back garden with seating area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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 12 November 2024	10:00hrs to 18:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were positive. Residents were receiving a service that met their assessed needs by a staff team who were knowledgeable in their support requirements.

However, some improvements were required and they will be discussed in more detail later in the report. They related to:

- staffing cover when permanent staff are not available to cover shifts and also ensuring residents have regular opportunities for external activities
- premises which mainly related to issues with the bathroom tiles and floor
- fire precautions in relation to some fire containment measures and fire alarm servicing records.

The inspector had the opportunity to meet with three of the four residents that were living in the centre. Some residents, with alternative communication methods, did not share their views with the inspector, and were observed throughout the course of the inspection in their home. One resident smiled when the inspector asked them were they happy living in the centre.

Activities residents participated in depended on their interests. They included going out for walks, buying their favourite magazines in the shop, and attending a sensory garden in another town. On the day of this inspection, the residents were observed to relax watching movies or looking at magazines while spending time in their own bedrooms or in the communal areas. Other activities they participated in on the day ranged from, completing physiotherapy programs, having tea out, and having a massage session.

During the course of this inspection the inspector observed staff supporting residents in a professional and caring manner, and in accordance with their assessed needs. They were at all times attentive to the needs of the residents. Residents were observed to be relaxed and comfortable in their home, and with the staff supporting them.

The provider had arranged for staff to have training in human rights. A staff member spoken with communicated how they had put that training into every day practice. They communicated that they now ensured a person's right to privacy in the bathroom and their bedroom. They said that in the past they may have rushed more supporting a person and may have been in their space more than they needed to be. They also felt that the training re-focused them with regard to a person's right to choice and the right to refuse.

The inspector observed the house to be tidy and clean, and for the most part in a good state of repair and decoration. Each resident had their own bedroom which was individually decorated to suit their preferences. Their rooms had adequate

storage facilities for personal belongings.

There was a large front garden that contained a grass area with mature plants and also some potted flowers decorated the front of the property. There was also space for parking.

The back garden had different areas for use. For instance, a table and seating, raised garden beds for planting. There was also a garden room that had sofas, a large egg chair, a radio, and a projector for use.

As part of this inspection process residents' views were sought through questionnaires provided by the office of the Chief Inspector of Social Services (the Chief Inspector). Feedback from all four questionnaires was returned by way of staff representatives completing the questionnaires on the residents' behalf. Feedback from all four questionnaires was positive and all questions were ticked as 'yes' they were happy with all aspects of the service and the care and support they received. There were no additional comments or elaboration recorded on the questionnaires.

The inspector also had the opportunity to speak to one family representative in person who was attending the centre to visit their family member. They communicated that ' there was something special with the service' and that they were 'eternally grateful knowing that their family member was cared for and loved'. They felt that they could walk in at any hour of the day or night and get a welcome and a cup of tea. They said it was 'a pleasure to come to the centre'. They regarded the people that lived and worked in the centre as 'extended family'. They felt the service was a safe and quality service and that the atmosphere was lovely. They felt if they had a concern that they could voice it to the staff or person in charge and that the person in charge was approachable. They said the staff were 'wonderful'. Their only concerns were that there had been an increase in the use of agency staff over the previous few months and they also believed the centre could do with another vehicle to promote access to the community.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in June 2023 when an inspection with a sole focus on infection prevention and control (IPC) was conducted. It was observed at that inspection that for the most part there were good arrangements and practices in place to manage IPC risks. From a review of a sample of the actions from the previous inspection, the inspector found that they had been completed by the time of this inspection.

The inspector reviewed the provider's governance and management arrangements and noted that, there were appropriate systems in place in order to ensure the quality and safety of the service. For example, there was a clearly defined management structure in place and a staff member spoken with was familiar with the reporting structure should they have a concern.

The provider arranged for a statement of purpose and function to be completed and available in the centre as required by the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector reviewed a sample of rosters and they demonstrated that there were sufficient staff on duty to meet the needs of the residents. However, the inspector noted some improvements were required, for example to ensure the provider's staffing contingency plan facilitated continuity of care at times when permanent staff were not available.

There were systems in place to monitor and facilitate staff training and development. For example, staff were receiving formal supervision and had access to training, such as medicines management.

The inspector reviewed complaints in the centre and found that there were suitable arrangements in place to deal with any that may arise. For example, there was a designated complaints officer nominated for the centre.

Registration Regulation 5: Application for registration or renewal of registration

As required by the registration regulations the provider had submitted an application to renew the registration of the centre along with the required prescribed documents. For example, an up-to-date statement of purpose and floor plans were submitted as part of the application process and the information contained in them was found the be correct.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary experience and qualifications to fulfil the role. The split their time between this and one other centre they managed. They were supported in the role within this centre by a team lead.

They demonstrated that they were familiar with the residents' care and support needs. For example, they discussed with the inspector some of the additional

support needs that residents had. For example, one resident's healthcare needs were changing and the person in charge was able to discuss what that meant for the resident and their staffing supports.

Two staff spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels and skill mix, were effective in meeting residents' assessed care needs. The two staff on duty on the day of the inspection were observed to be caring, respectful and knowledgeable.

There was a planned and actual roster maintained by the person in charge. A sample of rosters were reviewed over a three month period from September to November 2024. They indicated that safe minimum staffing levels were being maintained at the time of the inspection to meet the assessed needs of the residents.

However, while the provider had ensured that the number and skill mix of staff was appropriate to meet the needs of residents, there was an over-reliance on agency staff at times particularly over the months prior to this inspection due to permanent staff not being able to report for duty due to circumstances out of the provider's control. The person in charge had made efforts to ensure that there was continuity of care for residents, despite a high level of agency staff utilised; however, it was not always possible. For example, in September 2024, 26 shifts were covered by eight agency staff equalling 362 hours and in October 2024, 17 shifts were covered by nine agency staff.

A review of daily notes, and discussions with staff, demonstrated to the inspector that on occasions staffing levels were impacting on residents' opportunities to leave their home to take part in external activities. For example, from the evidence presented to the inspector from 6 November to the 12 November 2024, one resident did not leave the centre for five of the seven days.

The inspector did not review staff personnel files who were employed by the organisation other than to review a sample of Garda vetting (GV) of three permanent staff members and additionally two agency staff. All were observed to have GV which demonstrated to the inspector that staff were Garda vetted to facilitate safe recruitment practices. In addition, the inspector reviewed two agency staff personnel files that the agency had issued to the provider. The files demonstrated to the inspector that the agency staff had received mandatory training in order to meet the assessed needs of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix for all training completed. Additionally, the inspector reviewed a sample of the certification for four training courses for all staff which included regularly used relief staff. This demonstrated to the inspector that staff received appropriate training in order for them to carry out their roles safely and effectively. For example, staff were trained in areas, such as:

- fire safety
- safeguarding adults
- use of nebuliser
- use of oxygen
- epilepsy awareness and emergency medication
- eating drinking and swallowing
- staff also received a range of training related to the area of infection prevention and control (IPC), for example hand hygiene.

One staff member was due refresher training in basic life saving and another was due refresher training in medicines management. The two staff were scheduled for their refresher training. In the meantime, the provider was satisfied that they had enough staff to administer medication. The person in charge confirmed that, the staff member that required refresher training in basic life saving was not and would not be lone working until they completed their refresher.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed three staff supervision files and spoke with the person in charge in relation to supervision. This demonstrated to the inspector, that there were formalised supervision arrangements in place as per the frequency of the provider's policy. The person in charge communicated that supervision sessions provided staff with opportunities to raise concerns if and when they arose.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance and management systems in place at the time of this inspection. There was a defined management structure in the centre which consisted of a team lead, the person in charge and the

area manager, who was the person participating in management for the centre. One staff member spoken with was familiar with the reporting structure of the centre and organisation.

There were management systems to ensure that the service provided was safe, consistent and monitored. A suite of audits were carried out to assess the quality and safety of care and support provided to residents in the centre. For example, annual reviews, six-monthly unannounced provider led visit reports, and other local audits on IPC audits, health and safety, medication, fire safety, transport, and finance audits every two months.

From a review of the most recent team meetings minutes since January 2024, they demonstrated that they were taking place periodically and that incidents were reviewed for shared learning with the staff team. They were also used as an opportunity to refresh the staff on certain care tasks, for example a video was shown to refresh the staff in the August 2024 meeting on the correct way to use a resident's walker.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1 of the regulations. For example, it contained information related to the specific care and support needs in which the centre could accommodate.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints, for example there was a complaints policy in place for the organisation that was last reviewed in 2022. There had been no complaints in the centre in 2023 and none up to and including the date of this inspection. The inspector observed that there was an easy-to-read procedure on how to make a complaint and a picture of the complaints officer displayed in the hall.

From a review of the complaints and compliments log for 2023-2024, the centre had received a number of compliments since 2023. For example, a family representative of one resident thanked staff for their continued care and professionalism. They went on to say that the staff set a great example in the caring profession.

Judgment: Compliant

Quality and safety

Overall, the inspection found that the residents were receiving a good standard of care that promoted and respected their views and wishes as well as their representatives. However, as previously stated some improvements were required in relation to the premises, and fire precautions.

The inspector observed the premises to be tidy and clean and for the most part in a good state of repair and decoration. Some areas were identified for improvement, for example there were some broken tiles in the main bathroom.

For the most part, there were suitable fire safety management systems in place. For example, regular practice fire evacuation drills were taking place in order to assure the provider that all residents could be safely evacuated if required. However, improvements were required to some fire safety arrangements that were in place, for example with regard to fire safety audits.

Residents were being supported with their healthcare needs and had access to allied health professionals as required. For example, residents had access to a general practitioner (GP) when needed.

From a review of the arrangements in place for positive behaviour supports with included the use of restrictive practices, the inspector found that there were sufficient arrangements in place. For example, restrictive practices, such as bed rails were assessed as necessary for the safety of the residents and subject to review.

The inspector reviewed the safeguarding arrangements and found that the provider had appropriate arrangements in place to protect residents from the risk of abuse. For example, staff completed daily financial checks of residents' money.

It was clear to the inspector that residents' communication needs were catered for in this centre and the person in charge had ensured that residents had access to opportunities for leisure and recreation.

Residents had access to wholesome and nutritious food in the centre that was consistent with their dietary requirements and preferences.

There was a residents' guide available in the centre that contained the required information as set out in the regulations.

From a review of medicines management, the inspector observed that there were suitable arrangements in place. For example, medicines were found to be securely stored.

Regulation 10: Communication

The inspector observed that there were sufficient arrangements in place to facilitate residents' communicate. Residents were supported to communicate using their preferred methods and two staff spoken with were familiar as to what residents may be trying to communicate through their actions and body language. For example, staff understood that when a particular resident went to making a grabbing motion towards them that they were not trying to hurt them and only wanted to communicate that they were happy.

From a sample of two residents' files, the inspector observed that a speech and language therapist (SLT) had assessed residents' communicate needs. Recommendations that were made by the SLT were being followed through on within the centre, for example a talking photograph album.

There were associated plans in place to guide staff as to the communication support needs of the residents. One resident used simplified manual sign language and some staff were trained in its usage. The person in charge was encouraging shared learning among the staff team and there were visuals available of the types of signs the resident used.

From the two residents' communication documentation the inspector observed that it included a communication dictionary to guide staff as to how the person may communicate. For example, it guided staff to what the person might be trying to communicate by three guiding sections 'what I do, what that means and what should you do'.

When the inspector spoke with one family member they communicated that the staff were good at communication and that the regular staff that worked in the centre could 'read their family member like a book'.

Additionally, the inspector observed that the residents had access to the televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. For example, the inspector observed DVDs, sensory objects, and a foot spa available for residents to use in the centre.

The inspector reviewed the daily notes for two residents across two sample weeks which described the residents' daily recreation and activities that they participated

in. From the sample reviewed, residents were observed to participate in activities based on their interests. For example, they were observed to attend massage sessions, reflexology, they visited horses, went on boat trips, lunches out, had foot spas and went to a motor cycle show.

One resident had previously went on a spa day to a particular place on several occasions. The person in charge reported that this activity would be continued periodically as the resident appeared to enjoy going there. Through staff observations they realised that going on day trips instead of overnights suited that resident better as they did not sleep well on overnights away from their home.

On occasions residents' ability to participate in external activities away from the centre was impacted by staffing levels, this is being actioned under Regulation 15: Staffing.

From a sample of two residents' goals reviewed, the inspector observed that they were also supported to develop goals for themselves to work towards. They included shorter goals, such as going on a boat trip and also on-going goals, for example maintaining friendships or going swimming weekly.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The inspector observed the premises to have all the facilities of Schedule 6 of the regulations available for residents use. For example, residents had access to cooking and laundry facilities.

For the most part, the premises was found to be aesthetically well kept and in a state of good repair , and it was found to be clean. However, the inspector observed that some areas required improvement. The areas related to:

- some tiles in the main bathroom wall were cracked and coming off the wall
- the floor covering in the main bathroom was cracked in one area beside the damaged tiles
- two residents' bedrooms had scuff marks on one wall.

Some personal protective equipment (PPE) was observed to be inappropriately stored on the concrete floor of the shed. The person in charge arranged for it all to be moved so that it no longer sat directly on the floor.

The inspector observed there were other measures in place to help meet the requirements of this regulation. They included, each resident had their own bedroom with sufficient space for their belongings. The inspector observed that there was adequate space in the centre for the residents. For example, there was a separate sitting room and a garden room in the back garden that could be used for

residents to have space and have visitors in private should they want.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences.

Staff had been provided with specific training in relation to eating, drinking and swallowing. A staff spoken with was knowledgeable with regard to each resident's dietary requirements.

Speech and language therapy (SLT) support plans were in place to guide staff practice for residents who required modified diets. One staff member was observed to follow residents' support plans appropriately and was observed providing assistance with eating and or drinking in a respectful manner. They were able to communicate to the inspector, that when they are supporting a resident with feeding, how they know when a resident wants more food. They said the resident would not open their mouth if they were not ready for more food and that if they opened their mouth it indicated that they were ready.

From speaking with a staff member they explained how they would prepare food for residents in a manner that facilitated the food to be as appealing as it could be while still ensuring it met the requirements of their modified diet. For example, the staff informed the inspector that they blend each food type separately for separate presentation on the plate. The staff communicated that it was in order to allow each food's natural colour and smell to be present and would therefore be more appealing for the resident instead of serving it all mashed together.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. For example, it contained information on how a complaint could be made, and the arrangements in place for visiting the centre as required by the regulations. The guide was made available to the residents in the hall of the premises.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment. For the most part, it was evident that regular servicing of those fire protection and alert systems was conducted. However, it was not evident that the fire alarm for the centre had received all four quarterly servicing within a 12 month period and instead only two servicing records were available for review.

Improvement was required to some of the fire containment measures in the centre as some frames of fire containment doors had larger than recommended gaps, some of the frames were observed to be damaged and two doors would not fully close by themselves. The provider arranged for members of the maintenance department to call to the centre and they ensured that all doors closed prior to the end of inspection and they repaired areas of frames that required repair. They communicated that the fire officer for the organisation would review the doors and ensure any further repairs necessary would be completed. While this was a positive response from the provider, the internal auditing systems had not picked up on those identified issues and therefore this required review.

The inspector reviewed a sample of two of the residents' personal emergency evacuation plans (PEEP). They were observed to be up to date and provided information to guide staff on evacuation supports residents may require. Periodic fire evacuation drills were taking place. The inspector reviewed the documentation of the last four drills and they included an hours of darkness drill. From speaking with the person in charge, a staff member and from reviewing the hours of darkness fire drill documentation, this demonstrated to the inspector that the provider could safely evacuate all residents with minimum staffing levels that would be on duty.

On the day of the inspection, it was not evident to the inspector that that the alarm type for the centre provided an adequate level of cover for the premises as per national guidance. Subsequent to this inspection, the provider consulted with a professional in the area of fire and they submitted the information requested which provided assurances that the fire alarm met regulatory requirements.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were sufficient arrangements in place for medicines management within the centre. Prescribed medicines were dispensed by a local pharmacy and found to be appropriately stored in a locked medication cabinet. Additionally, there was evidence of medicines requiring return being returned to the

pharmacy.

The inspector observed, from a review of two residents' medicines documentation, that a signed up-to-date prescription was on file for them that listed the details of the medicines they were prescribed. Medicines were observed to have pharmacy labels attached to support correct administration as prescribed.

The inspector reviewed a sample of three medicines across two residents' medication stock counts in the presence of one of the provider's clinical team. The medicines count was found to match the medicines stock control count.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed from a sample of two residents' documentation that self-assessments of medicines administration were completed with residents. This was in order to assess if they were able to self-administer their own medication and if they required any supports.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents had been appropriately assessed. Healthcare plans outlined supports provided to residents to experience the best possible health. For example, the inspector observed a support plan on how to support a resident with regard to respiratory tract infections, and skin integrity plans. They included information on how to support the residents to prevent those healthcare issues from occurring.

The inspector observed from a review of two residents' healthcare information that they were supported to attend appointments with health and social care professionals as required, for example a GP, a neurologist, an occupational therapist (OT) and an SLT.

The two staff spoken with were very knowledgeable with regard to the residents' assessed needs and their healthcare plans in place. For example, they were able to communicate relevant information from epilepsy care plans that were in place.

The inspector also observed from the two files reviewed that residents were supported to avail of vaccinations, for example the flu vaccine.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements for positive behavioural support. If required, residents had access to members of the multidisciplinary team to support them to positively manage behaviour that may cause themselves or others distress. For example, one resident was supported with a desensitisation program for supporting them to have bloods taken when required. From documentation reviewed, the program appeared successful in supporting the resident to feel more comfortable going to appointments.

The registered provider had systems in place to ensure that where restrictive practices were used, for example a manual handling belt or a lap belt for use when in a wheelchair, that there was governance over these practices to ensure that they were necessary and appropriately used. For example.

- there was a restrictive practice log maintained that described when restrictive practices were used and for how long
- the restrictive practices in place were reviewed periodically, and
- consent from family representatives was sought for the usage of the practices.

Judgment: Compliant

Regulation 8: Protection

There were suitable arrangements in place to protect residents from the risk of abuse. For example:

- there was an organisational adult safeguarding policy in place
- staff had training in safeguarding, and
- there was an established reporting system in place.

There were no safeguarding risks at the centre at the time of inspection. However, one staff spoken with was clear on what to do in the event that there was a safeguarding concern.

From a sample of one resident's finance documentation, the inspector observed that their finances were checked by staff daily and each time money was spent to ensure their money was accounted for and safeguarded. In addition, the inspector conducted a count of one resident's money and found it matched the balance sheet that was in place.

Additionally, a sample of two intimate care plans were reviewed. They guided staff as to supports residents required and identified if residents had any preference for the gender of staff that supported them.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mullingar Centre 6 OSV-0008207

Inspection ID: MON-0036859

Date of inspection: 12/11/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment of full-time and relief residential support staff is ongoing, managed by the PIC and PPIM. Priority has been given to Mullingar Centre 6 for all new recruitment over the next two quarters. The PIC and PPIM ensure that all residents have appropriate access to their local community, services and experiences in line with their personal will and preference.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A funding application for a full refurbishment of the main bathroom has been approved with an external contractor, work will start in February 2025. All bedrooms in Mullingar 6 will be repainted. All PPE storage arranged are now in line with organisational IPC policy and procedure	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

Fire Alarm System receives a quarterly service as per contractual agreement with Fire safety Service Provider. The PIC will ensure oversight in this area going forward.

The Fire Prevention Officer is conducting a full review of all fire doors in the designated centre, a report is due with the PIC and PPIM in mid-January 2025 – any remedial actions will be carried out immediately. The Regional Director will be informed of the same.

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	31/03/2025
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	28/02/2025

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2025
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2025