



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

Name of designated centre:	Meadowbank Services
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	28 August 2018
Centre ID:	OSV-0004863
Fieldwork ID:	MON-0021917

About the designated centre

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

Meadowbank Services provides residential respite services for up to five adults of mixed gender with varying levels of intellectual and physical disability, but cannot accommodate people with complex physical needs. The centre is a two-storey house with a garden on the outskirts of a rural town. There is one wheelchair accessible bedroom on the ground floor of the centre. Residents at Meadowbank Services are supported by a staff team which includes a social care leader, social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

Current registration end date:	31/01/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
28 August 2018	10:00hrs to 16:30hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with one resident availing of the service at the time of inspection. The resident told the inspector about enjoying having respite breaks in the centre and of feeling safe there. This resident knew that the person in charge was the manager of the centre, that any issues or concerns could be discussed to the person in charge and that they would be addressed. The resident also spoke of being well looked after by staff, and of enjoying leisure time and having plenty of involvement in the local community. Furthermore, this resident confirmed that the food in the centre was enjoyable and of being involved in meal choices and food shopping. The inspector also received some questionnaires completed on behalf of residents who use this respite service, all of which stated a high level of satisfaction with all aspects of the service.

Capacity and capability

Governance and management arrangements ensured that a good quality and safe service was provided for residents who take respite breaks at this centre. Furthermore, the inspector found that the provider had put measures in place to ensure that the previous inspection's findings were addressed.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in an improved standard of care, support and safety being provided to residents living at the centre. Six-monthly audits of the centre's practices were being carried out by the management team, and the person in charge and staff carried out regular audits of areas such as, medication management, restrictive practice and accidents and incidents. Records showed that any audit findings had been addressed in a timely manner.

The person in charge was not based in the centre, but she worked closely with the team leader of the service, and with staff. She was known to the residents and was familiar with their care and support needs. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

Rosters, and discussions with staff, showed that there were sufficient numbers of suitably qualified staff to support residents' assessed needs and to ensure that their daily activities programmes and assessed needs and preferences were met. Staffing arrangements in the centre ensured that residents were able to take part in activities of their choice in the centre and in the local community.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. There was also a range of policies, including all the required schedule 5 policies, to guide staff in the delivery of a safe and appropriate service to residents.

Since the last inspection, the provider and management team had addressed issues that had been identified in the previous inspection report.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that all prescribed documentation required for the renewal of the designated centre's registration was submitted to the chief inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was very knowledgeable regarding the specific needs of each resident, and was aware of her legal responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding. Staff had also attended other training relevant to their roles such as first aid and safe administration of medication.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents that included the required information relating to each resident who received respite services in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service at the time of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as ongoing auditing of the service, to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was informative, described the service being provided to residents, and was being reviewed annually by the person in charge. Copies of the statement of purpose had been supplied to residents and or their families, and were readily available to view in the centre. However, there was some minor adjustment required to the statement of purpose to meet all the requirements of the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents and their representatives had been made aware of their right to make a complaint. Although there had been no complaints in the centre, there was a procedure to ensure that all complaints were appropriately recorded and investigated.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by the regulations were available to staff at the centre. However, some policies had not been reviewed every three years as required by the regulations.

Judgment: Substantially compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that residents were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices during their respite breaks.

Residents' quality of life was prioritised by the systems in the centre, and their choices were supported. The inspector could see evidence that residents were out and about in the community and a resident confirmed that this was the case.

The centre suited the needs of residents. The house was located close to a rural town and residents had very good access to local amenities. All residents had their own bedrooms, and there was adequate furniture in which residents could store their clothing and belongings during respite breaks. All residents had access to keys

to their bedrooms and could lock their doors if they chose to. The centre was clean, comfortable, well decorated and suitably furnished.

The provider had ensured that there were effective measures in place to protect residents from harm or abuse. These included policies and procedures to guide staff, safeguarding training, and behaviour management protocols and support. Furthermore there were robust measures to protect residents from the risk of fire.

Annual meetings between residents, their families and staff took place, at which residents' personal goals, support needs, and healthcare requirements for the coming year were planned. Due to short term nature of residents' respite stays, these annual meetings were organised and driven by residents' day services. Personal plans arising from these meetings were supplied to the designated centre - the achievement of goals, and delivery of healthcare needs, were supported by staff during residents' respite breaks.

The provider had ensured that there were systems in place for the safe management of medication in the centre.

Overall, there was a high level of compliance with regulations relating to the quality and safety of resident care.

Regulation 13: General welfare and development

Suitable support was provided to residents in line with their individual choices and interests, as well as their assessed needs as described in their personal plans. During their respite breaks residents took part in, and enjoyed, a range of social and developmental activities both at the centre and in the community. Residents were taking part in exercise and sport, such as tennis and walking groups, community projects, and development of independent living skills.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was comfortably furnished and decorated, clean, suitably equipped, and was well maintained both internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in, shopping for their own food. Suitable foods were provided to suit the dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

There was an informative residents' guide that met the requirements of the regulations. Relevant information was also provided to residents in central areas in the house. This information, included food safety guidelines, advocacy information, and notices about activities in the local area.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication practices in place which ensured that medication was securely stored and administered as prescribed to residents by suitably trained staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans clearly described residents' assessed needs and associated support interventions, with accessible information on key aspects such as personal goals being made available to residents. The provider ensured that personal plans were reviewed regularly to ensure they effectively supported residents' assessed needs. As this was a respite service personal plans were developed at residents' day services in conjunction with their families and staff from the designated centre.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of abuse. These included regular staff training and access to a designated safeguarding officer.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Meadowbank Services OSV-0004863

Inspection ID: MON-0021917

Date of inspection: 28/08/2018

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: All updates required under Regulation 3 have been completed and an up to date Statement of purpose will be forwarded to Regulatory Support Team with the compliance plan for Meadowbank Services.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Currently within the organisation there is a policy group that are updating all of the required polices. All policies required under the regulations will be subject to a review every three years to ensure they are up-to-date and reflect current developments in health and social care practices.	

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 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	1/10/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2018