



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

Name of designated centre:	Meadowview Bungalows 1 & 2
Name of provider:	Redwood Neurobehavioural Services Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	25 April 2018
Centre ID:	OSV-0004908
Fieldwork ID:	MON-0023829

## About the designated centre

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

The centre provides residential services to adults 18 years and over, who present with a diagnosis of autism. There are two purpose built bungalows within this centre, accommodating a total of ten residents. Each unit is fully wheelchair accessible and each resident has their own bedroom. Two of the bedrooms are en-suite. Each unit consists of a kitchen, utility and separate dining room. Furthermore, there are three communal living areas available to residents. Each unit also has two bathrooms and two wc's available. There is also a communal garden available to residents. The centre is located a short drive from a village in Meath.

**The following information outlines some additional data on this centre.**

Current registration end date:	21/07/2018
Number of residents on the date of inspection:	10

## 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
25 April 2018	10:00hrs to 16:00hrs	Andrew Mooney	Lead
25 April 2018	10:00hrs to 16:00hrs	Michael Keating	Lead

## Views of people who use the service

Inspectors met and engaged with four residents in line with their assessed needs and preference's. Inspectors observed positive interactions between residents and staff and it was clear residents were comfortable in their company.

Staff engaged positively with residents and demonstrated that they knew and understood the individual communication needs of residents. Inspectors could also see the enhanced efforts that the centre was making to engage with residents, through individualised meetings.

## Capacity and capability

The positive progress made since the centres last inspection illustrated the centres enhanced capacity and capability.

The residential service had effective leadership, governance and management arrangements in place and clear lines of accountability. This included regular multi-disciplinary meetings to review residents needs. The recommendations of these meetings were brought forward to management meetings and decision making was recorded clearly. The provider had oversight of this decision making and made the necessary resources available to implement any required changes.

The use of available resources were planned and managed to provide person-centred effective and safe residential services and supports to the residents within the centre. There was a significant number of staff recruited to the centre over the previous months and this recruitment supported residents assessed needs.

## Regulation 15: Staffing

There were adequate numbers of staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

## Regulation 23: Governance and management

Management systems were in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

## Quality and safety

The service had made substantial progress since their last inspection and this resulted in a quality and safe service being delivered to residents.

Each resident had a personal plan which detailed their needs and outlined the supports they required to maximise their personal development and quality of life. Each resident exercised choice and control in their daily life, in line with their preferences and assessed needs. Residents were regularly involved with activities of their choosing including horse riding, arts and crafts and waking.

The privacy and dignity of each resident was respected. Residents were not subjected to restrictive procedures unless a restriction was assessed as being required due to a serious risk to safety and welfare. This resulted in each resident being protected from abuse and neglect and ensured residents safety and welfare was promoted.

Where required residents had access to positive behaviour support and this was utilised to support their assessed needs. Furthermore, support plans were regularly reviewed and where previously identified supports were deemed no longer necessary, they were removed. Staff were familiar with the recommendations from the positive behaviour support team and this promoted a positive quality of life for residents.

## Regulation 26: Risk management procedures

Arrangements were in place for identifying, recording, investigating and learning from serious incidents/adverse events involving residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The centre was suitable for the purpose of meeting the assessed needs of each resident and, where reasonably practicable, arrangements were in place to meet these needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where restrictive procedures such as physical, chemical or environmental restraint were used, such procedures were applied in accordance with national policy and evidence based practice.

Judgment: Compliant

### Regulation 8: Protection

Residents were proactively protected from all forms of abuse.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured each resident had appropriate opportunities to participate in activities in accordance with their assessed needs.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 13: General welfare and development	Compliant