



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

## Issued by the Chief Inspector

Name of designated centre:	Meadowview
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0005508
Fieldwork ID:	MON-0033334

## About the designated centre

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

Meadowview is a bungalow located in Co. Sligo. The service is provided by the Health Service Executive for four female residents with an intellectual disability. The care and support needs for each person is tailored to specifically meet their individual needs. Meadowview aims to support each person to meet their maximum potential in all areas of their lives. The service advocates a person-centre approach to care, and to provide people with the opportunities to participate in social activities, hobbies and community engagement. Services provided in the centre are suitable, meaningful and age appropriate and in lines with the resident's wants and desires. Support is provided by a team of nurses and social care staff, and there are three staff on duty during the day and there is one waking staff on duty at night.

**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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 8 September 2021	9:30 am to 1:30 pm	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

In this centre there was evidence of good quality, person-centred care that addressed the needs of the residents and promoted their independence. Residents had a good quality of life and were supported to be active participants in their home and in the wider community.

The centre consisted of a bungalow with four bedrooms. There was a COVID-19 sanitisation station set up in the living room and, throughout the inspection, the inspector adhered to public health guidance on the prevention of infection of COVID-19. The house was clean, tidy and welcoming. The bedrooms were decorated to each resident's own taste. There was ample space and storage in each room. The rooms were personalised with photographs of the residents, their families and friends. The main living area of the house consisted of a large, open-plan room with a bright, airy kitchen, a dining area and a sitting area with a television. A stove had recently been removed from the sitting area creating more space in the room. There was an additional living room that also served as a staff office to the front of the house. This provided a private space for residents to receive visitors, if they so wished. The main bathroom had a wetroom-style shower. There was a utility room with facilities for residents to do their own laundry. Outside, the gardens were nicely kept and there was a pleasant space to sit out. The provider had plans to refurbish the centre. There were plans to repaint the rooms and new furniture for the sitting rooms had been ordered.

The inspector met with four residents. They communicated with the inspector on their own terms with the support of staff. One resident was happy to show the inspector their room, family photographs and a recent purchase that they had made. Other residents engaged with the inspector briefly and were busy going about their daily routines. Questionnaires in the residents' personal files showed that residents and their families were very happy with the service provided in the centre. Staff and residents appeared very comfortable in each other's company. Staff interacted with residents in a warm and friendly manner. They were knowledgeable of the residents' likes, dislikes and needs. They used verbal and non-verbal means to communicate with the residents. Staff were very respectful when they spoke about the residents. Staff were heard singing with the residents as they went about the house.

The residents' rights were upheld by offering and respecting their choices. Staff were observed asking residents what they would like to eat and wear. It was noted that one resident changed their mind about their lunch and requested a different meal. The staff respected this decision and provided the meal that the resident asked for.

Residents were included in the running of the house and supported to engage in household activities; for example, doing their laundry. Residents were supported to engage in activities in the community and some left on the bus to go for a walk at a local amenity park during the inspection. Activities had been planned in line with the

residents' preferences, these included sports like horse-riding, golf and tennis. With the planned easing of COVID-19 restrictions, the person in charge reported that there were plans to support the residents to return to some of the day services and activities that they enjoyed before COVID-19 restrictions began. The person in charge was in touch with the providers of these services and dates had been set for residents to return once the services re-opened. Residents were supported to maintain contact with their families throughout the COVID-19 pandemic. Tablet computers had been purchased so residents could make video calls to family and look at photographs. Residents were also supported to make regular trips home to visit family since restrictions eased.

Overall, the inspector found that the service provided was person-centred and of a good standard. The centre itself is a pleasant home. Inspectors observed that the staff showed empathy and respect in all dealings with the residents and when they spoke about the residents. The residents were supported in their communication and daily activities. The residents' rights were respected.

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

## Capacity and capability

There was good governance and oversight in this centre that ensured a quality service. The staffing arrangements were adequate to meet the assessed needs of the residents. Staff had received training in areas relevant to the needs of the residents; however, not all mandatory training was up to date.

The inspection was facilitated by the person in charge and staff in the centre. The person in charge had good oversight of the service and the day-to-day administrative needs of the centre. The provider had completed the annual review and unannounced six-monthly audits, as required by the regulations. Target actions from these audits were identified and timelines were in place to address them. In addition to this, the provider had a suite of audits that were conducted throughout the year. There was a schedule that outlined how frequently the audits should be completed and they had been completed in line with this schedule. Actions that were identified in these audits were addressed. There were clear reporting relationships in this service and staff knew who to contact if they had any issues or concerns.

The staffing arrangements and skill mix were suitable to meet the assessed needs of the residents. Nursing care was available during the day with an on-call service available out of hours. The number of staff in the centre was sufficient to support the residents with their healthcare needs, to engage in activities in the house and to take part in activities in the wider community. There was a rota of regular staff who

worked in the centre and were familiar with the residents. When agency staff were required, the same members of staff were allocated to the house. This ensured that the residents had a regular team working with them at all times. Staff reported that they felt supported in their roles. They had one-to-one supervision sessions with the person in charge every 6 months and staff team meetings happened every two weeks.

The provider had identified 10 areas of mandatory training. There was also an outline of the timeframe for refresher training to occur. Agency staff had also received mandatory training in line with other staff members. The need to ensure that staff training was fully up to date had been identified by the provider in the annual review with a target completion date of August 2021. However, while staff were up-to-date on most mandatory training, all staff required refresher training on cardiopulmonary resuscitation. Some staff also required refresher training in medication management and managing behaviours that challenge.

The provider had a complaints procedure in place and details of this was displayed in the centre in an easy-to-read format. There was one complaint that had been processed and closed since the last inspection. The provider had addressed this complaint and all parties were happy with its resolution. This was recorded in the complaints audit for the centre.

Overall, the inspector found that this centre was well managed and had good governance. There was good oversight to ensure that the residents were in receipt of a person-centred service that met their health and social care needs.

### Regulation 15: Staffing

The number and skill-mix of staff was sufficient to meet the assessed needs of the residents. Nursing care was available as required. The rota showed that there was a regular team working in this centre that were familiar to the residents .

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training was largely up to date in 10 mandatory areas that were identified by the provider. However, some staff required refresher training in specific areas and all staff needed refresher training in cardiopulmonary resuscitation.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There was a good system of governance and oversight in this centre. The provider had completed annual reviews and six-monthly unannounced audits in line with the regulations. In addition, there was a suite of further audits completed throughout the year. There were clear reporting relationships and accountability in this service.

Judgment: Compliant

## Regulation 34: Complaints procedure

A complaints procedure was available. Information regarding the complaints process was displayed in picture format in the centre. The provider completed routine audits of the processing of complaints. There was evidence that the provider had processed a complaint satisfactorily.

Judgment: Compliant

## Quality and safety

Residents received a good quality service in this centre that maintained their wellbeing and supported them to take part in meaningful activities in line with their interests. This was achieved through a good standard of care that ensured the residents' safety. However, some improvements were required in relation to fire drills.

The centre itself was homely and in good structural and decorative repair. The provider had identified parts of the house that needed refurbishment and had made plans to paint rooms and purchase new furniture. The house was fully accessible to all residents. There was enough space for residents to spend time together or to be alone if they wished. There was space for residents to meet with visitors in private. The house was personalised with the residents' photographs. The house had a homely feel. The kitchen was well stocked with fresh food. Fruit was available on the counter tops. The inspector observed staff preparing lunch for the residents which was healthy and nutritious. Access to a vehicle in the centre meant that residents could more easily engage in activities of their choosing in the wider community. The gardens provided a nice space for residents to sit out and spend time outdoors.

The residents' healthcare was well managed. Each resident had an individualised assessment that identified their health needs. Each resident had a number of health



care-plans that outlined the support required by the resident to manage their assessed health needs. These plans were regularly reviewed and updated. The plans also showed that there was input from a variety of healthcare professionals as required by the residents. The healthcare plan formed part of the residents' overall personal plan. This also included personal and social goals for the year. This had been reviewed within the last 12 months. The goals were in line with the residents' interests. There were plans to support residents engage with sporting activities, return to day services when they reopened later in the year, and continue with enjoyable in-house activities; for example, baking and beauty treatments. All of this supported the residents' general welfare and ensured that they maintained links with the wider community.

Residents were supported by staff with their communication. Residents had access to television, radio and tablet computers. The tablet computers had been purchased during COVID-19 visiting restrictions so residents could maintain contact with their families through video calls. Residents' communication needs had been assessed by a speech and language therapist and summarised in a communication profile. Staff were knowledgeable on each resident's communication needs and the specific strategies to support their communication. There were picture supports located on notice boards in the house. Certain residents had personal pictures that they used to communicate their needs and wishes. Picture-based supports were also used in residents' meetings to help residents choose the weekly menu and plan activities. As outlined previously, residents were offered choice and supported to exercise control over their daily lives. Their rights were respected. Effective communication also formed part of the behavioural support plans in the centre. Plans had been devised with input from a behavioural support therapist and other professionals as required. Staff were knowledgeable on the strategies required to support residents manage their behaviour. The plans were reviewed every 6 months or more frequently as required.

Residents' safety was protected in this house. All staff were fully up to date on safeguarding training. The provider conducted safeguarding audits. Safeguarding was a standing item on the team meeting agenda. When asked by the inspector, staff were knowledgeable of the steps to be taken should they have any concerns about abuse. Residents' were also protected from infection. The provider had a routine cleaning schedule and an enhanced cleaning schedule had been introduced since the beginning of the COVID-19 pandemic. Records showed that this cleaning regime was completed in line with the provider's guidelines. Regular temperature checks were conducted with residents and staff. There was a plan in place for residents to self-isolate in cases of suspected or confirmed COVID-19. The provider had completed the Health Information and Quality Authority (HIQA) infection prevention and control self-assessment. The provider had a risk register for the centre and had identified control measures to reduce the risks. There were also risk assessments in place for each individual resident. The risks were routinely reviewed and were discussed at the team meetings.

There was good practice in relation to the protection against fire. Fire doors with self-closers were fitted throughout the living space and bedrooms in the house. The provider had good management systems for detecting, containing and fighting fire

which were regularly checked by an external company. Staff were knowledgeable on the evacuation procedure in case of a fire. Fire drills had been completed and each resident had a personal evacuation plan. However, fire drills that simulated a night time scenario had not been completed in the centre. Also, although poor road safety awareness had been identified for some residents, the evacuation plans did not include a plan for the management of this risk when residents were outside the centre.

Overall, this centre provided a good quality and safe service for the residents that supported their health care needs and their social goals. The residents were supported to take part in meaningful activities in the home and in the community.

### Regulation 10: Communication

The residents were supported to communicate their needs and wishes through a variety of methods, both verbal and non-verbal. Staff were knowledgeable on the residents' communication needs and styles. Residents had access to television, radio, internet and tablet computers.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents were supported to engage in activities that were meaningful to them, in line with their interests and met their assessed needs. There were plans to support residents engage in different activities as COVID-19 restrictions eased. The residents were supported to maintain relationships with their families and the wider community.

Judgment: Compliant

### Regulation 17: Premises

The house was suited to the residents needs. It was fully accessible to all residents. The house was in good structural and decorative repair with plans for refurbishment in areas where that were required. Residents had their own room and space for privacy.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents choice at mealtimes was respected. There was ample fresh, wholesome food in the house. Meals were prepared in the house to the residents taste. Weekly menu planning was conducted with the residents' input.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a risk register that identified the risks in the centre and the steps required to reduce these risks. There were also risk assessments in place for each resident with identified supports to reduce risk. All of these were regularly reviewed.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had taken adequate precautions to protect the residents from the risk of infection. This was achieved through plans to reduce the spread of COVID-19 in suspected or confirmed cases, regular cleaning schedules, and routine audits.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had good systems for the detection, containment and fighting of fire which were routinely checked. Fire drills were completed and evacuation plans were in place. However, there had been no recent fire drill that reflected the night time scenario in the centre and the evacuation plans did not account for the risk to residents regarding road safety.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated.

Judgment: Compliant

### Regulation 6: Health care

The health needs of the residents were well managed in this centre. Nursing care and input from a variety of health professionals was available as required. Residents had comprehensive care plans that covered a broad range of health care needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Behavioural support plans with input from a behaviour support therapist and other professionals were devised. Staff were knowledgeable of the strategies that could be used to support residents manage their behaviour. The plans were regularly reviewed.

Judgment: Compliant

### Regulation 8: Protection

There were suitable safeguarding measures in place in this centre. Staff training in this area was up to date and staff were knowledgeable of steps to be taken in cases of concern.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were upheld. Residents were routinely offered choice and these choices were respected. Weekly meetings provided residents with the opportunity to have their say in the running of the centre. This supported residents to have control

over their daily lives.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Meadowview OSV-0005508

Inspection ID: MON-0033334

Date of inspection: 08/09/2021

## 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"> <li>• The person in charge has scheduled refresher training in Cardio Pulmonary Resuscitation and Studio III as part of a continuous professional development programme.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• The registered provider has ensured, fire safety management and fire drills are carried out at suitable intervals in the Designated Centre.</li> <li>• The person in charge has ensured a fire drill has been carried out to reflect the night time scenario and a schedule drawn up for frequent night time fire drills.</li> <li>• The person in charge has ensured that evacuation plans now reflect the risk to residents with regard to road safety.</li> </ul>	

## 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	18/09/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	09/09/2021