



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

Issued by the Chief Inspector

Name of designated centre:	Meadowbank Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	15 September 2020
Centre ID:	OSV-0004863
Fieldwork ID:	MON-0030067

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.

Number of residents on the date of inspection:	5
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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
Tuesday 15 September 2020	09:15hrs to 16:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

There was one resident availing of a respite break at the time of inspection. This resident talked to the inspector about enjoying these breaks very much, of being comfortable and well cared for in the centre and of having a good relationship with staff. The resident also confirmed having enjoyable and meaningful things to do both in the centre, at day programme and in the community. Furthermore the resident knew who was in charge in the centre, would feel comfortable raising any concern or issue with staff and felt confident that any issues of concern would be addressed.

Capacity and capability

There was a good level of compliance with regulations relating to the governance of the centre. The management arrangements ensured that a good quality service was provided to residents who received respite care in the centre. However, some minor improvement was required to a policy guiding practice in the centre.

Six-monthly unannounced audits were being carried out on behalf of the provider. These audits did not highlight any regulatory breaches, but identified some areas for the ongoing improvement of the service and action plans were developed to address these. The management team also carried out a wide range of ongoing audits of the service including audits of medication management. A COVID-19 planning audit had also been carried out, which indicated a high level of compliance.

The provider had ensured that staff were suitably trained for their roles. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to a wide range of other training relevant to their roles such as understanding autism, respiratory care, and diabetes care. Staff had also received training specific to COVID-19 such as hand hygiene, breaking the chain of infection and use of personal protective equipment (PPE). There was a training schedule to ensure that training was delivered as required. One piece of refresher training had not been delivered to a staff member as planned due to COVID-19 restrictions, but this training was scheduled to take place early in October 2020.

A range of up-to-date policies and procedures, including all schedule 5 policies, were also available to guide staff and inform practice in the centre. Some policies, such as the risk management policy, had been updated to reflect changes arising from COVID-19. However, while there was an up-to-date policy for the management of residents' finances, this policy was not centre specific and did not provide relevant

guidance for this centre.

The provider had ensured that records were well managed. The inspector viewed a sample documentation, including records relating to risk management, staffing training, healthcare, communication, restrictive practices, inspection reports, notifications and the directory of residents. Records viewed were maintained in a clear and orderly fashion, were up to date and were readily available to view when requested.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur in the centre. The inspector viewed this plan and it was comprehensive and relevant. The contingency plan included training and provision of a range of up-to-date information and guidance regarding COVID-19. The plan also included a range of safety measures which were being implemented, such as temperature monitoring, updated risk assessments, cleaning schedule and revised protocols for visiting.

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required under the regulations were maintained and kept up to date. Records were maintained in a clear and orderly fashion and were readily available to view as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe respite service to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available and were up to date. However, one policy was not centre specific and required improvement.

Judgment: Substantially compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service.

The provider had measures in place to ensure that the well-being of residents who availed respite service in the centre was promoted and that these residents were kept safe.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Due the short and intermittent nature of residents' respite breaks in the centre, their healthcare arrangements are mainly supported by their families. However, residents' healthcare needs had been assessed and plans of care had been developed to guide the management of any assessed care needs.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had made arrangements to manage and reduce risk in the centre. These included risk identification and control, a health and safety statement and a

risk management policy. The centre's risk register included a range of environmental risks such as violence and aggression and slips, trips and falls, in addition to individualised risks specific to each person who availed of respite service. The risk register had also been updated to include risks associated with COVID-19. The provider had also taken additional measures to reduce safety risks, such as a range of ongoing health and safety checks and up-to-date servicing of equipment.

The provider had ensured that suitable measures were in place to respond to behaviour that is challenging. There were procedures, such as behaviour support plans and involvement of a behaviour support specialist, to support residents to manage behaviours of concern.

There were arrangements in place to support residents to communicate. Communication plans had been developed for residents as required. A range of systems had also been developed, such as user-friendly documents, signage and appropriate cues to support residents to understand important information, including COVID-19 information. For example, residents were using socially distanced gestures in place of physical greetings and pictorial markers were placed in the centre to demonstrate safe social distance recommendations. The provider had also supplied residents with an informative residents guide in a suitable format.

Since the last inspection of the centre the provider, management team and staff had been very involved in a human rights project with residents. This included supporting residents to understand their rights, ensure community involvement and the development of user friendly human rights charter. Residents had also been involved in a 'Seasons of Growth' programme for adults who had experienced significant change or loss.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information, in user friendly format, about residents' rights, how to make complaints, meal plans and COVID-19 implications. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice.

Judgment: Compliant

Regulation 27: Protection against infection

There were robust measure in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was maintained in a clean and hygienic condition throughout, hand sanitising facilities were available, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately during respite breaks. This included measures to protect residents from COVID-19.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' human rights were supported and that residents had freedom to exercise choice and control in 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
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meadowbank Services OSV-0004863

Inspection ID: MON-0030067

Date of inspection: 15/09/2020

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The policy in question has been referred to the organisation's Policy Reference Group to be reviewed. It will be amended to reflect our operational practice in supporting people who avail of respite to manage their own money and personal possessions. This will be completed by 31st December 2020.</p>	

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 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	31/12/2020