



# 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:	Announced
Date of inspection:	06 & 07 February 2020
Centre ID:	OSV-0005508
Fieldwork ID:	MON-0022633

## 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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## 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 - 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
Thursday 6 February 2020	13:00hrs to 18:00hrs	Thelma O'Neill	Lead
Friday 7 February 2020	10:00hrs to 14:00hrs	Thelma O'Neill	Lead

## What residents told us and what inspectors observed

The inspector met with the four residents on both days of the inspection. Residents were very relaxed and appeared comfortable in each others and staff members company. Some staff members supported the residents in preparing their evening meal. On day one of the inspection, the inspector observed residents eating their breakfast and staff members were sitting with the residents and supporting them at meal time.

One of the resident's showed the inspector their bedroom, and was happy to show their personal possessions, such as personal belonging and family pictures. They told the inspector they 'loved living in the centre' and were 'very happy'. She also said staff were very good to her. It was obvious during the inspection, that the residents felt safe, supported, and comfortable to moved freely around the house as they choose.

## Capacity and capability

This inspection was completed to inform a renewal of registration of this centre. The centre is managed by the Health Service Executive (HSE) and they have demonstrated the capacity and capability to deliver a safe and suitable service. The provider had appropriate governance and management arrangements in place. This ensured the operational management of the centre remained robust and there was effective oversight of care and support provided to residents. The inspector assessed twenty regulations and found all regulations compliant.

As part of the governance and management arrangements in the centre, the provider had ensured there were appropriate management systems in place to ensure the service was safe and meeting the residents' care and support needs; this was achieved by the provider completing a six monthly unannounced audit and an annual review of the service. Although the internal auditor's had identified some areas for improvement, the person in charge had ensured that these issues were being addressed.

The person in charge of the service was responsible for managing three designated centres. She worked full-time, and had the qualifications, skills and experience necessary to manage the designated centres, she was responsible for in the local area. She was further supported in her role by a team of nurses and care staff in each of the centres, and in specifically Meadowview, a team leader was engaged to support the person in charge with the day-to-day operational management of the centre.

The registered provider had ensured that a service level agreement was in place for each resident, which outlined the care and support provided in the centre to meet their needs as well as any associated fees to be charged. The provider also had a complaints' management procedure in place which was robust in nature and reflected that the person in charge was appropriately managing complaints in accordance with the provider's policies. There was no open complaints in the centre on the day of the inspection.

A review of staffing in the centre showed that there were appropriate number of staff allocated to support the assessed needs of residents living in the centre. In addition, where residents required additional support to meet their needs, the management team had ensured that this was put in place. Furthermore, the person in charge had ensured that there was an actual and planned staff roster in place, showing the day and night-time staffing arrangements to meet residents' needs and that this was kept up-to-date and properly maintained.

All staff working in the centre had completed mandatory staff training and professional development training as required by the provider's policies and to meet residents' assessed needs. The provider also had oversight arrangements in place to ensure that any notifiable events as described in the regulations, were submitted to the chief inspector in line with statutory requirements.

#### Registration Regulation 5: Application for registration or renewal of registration

The provide had submitted a complete application to renew the registration of this centre in line with the requirements of the regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge of the designated centre was a full-time post and had the necessary qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider has ensured that the number, qualifications and skill mix of staff engaged at the centre meet the assessed needs of the residents and reflected

the centre's statement of purpose and size and layout.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 23: Governance and management

There were appropriate management systems in place in this centre to ensure that service was safe, appropriate to the residents needs, consistent and effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider has prepared a written statement of all of the services provided in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had implemented an effective complaints procedure. There were no open complaints recorded in the centre's complaints log at the time of the inspection.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The registered provider had an service level agreement in place for each resident, which outlined the care and support to be provided in the centre and any associated fees to be charged.

Judgment: Compliant

## Regulation 31: Notification of incidents

The provider had submitted notifications in writing to the chief inspector as required under the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care provided in the centre was appropriate to meet the needs of the residents.

Residents' healthcare needs were fully met at the centre, The provider had ensured all residents' healthcare needs were reflected in their personal plans in order to guide staff and ensure a consistency of approach. In addition, residents had access to allied health professionals at the centre in line with their assessed needs. Residents' personal plans were subject to regular review to ensure they meet residents' needs, and reflected both the outcomes from their annual review meeting and any associated recommendations from multi-disciplinary professionals involved in their care.

Medicines and pharmaceutical services were found to be fully compliant, and in line with the provider's organisational policy. Furthermore, the person in charge had appropriate and suitable practices in place which ensured that the administration of medication was in line with the residents' assessed needs. The inspector found clear and robust arrangements were in place at the centre; for the ordering, receipt, prescribing, storing, disposal and administering of medicine.

The provider had put appropriate arrangements in place for the assessment, management and ongoing review of risk. Individual risk assessments were completed for all of the residents and appropriate control measures put in place, for example one resident was at risk of falls. The centre also had a risk register in place



to identify and manage organisational risks in the centre.

Residents who exhibited behaviours of concern had behaviour support plans in place, which were reviewed regularly by a behaviour support specialist. In addition, safeguarding plans were in place at the centre to protect residents from any identified risk of harm, although these were only precautionary in nature, as previously identified concerns which impacted on residents had been addressed by changes in care and support practices at the centre. Safeguarding arrangements were further strengthened, as all staff had received training in safeguarding of vulnerable adults and were knowledgeable about arrangements to support all residents in the centre.

The provider had effective fire safety systems in place at the centre. There were adequate precautions against the risk of fire and suitable fire fighting equipment was available in the centre. The provider had ensured that effective fire evacuation procedures were in place, with regular fire drills demonstrating that all residents could be evacuated safely from the premises in the event of a fire or other emergency.

Residents were supported to access a range of daily community activities and supported employment while at the centre which were in line with their assessed needs. Furthermore, the design and layout of the centre meet residents' needs and reflected the aims and objectives of the centre. While the inspector noted that there were some outstanding maintenance issues to be completed at the centre, the person in charge had arrangements in place to address the issues on the day of inspection.

### Regulation 13: General welfare and development

Residents were supported to access the local community and engage in social activities in line with their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The centre reflected the aims and objectives of the centre as described in its statement of purpose. While there were some outstanding maintenance issues to be completed, the person in charge had arrangements in place to address these issues.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider has put appropriate arrangements in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

### Regulation 27: Protection against infection

The person in charge had ensure there were appropriate procedures in place to protect against the risk of infection or communicable diseases.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that there were effective fire evacuation procedures in place in this centre. There was appropriate equipment, fire safety procedures and staff were adequately trained in the fire safety and evacuation procedures.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had appropriate and suitable practices in place to ensure the safe administration of medication to residents at the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans were comprehensive, up-to-date and reflected their assessed needs and wishes.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured all residents healthcare needs were reflected their personal plans. Residents had access to allied health professionals at the centre in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Two residents had behaviour support plans in place, and they were reviewed regularly by a behaviour support specialist.

Judgment: Compliant

### Regulation 8: Protection

Residents told the inspector they felt safe in the centre. There were no active safeguarding concerns in the centre, and staff were aware of safeguarding risks and had received training in safeguarding vulnerable adults.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights' were protected and in line with their personal wishes and desires.

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>	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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