



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

Name of designated centre:	Meadowview
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	20 and 21 February 2019
Centre ID:	OSV-0005508
Fieldwork ID:	MON-0022017

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 a small town in Co. Sligo. The Health Service Executive provides this service to four female residents with an intellectual disability. The support provided is tailored to specifically meet each person's needs and to provide them with opportunities to participate in social activities, hobbies and community engagement that is suitable, meaningful and age appropriate in everyday settings. Support is provided by a team of nurses and social care staff, and there is one waking staff on duty at all times.

The following information outlines some additional data on this centre.

Current registration end date:	20/04/2020
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
20 February 2019	15:30hrs to 18:30hrs	Thelma O'Neill	Lead
21 February 2019	10:00hrs to 13:30hrs	Thelma O'Neill	Lead

Views of people who use the service

The inspector met with the four residents who lived at the centre on both days of the inspection. They told the inspector that they were very happy living in the centre. The residents showed the inspector around their home and it was nicely decorated and personalised with pictures of their family located throughout the house.

They told the inspector about all of the facilities they accessed in the community and of their interests and daily activities in the local area. They also discussed their visits home to family and about how they were supported to maintain contact with their families. One resident said they were happy living with their peers at the centre.

Capacity and capability

On this inspection, the inspector found the provider had effective operational management arrangements in this centre. This residential service had good leadership, governance and management arrangements in place and clear lines of accountability. The provider and the person in charge operated the centre in a person-centred manner and the inspector observed some good practices over the course of this inspection.

As part of the governance and management arrangements of this centre, the provider had appointed a person in charge to manage the centre. She had the qualifications, experience and knowledge for the role of person in charge for this centre.

The inspector found residents' care and support needs were well-monitored and reviewed. Safeguarding and risk management procedures were in place and all staff had a clear understanding of the process and procedures in place to protect residents in the centre. The provider completed annual reviews and six-monthly unannounced audits of this centre, to ensure key practice areas such as; health and social care, resident finances, medicine management, health and safety risks and safeguarding were adhered to in-line with the organisation's policies and procedures and the regulations. The inspector found that the residents' quality of life was to a high standard with residents confirming this to the inspector. The inspector found the centre was fully compliant with all of the regulations inspected.

Regulation 14: Persons in charge

The inspector found the person in charge had the required qualifications, skills and experience necessary to manage the designated centre. Furthermore, they were very knowledgeable on the individual needs of residents at the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate numbers of suitably skilled staff were in place at the centre to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

Governance arrangements ensured that staff had access to regular training, which ensured they were suitably skilled to support residents' assessed needs and their skills reflected current developments in health and social care practice.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance, leadership and management arrangements in place at the centre. The person in charge had implemented good governance arrangements, including managing the staff team and their daily work routines and ensured there were robust systems in place, such as audits, staff supervision and

management meetings. This ensured that the service was provided in-line with residents' needs and as described in the statement of purpose. The person in charge was supported by the senior management team who had regular operational governance meetings to monitor service delivery at the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector in writing and within the required time lines of any adverse incidents occurring in the designated centre as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints register was maintained at the centre, however no complaints had been received to date.

Judgment: Compliant

Quality and safety

The inspector found this was a well-managed and safe service. Furthermore, the provider had measures in place to ensure that there were robust quality and safety procedures in operation at the centre.

The inspector found that there was good management systems in place to manage identified risks in this centre. The risk management practices were in-line

with the organisational policies and procedures and staff were able to demonstrate to the inspector that there were effective risk management procedures in operation. These measures assured the inspector that the safety of the residents was promoted and consistency of care was maintained to a good standard.

The inspector found the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice. There was evidence that the residents actively participated in their local community and were supported to do so by a structured and varied plan of activities.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the centre.

The management team had taken measures to safeguard residents from harm. There was a safeguarding policy in place and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. There were no concerns of this nature reported at the time of inspection.

Weekly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was evident in the minutes of house meetings and from discussions observed during the inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning process ensured that sufficient supports were in place to assist residents in achieving their chosen goals.

The provider had ensured that residents had access to medical services to ensure that they received a good level of healthcare. All residents had access to allied health professionals including their general practitioner, who completed annual healthcare checks for each resident. Plans of care for good health were developed for residents, which identified their specific care needs and these needs were addressed as required.

Regulation 12: Personal possessions

Each resident had a private bedroom and access to their personal possessions. They had personal items displayed in their bedroom and they had access to their clothes.

Staff supported residents to access and manage their money.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had arrangements in place for residents to access facilities for recreation in accordance with their interests, capacities and developmental needs. The residents were also supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises met the aims and objectives of the service and residents' assessed needs.

The centre consists of a large spacious bungalow, located in a rural area in Co. Sligo. The premises was of sound construction and well maintained and suitable for the residents living in the centre. All residents had their own bedrooms and access to shared communal rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents participated in choosing their own food with the support of staff. They told the inspector that they went shopping for their groceries and participated in meal preparation. The inspector observed the residents at meal time and they received nutritious food and drinks. Furthermore, residents told the inspector that they enjoyed the meals at the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Robust and effective risk management arrangements were in place, with an up-to-

date risk register maintained in the centre. Risk were identified, analysed and control measures implemented to reduce any possible harm to residents.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety measures and equipment were in place at the centre, which were assessed regularly to ensure their effectiveness in evacuating residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre, and staff who administered medication had received training in safe administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had received a health care assessment and where needs were identified an associated support plan was in place. Residents' health plans also incorporated allied health professional reviews. The inspector was also shown evidence that the residents had individualised social care plans which were reviewed annually and residents were supported to achieve their social goals throughout the year.

Judgment: Compliant

Regulation 6: Health care

Residents' health care was managed to a good standard in this centre. They had access to allied health professionals including full-time nursing care to support their

assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behaviour support, plans were in place which followed positive behaviour support guidelines and principles. These plans had been reviewed recently by an allied health professional and there was also evidence that supports were in place and available to residents as and when they required them.

There was no restrictive practices in place in this centre.

Judgment: Compliant

Regulation 8: Protection

The provider's safeguarding of vulnerable adults policy and procedures ensured that residents were protected from harm. Furthermore, staff knowledge was kept up-to-date through regular safeguarding training opportunities. The person in charge advised the inspector that there were no safeguarding concerns reported at the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	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 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