



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

Issued by the Chief Inspector

Name of designated centre:	Meadowview
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	03 September 2024
Centre ID:	OSV-0005283
Fieldwork ID:	MON-0036272

About the designated centre

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

Meadowview is a designated centre operated by Waterford Intellectual Disability Association (WIDA) CLG. It provides a community residential service to a maximum of eight adults with a disability. The designated centre comprises of two properties located in the suburbs of a large city and in close proximity to each other. One property is a large house split into two levels comprising of a first floor apartment accommodating one resident and a large ground floor accommodation for three residents. The first floor apartment consists of a living room, dining room/kitchen and bedroom en-suite. There is also a staff sleepover bedroom en-suite. The ground floor consists of two living room areas, three single en-suite bedrooms, a utility room, a staff office and a dining room/kitchen. The second property is a bungalow comprising of four single bedrooms en-suite, a staff sleepover room, a kitchen/living/utility room and a second sitting room. The staff team comprises of social care workers, health care assistants and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 (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 3 September 2024	09:30hrs to 14:30hrs	Conan O'Hara	Lead
Tuesday 3 September 2024	09:30hrs to 14:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. The inspection was carried out by two inspectors over one day. The centre comprises two units located within a short distance of one another in County Waterford. The inspectors had the opportunity to meet with three of the seven residents across two units over the course of this inspection. Overall inspectors found the residents of the designated centre were safe, well cared for and were actively involved in their local community.

On the morning of the inspection, the inspectors visited the first unit of the centre. The first unit is a large detached house split into two levels comprising of a first floor apartment accommodating one resident and a large ground floor accommodation for three residents. On arrival, the inspectors meet with one resident who was spending time in the downstairs sitting room engaged in table top activities. They appeared relaxed and comfortable in their home. The two other residents who lived downstairs had already left to attend their day services. The inspectors also spent time with the resident in the upstairs apartment. The resident spoke with inspectors about their family, where they were from and how they looked after a dog during the day. Later in the morning, one of the other residents returned from day services and were observed preparing to go to the gym.

The inspectors carried out a walk-through of the first unit. The ground floor consisted of two living room areas, three single en-suite bedrooms, a utility room, a staff office and a dining room/kitchen. The first floor apartment consists of a living room, dining room/kitchen and bedroom en-suite. There is also a staff sleepover bedroom en-suite. The unit was observed to be well maintained and decorated in a homely manner.

In the afternoon, the inspectors visited the second unit of the centre which was home to three residents. At the time of the inspection, the three residents were out attending day services and in work. The inspectors carried out a walk-through of the second unit. The bungalow comprised of four single bedrooms en-suite, a staff sleepover room, a kitchen/living/utility room and a second sitting room. Similarly, the inspectors found that the unit was well maintained and decorated in a homely manner.

The inspectors also reviewed seven questionnaires completed by the residents with the support of staff. These described their views of the care and support provided in the centre. Overall, the questionnaires contained positive views with many aspects of service in the centre such as activities, bedrooms, meals and the staff team. However, three questionnaires highlighted areas which the residents felt could be improved including getting on with peers and making the house a nice place to live. This feedback was discussed with the person in charge.

In addition, as a number of residents were busy with work and day services on the day of inspection, the inspectors noted they were available for a phone call after the inspection if the residents wished to contact them. However, at the time of writing the report the residents have indicated that they do not wish or need to contact the inspectors.

In summary, the inspectors found that the residents were in receipt of a safe and quality service. The residents appeared content and comfortable in the service and the staff team were observed supporting the residents in an appropriate and caring manner.

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

Capacity and capability

Overall, there was a clear management structure present which ensured that the service provided was safe, consistent, and appropriate to the residents' needs. On the day of inspection, there were sufficient numbers of staff to meet the residents' assessed needs.

There was a defined governance structure in place. The centre was managed by a full time, suitably qualified and experienced person in charge. The provider had carried out regular quality assurance audits including an annual review 2023 of the care and support in the centre and six-monthly unannounced visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response.

The inspectors reviewed a sample of the staff roster and found that the staffing arrangements were appropriate and in line with the assessed needs of the residents. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner. There were systems in place for the training and supervision of the staff team. This ensured that the staff team had up-to-date knowledge and skills to meet the care and support needs of residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was also responsible for one other designated centre and was supported in their role by a team leader.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster, there was an established staff team in place. The four residents in the first unit were supported by three staff during the day and by one waking night staff and one sleepover staff at night. In the second unit, the three residents were supported by one staff member during the day and one waking night staff at night. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team had up-to-date training in areas including fire safety, manual handling, positive behaviour supports, human rights and safeguarding. The inspectors noted that some new staff required training in areas including de-escalation and intervention techniques. However, this had been identified and managed by the provider and there was evidence that training had been scheduled.

There was a supervision system in place and all staff engaged in formal supervision. The previous inspection found supervision as an area for improvement. This had been addressed. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance
There was written confirmation that valid insurance was in place including cover against injury to residents.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place. The person in charge reported to the Assistant Director of Nursing, who in turn reports to the Director of Services. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review 2023 and six-monthly provider visits as required by the regulations. The audits identified areas for improvement and action plans were developed in response.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The inspectors reviewed a sample of adverse accidents and incidents occurring in the centre and found that the Office of the Chief Inspector was notified as required by Regulation 31.
Judgment: Compliant
Quality and safety

Overall, the inspectors found that the service provided person-centred care and support to the residents in a homely environment.

The inspectors reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. In general, personal support plans reviewed were found to be current and to suitably guide the staff team in supporting the residents with their personal, social and health needs. Records demonstrated that residents were supported to lead active and meaningful lives.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. The previous inspection found that a local fire evacuation plan required review. This had been addressed.

Regulation 12: Personal possessions

The inspectors reviewed a sample of residents' finances and that found that there were appropriate systems in place to provide oversight of resident finances. For example, local systems included day-to-day ledgers, storage of receipts, reconciliation with bank statements and regular checks on the money held in the centre by the staff team.

Judgment: Compliant

Regulation 13: General welfare and development

The inspectors found that residents had good opportunities in this centre to lead active and meaningful lives. Residents spoken with told inspectors that they had their own staff and could access a transport vehicle at any time and could 'go where they liked'. Another resident was observed coming and going to activities and had a very clear schedule in place which was very important for this resident.

The inspectors reviewed a sample of resident's recent activities and these included athletics, bocce, muay thai, swimming, bowling, cooking, gym, exercise bike, gardening, cinema (weekly), lunch out and paid employment in local businesses. Some residents accessed nearby day services and used public transport to travel independently. Another resident had recently returned from a holiday to Spain with their family.

While the activity records showed that some residents were far more active than others, this was primarily due to choice and/or healthcare reasons. The inspectors found a series of measures in place to ensure residents with declining/changing needs were also provided with activities. For example, a resident with changing

cognitive needs was observed being well supported and was colouring, watching movies, listening to music and receiving visitors. Staff were observed to be kind, caring and patient with this resident.

Residents goals/objectives they had set for themselves were reviewed. Resident goals included gardening and making raised flower beds, saving money for a new television, a summer holiday, completing a literacy programme and fitness/exercise plan.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The two units were decorated in a homely manner with the residents possessions and pictures of people important in their lives. The residents' bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities with other residents or on their own. Overall, the inspectors found that the premises was well maintained and decorated in a homely manner.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place to identify, manage and review risk. There was an effective risk management policy, procedures and practices in place in this centre. Members of management demonstrated very good knowledge, understanding and oversight of risk issues within the centre. A risk register was in place whereby risks were identified, assessed, recorded, reviewed and updated appropriately. Appropriate control measures were in place to manage risks. Staff members spoken with also were very aware of the risks within the centre such as epilepsy, falls, choking/aspiration, healthcare risks, behavioural/stress support plans.

Clear guidance and care planning associated with these risks was in place. The inspectors reviewed incident logs and found a comprehensive system to review incidents and risks. For example, each incident was reviewed and risk rated and sent to a manager for additional review, follow up action and sign off. Inspectors reviewed recorded incidents such as minor falls, behavioural outbursts, residents shouting and medication errors. In each instance, the management team had ensured follow up, appropriate corrective action and oversight.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate.

There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. In addition, the provider had individualised supports in place to support identified residents needs including individualised drills. This meant that the provider had demonstrated that arrangements in place were appropriate to evacuate the maximum number of residents from the designated centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting resident's with identified needs, supports and goals.

Overall inspectors found a good standard of personal planning was in place for all residents. Detailed care plans were reviewed and found to be up to date in terms of resident's health, social and personal needs. Residents had clear assessments of need and correlating support plans that reflected their individual preferences, choices and needs.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents' healthcare needs were well provided for in this centre.

The residents' health care supports had been appropriately identified and assessed. The inspectors reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. Inspectors reviewed residents access to healthcare and the associated specific health care plans. For example, care plans for residents with epilepsy and Alzheimer's disease were reviewed and were very detailed in guiding staff as to each residents specific support needs. Staff demonstrated acute awareness of each residents needs and were observed supporting residents with dignity and respect over the course of this inspection.

Residents had regular and appropriate access to health and social care professionals such as G.P, psychology, occupational therapy, physiotherapy, neurology and behavioural support. Residents were well supported in terms of their general health, specific support needs, medication and personal/intimate care needs. Some residents' health was unfortunately declining, but staff and management were very responsive to residents changing presentation, in terms of ensuring that they had access to appropriate clinical oversight, support and care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. From a review of records, it was evident that restrictive practices had been reviewed and efforts made to reduce or remove restrictive practices as appropriate.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be safe and well protected in this centre. Management and

the staff team had policies, procedures and systems in place to ensure the safety and welfare of residents was paramount. Staff were trained in safeguarding and could demonstrate awareness to inspectors around the types of abuse, how to identify, report and record any safeguarding allegations/disclosures, in line with policy. Safeguarding incidents in the centre were reviewed and found to be well managed. These were relatively minor in nature and were responded to and followed up thoroughly and comprehensively by the person in charge. Clear guidance was in place regarding the management and reporting of all safeguarding concerns.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant