Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Meadow View
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	19 May 2026
Centre ID:	OSV-0008057
Fieldwork ID:	MON-0045114

About the designated centre

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

This is a service providing care and support to four individuals with disabilities. It comprises a large detached single-storey bungalow. Each resident has their own bedroom (two being en-suite). Communal facilities include a large kitchen, a sitting room, a conservatory, a utility room, and a large of communal bathroom facility. The house is located in a rural setting but within driving distance to a nearby large town and a number of smaller villages. Private and public transport is also available the residents as required. The house is staffed on a 24/7 basis by a team of staff nurses and healthcare assistants. The centre is managed by a full time person in charge who also has responsibility for another designated centre operated by the registered provider.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 19 May 2026	08:50hrs to 17:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the care and welfare, and support arrangements for residents living in the designated centre and assess compliance with the regulations. This inspection determined that all residents were provided with quality care and support, were kept safe, and enjoyed a good quality of life. However, some improvements were required regarding residents' feeding, eating, drinking, and swallowing (FEDS) care and support plans, and the auditing and oversight systems of controlled drugs. This is discussed further under Regulation 18: Food and nutrition, and Regulation 29: Medicines and pharmaceutical services.

The inspection was conducted over a single day by one inspector. The person in charge facilitated the inspection by speaking with the inspector, and promptly providing all requested documentation. The designated centre was registered to accommodate four residents. At the time of this inspection there were three residents living in the designated centre, and the inspector had the opportunity to meet and speak with all of them.

The designated centre was located in a rural setting in County Louth. It was a spacious, single-storey detached house, which had been adapted to meet the assessed needs of all residents living there. The premises was set on well-maintained grounds, was wheelchair accessible, and had accessible outdoor spaces that included large garden areas, seating, and a swing for residents to use at their own leisure. The designated centre was located within a short driving distance of local amenities including a pharmacy, pubs, take away, grocery shop, and hairdresser.

The designated centre was comprised of four resident bedrooms (two of which were en-suite), a large accessible bathroom, a utility room, a kitchen, a sitting room, and a conservatory. There was a large garage space to the rear of the premises, which was used for storage facilities.

Care and support to residents was provided by a team of nursing staff, and healthcare assistants. Staffing levels included three staff members on duty during the day, and two staff members provided waking night time supports. Nursing care was provided to residents 24/7, seven days per week. The designated centre was managed by a full-time person in charge who also had responsibility for one other designated centre operated by the registered provider. Over the course of this inspection, the inspector had the opportunity to meet and talk to the person in charge and two staff members on duty.

The inspector completed a walk through of the designated centre in the presence of the person in charge. The inspector noted that the designated centre was clean, and homely. Residents' personal photographs, artwork, and possessions were displayed

throughout the home, and residents had access to equipment that was well-maintained and in good working order. Residents had their own bedrooms, which allowed for personal space and privacy, while communal areas were found to be thoughtfully arranged to encourage social interaction and relaxation. The overall interior decor and furnishings were tasteful and well maintained, contributing to a warm and inviting environment.

The inspector observed good fire safety systems. For instance, there was fire detection and fire-fighting equipment in the designated centre, and individualised personal emergency evacuation plans were available to guide staff on the supports required by residents. There was a small amount of restrictive practices used in the designated centre, and the inspector found that they were applied in line with the registered provider's established policy and residents' consent.

The inspector was unable to meet or speak with the relatives of any residents during the inspection. However, a review of the registered provider's annual review of the quality and safety of care for 2025 evidenced that relatives were satisfied with the care and support provided to the residents.

Residents in the designated centre presented with a variety of communication support needs, and were supported by staff to communicate and interact with the inspector throughout the inspection as required. Where required, staff supporting residents acted as communication partners, and were observed by the inspector to be familiar with residents' communication support plans. Residents indicated that they were happy and content, and warm interactions between the residents and staff members caring for them was observed throughout the duration of the inspection. On the day of the inspection the inspector observed residents to be relaxed and comfortable in the designated centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good working relationship.

All residents have individual personal plans (IPP), and were actively engaged in the person-centred planning process. Residents were assigned keyworkers, who supported and encouraged residents set and achieve individual goals. Over the past 12 months residents had set and achieved a number of goals, as evidenced in their IPPs. Goals and achievements included a number of in house activities including arts and crafts, gymboree music and play, reflexology, trips to shows, concerts, and pantomimes, shopping trips and meals out, and an overnight stay in Donegal.

One resident had recently set and achieved a goal to plan and celebrate their 70th birthday party. Staff acted as a communication partner for the resident and spoke about the party, which was held a local venue, and was attended by the resident's family and friends. The resident wore a suit, and arrived to the party in a limousine. The staff member showed photographs of the resident's birthday party to the inspector, and said that the resident really enjoyed themselves.

The person in charge emphasised the high standard of care provided to all residents, expressing no concerns regarding their well-being. Residents were

supported by a familiar staff team who knew them well and understood their communication styles and individual support needs.

Staff spoke with the inspector regarding the residents' assessed needs, and described training that they had received to be able to support such needs, including safeguarding, safe administration of medication, and managing behaviour that is challenging. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes, and told the inspector they really enjoyed working in the designated centre. They told the inspector they felt supported by the person in charge, and were knowledgeable about abuse detection and prevention.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the designated centre was well governed, and that there were systems in place to ensure that residents were safe and received a high quality service.

The person in charge was full-time, and was found to be suitably skilled, experienced, and qualified for their role. They had responsibility for two designated centres operated by the registered provider. They were supported in their role by a team of staff nurses, and healthcare assistants. The inspector found that the person in charge responded very well to regulation, and they demonstrated they could meet their regulatory responsibilities.

There was a clearly defined management structure in place, and staff were aware of their roles and responsibilities in relation to the day-to-day running of the designated centre. There was a regular core staff team in place, and they were very knowledgeable of the needs of the residents. The staffing levels in place in the designated centre were suitable to meet the assessed needs and number of residents living there.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training, and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with two staff members over the course of this

inspection, and found that they were well-informed regarding residents' individual needs and preferences in respect of their care.

The provider ensured that the directory of residents was readily available in the designated centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents, and the governance and management systems in place were found to operate to a good standard in this designated centre. The registered provider had completed an annual report of the quality and safety of care and support in the designated centre for 2025, which included consultation with all residents and their families and representatives. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre, and there was regular management presence within the designated centre.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for, and information about how and where the service is delivered.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

Overall, it was found that the designated centre was well governed, and systems were in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The designated centre was managed by a full-time person in charge. They were also responsible for another designated centre operated by the registered provider. The inspector found that the person in charge had the required knowledge, skills, and experience to meet the requirements for this regulation.

The person in charge was actively implementing the registered provider's systems to ensure oversight and monitoring in this designated centre. They were developing action plans and implementing the required actions to bring about improvements in relation to the residents' home, and their care and support.

It was evident from the person in charges interactions with residents on the day of the inspection that they knew them very well. Through discussions, and a review of documentation, the inspector found that the person in charge was motivated to ensure that each resident was in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection, the registered provider ensured there was sufficient staffing levels with the appropriate skills, qualifications, and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose, and the size and layout of the designated centre.

The staff team was comprised of the person in charge, nurses, and healthcare assistants. The inspector spoke to the person in charge, and to two staff members on duty, and found that they were knowledgeable about the support needs of residents, and about their responsibilities in the care and support of residents.

The inspector examined the planned and actual staff rosters for April, and May 2026. It was found that regular staff were employed, and the rosters accurately represented the staffing arrangements, including the full names of staff on duty during both day and night shifts. The inspector noted that the staff team were appropriately qualified, and dedicated to delivering care that upheld residents' rights and ensured their safety.

The registered provider and management team was actively working to maintain continuity of care for residents by utilising the core staff team, and a small panel of regular relief staff to back fill any vacant shifts. This approach ensured that, despite any staffing vacancies, and both planned and unplanned absences, residents continued to receive care from skilled staff who were familiar with their individual needs and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received appropriate training and education, ensuring they had the necessary knowledge and skills to effectively meet the residents' assessed and changing needs.

The inspector reviewed the staff training matrix maintained by the person in charge, and found that it was effective in regularly monitoring staff training. All staff had completed a variety of training courses, ensuring they had the necessary knowledge

and skills to support residents effectively. This included mandatory training in areas such as fire safety, managing behaviour that challenges, and safeguarding vulnerable adults. The inspector also noted that refresher training had been booked for staff members, and this was noted on separate booking forms maintained by the person in charge.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as manual and people handling, safe administration of medication, infection prevention control, International Dysphagia Diet Standardisation Initiative (IDDSI), epilepsy, and Children First.

The registered provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel in line with the provider's established policy. The person in charge maintained supervision records and schedules. The inspector reviewed three staff members' supervision records, which included a review of the staff member's personal development, and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider and person in charge ensured that a directory of residents was available in the designated centre which met the requirements of the regulations. The directory of residents was made available for the inspector to complete a thorough review.

The inspector reviewed the directory of residents, and found that it included accurate and up-to-date information in respect of each resident living in the designated centre. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP), the date in which the resident first moved into the designated centre, and the name, address, and telephone number of each resident's next of kin was all recorded.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had robust systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and guidance. Clear lines of accountability were established at individual, team, and organisational

levels, ensuring that all staff were aware of their roles, responsibilities, and the appropriate reporting procedures.

To ensure residents received effective, person-centred care and enjoyed a high quality of life, the registered provider maintained appropriate resources. This included staffing levels aligned with residents' assessed and changing needs, and active multidisciplinary team participation in care planning.

The local management team completed a comprehensive suite of audits, covering medicine management, residents' individual personal plans (IPP), residents' finances, infection prevention and control (IPC), fire safety, and health and safety. A review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement. An annual review of the quality and safety of care had been completed for 2025. The inspector completed a review of this and found that all residents, and their family members were all consulted in the annual review. Questionnaires completed by all residents, and reviewed by the inspector evidenced that residents were happy with the food and mealtimes, arrangements for visitors, felt happy their rights were respected, and with the care and support they received. Positive comments from family members included "I am more than happy with the care", and staff "are brilliant with their care for the people in the house".

The inspector reviewed the action plan developed following the provider's most recent six-monthly unannounced visit, conducted in April 2026. This visit resulted in a detailed report that identified key areas for service improvement, from which a comprehensive action plan was formulated. Upon review, the inspector found that the majority of actions had been successfully completed, and were being effectively utilised to support and sustain continuous service improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had previously submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose on the day of inspection, and found that it described the model of care and support delivered to residents in the service, and the day-to-day operation of the designated centre. The statement of purpose was also available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of this inspection, the inspector completed a review of notifications submitted to the Chief Inspector, and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats, and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people, and was used to improve quality and inform practice within the designated centre.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. The findings of this inspection indicated that the registered provider had the capacity to operate the service in compliance with the regulations, and in a manner which ensured the delivery of care was safe and person-centred. However, improvements were necessary pertaining to Regulation 18: Food and nutrition, and Regulation 29: Medicines and pharmaceutical services.

Residents were encouraged and supported to make decisions about how their bedroom was decorated, and residents' personal possessions were respected and protected. Residents had easy access to and control over their clothing, and there were systems in place to ensure that residents' clothing and other items were laundered regularly, and were returned to them safely and in a timely manner. Furthermore, systems were in place to routinely monitor and audit residents' finances in line with the registered provider's established policy.

The inspector observed a warm and relaxed atmosphere throughout the designated centre, with residents appearing content and comfortable with both their living environment, and the support they received. After walking through the designated centre, the inspector found that the design and layout of the premises effectively ensured residents could enjoy an accessible, comfortable, and homely setting. There was a good balance of private and communal spaces, and each resident had their

own bedroom, which was thoughtfully decorated to reflect their personal tastes and preferences.

Improvements were required to ensure all residents with an assessed feeding, eating, drinking, and swallowing (FEDS) need, had up-to-date FEDS care and support plans on file. Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected. They were supported by a coordinated multidisciplinary team, including medical professionals, speech and language therapists and dietitians. During the inspection, staff were observed following the guidance and expert recommendations provided by these specialist services.

The registered provider had effectively mitigated the risk of fire by implementing robust fire prevention and oversight measures. Appropriate systems were in place to detect, contain, and extinguish fires within the designated centre. Documentation reviewed confirmed that equipment was regularly serviced in compliance with regulatory requirements. Additionally, residents' personal emergency evacuation plans were reviewed on a continuous basis to ensure that specific support needs were fully met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, and ongoing oversight by the person in charge. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required. However, improvements were necessary regarding the auditing and oversight of controlled drugs within the designated centre.

It was found that residents had an up-to-date and comprehensive assessments of need on file. Care and support plans were derived from these assessments of need. The inspector noted that care and support plans were comprehensive, and were written in person-centred language. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to effectively assist residents in managing behaviours that challenge. The registered provider and person in charge ensured that the service consistently upheld residents' rights to independence and a restraint-free environment. For instance, any restrictive practices in use were thoroughly documented and regularly reviewed by the appropriate professionals.

The registered provider and person in charge were endeavouring to ensure that residents living in the designated centre were safe at all times. Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding

training for staff, the development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer within the organisation.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence, and met their individual and collective needs.

Regulation 12: Personal possessions

The registered provider recognised the importance of residents' property, and had created the feeling of homeliness to assist all residents with settling into the designated centre. For example, photographs of residents, items of personal value, wall art, and decorative accessories were displayed throughout the home, which created a pleasant and welcoming atmosphere.

The registered provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard residents' finances, and access their monies. Each resident had their own bank account, and all residents had assessments completed that determined the levels of support they required regarding money management.

The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. For example, the inspector expenditure records for three residents across the months of February, April, and May 2026. The person in charge ensured that records of all transaction were maintained appropriately, including the nature and purpose of transactions, and supporting receipts and invoices.

In addition, all residents had money management plans and financial passports on file, which had been recently reviewed. The inspector reviewed three financial passports which included important information regarding what the resident liked to spend their money on, and supports required pertaining to money management. Staff spoken with n the day of inspection were knowledgeable regarding residents' financial support needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and arranged to align with the service's aims and objectives, as well as the number and needs of residents. The designated centre was well-maintained, clean, and appropriately decorated.

The inspector observed a warm and calm atmosphere within the designated centre. Residents completed individual questionnaires, and indicated high levels of satisfaction with their living environment and the support they received. The inspector noted that the living environment was stimulating and provided opportunities for rest and recreation.

Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests. This approach supported the residents' independence and dignity, while acknowledging their uniqueness. Additionally, every bedroom was provided with ample and secure storage for residents' personal belongings.

The equipment used by residents was both easily accessible and stored securely. Records reviewed by the inspector evidenced that the equipment was regularly serviced, with items such as high-low beds and overhead hoists undergoing annual servicing by an external specialist company.

Judgment: Compliant

Regulation 18: Food and nutrition

Improvements were required to ensure all residents with an assessed feeding, eating, drinking, and swallowing (FEDS) need, had up-to-date FEDS care and support plans on file.

All residents living in the designated centre had assessed FEDS needs, and two residents presented as a high risk of choking and aspiration. The inspector reviewed all residents' FEDS care and support plans, and noted that two residents plans required updating by the registered provider's speech and language therapist, to ensure they included the most up-to-date guidance on mealtime requirements, including food and drinks consistency, equipment required, as well as the residents' preferences and dislikes.

Staff demonstrated a strong understanding of FEDS care plans, and consistently followed guidance from specialist services, including speech and language therapy and dietitian services. Throughout the inspection, staff were observed by the inspector adhering to the therapeutic and modified dietary consistency requirements outlined in FEDS care plans. In addition, staff were observed to support residents with eating and drinking in a respectful and dignified manner.

The inspector observed a diverse range of food and drinks, including fresh and perishable items, stored in the kitchen for residents to select from. All items were stored in a hygienic manner, and the kitchen was equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed smoke and heat detectors, and emergency lighting. Portable firefighting equipment was strategically located throughout the designated centre to cover the risk of fire.

The inspector noted that escape routes through the designated centre were clearly indicated. Following a review of servicing records maintained in the designated centre, it was found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed, and all fire doors, including bedroom doors closed properly when the fire alarm was activated. All fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

The registered provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed all residents' personal emergency evacuation plans. Each plan detailed the supports each resident required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

Additionally, the inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the registered provider's established policy. The provider demonstrated that they were capable of safely evacuating residents under both day time and night time conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were necessary regarding the auditing and oversight of controlled drugs within the designated centre.

There were appropriate practices and arrangements for the management of residents' medicines, including for the ordering, storage, and administration of

medicines. The practices were underpinned by the registered provider's established medication management policy.

Residents were in receipt of a comprehensive individualised service from their pharmacist, who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the designated centre.

The inspector found evidence to support that each resident's medicines were administered and monitored in line with best practice as individually and clinically indicated. For instance, the inspector reviewed the practices and arrangements for three residents and spent time taking through residents' medicines with the senior staff nurse on duty. Following the conversation, it was evident to the inspector that staff were very knowledgeable of the professional guidelines and professional code of practice that governed medicines management, and continually adhered to these requirements.

All medicines errors, suspected adverse reactions, and incidents were recorded, reported and analysed within an open culture of reporting. Learning was fed back to improve each resident's safety, and to prevent re-occurrence. Medicines management was audited regularly, and this included practices in areas such as medicine stock control, administration, storage, and disposal. However, the inspector noted that improvements were required regarding the oversight of controlled drugs within the designated centre. Specifically, there was no sign-in or sign-out protocols in place pertaining to residents' emergency medication for the management of seizures. This required comprehensive review by the registered provider and person in charge.

The inspector observed that all residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspector observed that residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received their medicines as prescribed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. There was a comprehensive assessment of need in place for each resident, which identified their healthcare, personal, and social care needs. These assessments were used to inform detailed plans of care, and there were arrangements in place to carry out reviews of effectiveness.

The inspector reviewed three residents' assessments and a sample of care and support plans. The plans, included those on personal, health, and social care needs,

were up-to-date, sufficiently detailed, and readily available to staff in order to guide their practice.

The plans also described the residents' individual personalities, interests, abilities, and how they liked to spend their time. The inspector saw evidence that residents were able to take part in activities and goals of their own choosing. The assessments and plans were reviewed on a regular basis, and included input from the residents and various multidisciplinary team services.

Each resident was assigned a keyworker and they supported the resident to engage with and participate in decisions about their own lives, and the running of their home. All residents participated in an annual review of their individual personal plan (IPP). During these meetings, residents set meaningful goals they aimed to achieve. Examples of goals set for 2026 included organising a birthday party, go on a river cruise, visit the zoo, visit family, and visit a sensory garden.

The registered provider had in place systems to track goal progress. For instance, goals were discussed with residents during keyworking and recorded in goal progress documentation. In addition, photographs of the residents participating in their chosen goals and how they celebrated were also included in their IPP.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, two residents had a positive behaviour support plan on file. Upon reviewing both of these plans, the inspector noted that they were detailed, comprehensive, and developed by qualified professionals. Additionally, each plan identified potential triggers and antecedent events, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The registered provider ensured that staff received thorough training, equipping them with the necessary knowledge and skills to effectively support residents. Staff demonstrated a strong understanding of the support plans in place, and the inspector observed positive communication and interactions between residents and staff throughout the duration of the inspection.

Eight restrictive practices were implemented within the designated centre. The inspector reviewed all of these, and found that they were the least restrictive and used for the shortest duration possible. The inspector found that restrictive practises in use were regularly reviewed, and were discussed during IPP meetings, and formal staff meetings.

The inspector found that the registered provider and person in charge actively promoted residents' right to independence and a restraint-free environment. For

instance, the inspector confirmed that restrictive practices in use had been appropriately risk assessed, in accordance with the provider's established policy, were subject to regular review, and were notified to the Chief Inspector on a quarterly basis.

Judgment: Compliant

Regulation 8: Protection

Safeguarding is a critical responsibility for registered providers in designated centres. The registered provider had effective arrangements to safeguard residents from abuse in place, such as staff training, appropriate staffing levels, and reporting systems.

Safeguarding concerns had been reported, responded to, and managed in line with the registered provider's established policy. Safeguarding incidents were notified to the safeguarding team, and to the Chief Inspector in line with regulations. The inspector found that when concerns arose, measures were implemented to protect residents from further abuse.

At the time of this inspection, there were two open safeguarding concerns. The inspector noted that these had been reported and responded to as required. For example, interim safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed both preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice. Information included in preliminary screening forms was comprehensive and accurate.

Following a review of three residents' care and support plans, the inspector observed that safeguarding measures were in place to ensure that staff provided personal and intimate care to residents who required such assistance in line with their personal plans, and in a dignified manner.

Residents living in this designated centre experienced a service where they were protected and kept safe.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Meadow View OSV-0008057

Inspection ID: MON-0045114

Date of inspection: 19/05/2026

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 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: • The Speech and Language therapist carried out a review of three Residents on 20/05/2026. • There is an up-to-date Feeding Eating Drinking care and support plan on file for each Resident	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • A recording sheet is in place to monitor Buccal Midazolam, this includes staff signature and the time medication was taken from and returned to the centre	

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 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	20/05/2026
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in	Substantially Compliant	Yellow	20/05/2026

	accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.			