



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

Issued by the Chief Inspector

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| Name of designated centre: | Meadowbank Services |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 31 August 2021 |
| Centre ID: | OSV-0004863 |
| Fieldwork ID: | MON-0034010 |

About the designated centre

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

Meadowbank Services provides residential respite services for up to five adults of mixed gender with varying levels of intellectual and physical disability, but cannot accommodate people with complex physical needs. The centre is a two-storey house with a garden on the outskirts of a rural town. There is one wheelchair accessible bedroom on the ground floor of the centre. Residents at Meadowbank Services are supported by a staff team which includes a social care leader, social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------|---------------------|---------------|------|
| Tuesday 31 August 2021 | 1:15 pm to 5:45 pm | Jackie Warren | Lead |

What residents told us and what inspectors observed

From conversations with staff, meeting with residents, observation in the centre, and information viewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community during their respite breaks.

The provider had considerably reduced respite numbers as a means of increasing infection control safety and accommodating social distancing. At the time of inspection there were two residents availing of the service, and both were present for part of the inspection.

The inspector met with the two residents, who were taking a short break in the centre for one evening. One of the residents talked a little with the inspector about respite in the centre. The resident said that they liked coming to the centre for respite breaks and enjoyed the time spent there. The resident also talked about getting on well with staff and other residents, and about enjoying the food in the centre. Both residents were smiling, and appeared relaxed, comfortable and happy in the centre. Although the time the inspector spent with residents was limited, staff were observed spending time and interacting warmly with residents. On the evening of inspection the residents were planning going for a drive and to do some shopping after their evening meal.

There was evidence that respite breaks were planned around leisure activities that residents enjoyed. Prior to COVID-19 restrictions, residents' developmental goals had been planned annually, but due to the reduction in the frequency of respite breaks and the decrease in the numbers receiving breaks, residents' development projects were being planned informally and on an ongoing basis. These included cinema, going out for meals and coffee, and shopping. Staff also arranged outings to places of interest to residents, such as Galway City, beaches and picnics, tourist sites, castles and gardens. Staff were very focused on ensuring that residents were involved in the local community. For example, residents had recently attended the opening launch of a new development of tennis courts in the town, and some were looking forward to playing tennis there. During the COVID-19 restrictions residents had also been involved in a range of creative activities in the centre. These included making and sending greeting cards to loved ones, growing plants in plant pots that they had decorated and painted, and preparing and delivering care packages within the community during COVID-19 restrictions.

There were measures in place to ensure that residents' rights were being upheld and that they chose how to spend their time during their respite breaks. Residents likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation, assessment and from information supplied by families. This information was used for personalised activity planning during each break. Resident's views on the centre and their lives were also gathered though

ongoing daily discussions and judgements on choice and preferences.

The centre was a detached house in a rural town. The house were centrally located and close to amenities such as hotels, public transport, shops, restaurants, sports facilities and churches. Transport was available so that residents could go out for drives, shopping and to access the local amenities. The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, art supplies, and music choices available for residents. The centre had a well maintained, colourful and secure garden at the rear of the house where residents could enjoy gardening, leisure activities and outdoor dining. All residents had their own bedrooms during respite breaks.

The next two sections of the report state the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for people who availed of this respite service.

The provider was focused on improving the quality safety of the service. For example, fire doors throughout the centre had recently been replaced and upgraded, and self closing devices were in the process of being fitted to the new doors. In addition, the management structure supporting the centre had recently been reviewed and changes to strengthen the management arrangements were planned. This restructuring was intended to increase the presence of a person in charge in the centre and was due to commence in the near future.

The person in charge was suitably qualified and experienced and knew the residents and their support needs. The person in charge was not based in the centre, but it was clear that residents knew, and got on well with, both the person in charge and staff. A team leader was based in the centre, and worked closely with the person in charge. In turn the person in charge was supported by the organisation's senior management team. Furthermore, a senior manager was always on call to support staff at night time and weekends when the person in charge was not on duty.

The provider had systems in place for the ongoing monitoring and review of the of care, support and safety of the service. The provider was aware of the requirement to carry out unannounced audits of the service twice each year and these had been carried out as required. These audits had identified areas where improvement was required, and had included action plans for addressing these issues. Overall these audits indicated a high level of compliance with regulations.

Audits of medication management and finances were being carried out by both internal and external persons, and quarterly reviews of the service by the person in

charge. Records showed a high level of compliance in all audits and that any identified issues had been addressed.

A review of the quality and safety of care and support of residents was being carried out annually and the inspector viewed the report for 2020. There was evidence that consultation with residents and or their representatives had taken place and this indicated a high level of satisfaction with the service. This information was included in the annual review.

The provider had developed a clear and comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. As the provider was very mindful of the risk of COVID-19, the occupancy of the centre had been reduced to two residents per stay to allow for social distancing and to reduce the risk of cross infection. The risk register had also been updated to include risks associated with COVID-19.

Documents required by the regulations were kept in the centre and were available to view. Records viewed during the inspection included personal profiles, personal plans, fire drills and healthcare plans. The provider had also developed a statement of purpose for the service, and agreements for the provision of service had been prepared and agreed with all residents who received respite care.

There were sufficient staff on duty to support residents' assessed needs. This ensured that residents had suitable support for their social and healthcare needs.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, such as training in medication management, personal outcomes, respiratory care and people handling, in addition to mandatory training. In response to COVID-19, staff had also attended training in various aspects of infection control. A range of operational policies were also available to guide staff.

There was a good level of compliance with regulations relating to the governance and management of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to support the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met most of the requirements of the regulations. However, there was some minor adjustment required to the statement of purpose. The person in charge committed to reviewing and amending the statement of purpose following the inspection. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents who availed respite service in the centre was promoted and that these residents were kept safe. There was a good level of compliance with regulations relating to the quality and safety of the service, although improvements to infection control, premises and personal goal planning were required.

There were systems in place to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan had been developed in the centre, although improvement to this system was required. While the centre was visually clean throughout, the cleaning plans and records were not sufficient to establish if sanitising of touch points was being carried out in line with the provider's protocols.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby neighbourhood. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose. During the current respite stay, residents planned

going out shopping and for a drive after their evening meal.

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out in conjunction with residents' day care services. Individualised personal plans had been developed for all residents based on their assessed needs. However, personal goal planning in the centre had not been carried out for residents in the past year. Staff explained that this was due to the reduced access to some activities and facilities during times of lockdown. It was also explained that, as the respite service numbers had been reduced and respite breaks were less frequent, that residents' wishes were being met more informally. In addition, the personal planning process for some residents had not explored the introduction of new experiences for residents.

The centre was a large detached house close to a rural town. Overall, the centre suited the needs of the residents and was being well maintained. Communal rooms were decorated with pictures, photos and mirrors, and the kitchen had recently been renovated and was well equipped and bright. Since the last inspection of the centre, the provider had carried out improvement works to increase the comfort and safety of the centre. For example, new floor surfaces had been fitted in parts of the house, the opening between the sitting room and dining room had been restructured, and large trees behind the house had been cut back to create a larger, brighter garden. While the house was spacious, warm, clean and well equipped, bed rooms were sparsely decorated and did not have a homely atmosphere. There was no evidence that this was the preference of the people who attended the service. In addition some bedroom curtains were ill-fitting.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect them from COVID-19. Due to the short duration and intermittent nature of residents' respite stays, residents' healthcare arrangements were mainly supported by their families. However, residents' healthcare needs had been comprehensively assessed, plans of care had been developed and care required during respite breaks was delivered by staff. The provider also had safe practices in place for the management of residents' medicines.

Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer. The provider also had systems in place to ensure that residents were safe from the risk of fire. These included up-to-date fire training for staff, recently upgraded fire doors in all bedrooms, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists.

There were measures in place to supply information to residents in a suitable format that they could understand. For example, easy-to-read versions of important issues such as the complaints process, their rights, advocacy and COVID-19 information had been developed for residents.

Regulation 12: Personal possessions

The policy guiding the management of residents personal possessions had been reviewed and updated to accurately reflect the arrangements during respite breaks.

Judgment: Compliant

Regulation 17: Premises

Overall, the design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was well maintained and suitably equipped. However, while all parts of the centre were clean, bedrooms were sparsely decorated and did not have a homely atmosphere. No assessment had been carried to establish if this suited the needs and preferences of residents.

Judgment: Substantially compliant

Regulation 20: Information for residents

Information was provided to residents. The provider had prepared a guide in respect of the designated centre, which included the information required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Overall there were good measure in effect to control the risk COVID-19 infection in the centre, including a comprehensive contingency plan. However, improvement to cleaning systems in centre were required. While the centre was visually clean throughout, the cleaning plans and records were not sufficient to establish if sanitising of touch points was being carried out in line with the provider's protocols.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out in conjunction with residents' day care services. Individualised personal plans had been developed for all residents based on their assessed needs. However, personal goal planning in the centre had not been carried out for residents in the past year. In addition, the personal planning process for some residents had not explored the introduction of new experiences for residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while residents were availing of respite services.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| 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 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Meadowbank Services OSV-0004863

Inspection ID: MON-0034010

Date of inspection: 31/08/2021

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 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The adjustments to the Statement of Purpose have been completed following consultation with the inspector. Amendments clarifying Person In Charge support time to Meadowbank Services and access to therapeutic services within the designated centre have been completed.</p> <p>Amended SOP has been sent to HIQA registration.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Budget has been allocated for internal painting and soft furnishings to be purchased. Individuals who use the service will be involved in the choice of furnishings and paint colour’s.</p> | |

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|---|-------------------------|
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Cleaning checklist documentation has been amended to reflect the frequency of cleaning carried out in the designated centre.</p> | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Goal setting process in Meadowbank will restart as individuals return to the service and community, sporting and recreational activities return to normal. Individuals will be supported to pursue activities of their choice that is accessible at the times they attend Meadowbank Respite Service.</p> | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Substantially Compliant | Yellow | 15/01/2022 |
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 07/10/2021 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing | Substantially Compliant | Yellow | 23/09/2021 |

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| | the information set out in Schedule 1. | | | |
| Regulation 05(6)(b) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability. | Substantially Compliant | Yellow | 30/11/2021 |