



**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:	The Meadows
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	18 June 2025
Centre ID:	OSV-0007700
Fieldwork ID:	MON-0039263

About the designated centre

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

The Meadows is a designated centre operated by Autism Initiatives Ireland Company Limited By Guarantee. The Meadows provides residential services to three adult males that have a diagnosis of Autism. The centre comprises a two storey house. The house consists of a sitting room, a kitchen and dining area, toilet, utility room, an office downstairs and an office and three bedrooms upstairs. The three bedrooms contain an en-suite toilet/shower facility in each of them. The centre is staffed by a person in charge, senior social care worker, social care workers and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 18 June 2025	09:00hrs to 17:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

Overall, the inspector found good levels of compliance with the regulations. There had been a number of improvements in the designated centre since the last inspection which resulted in positive outcomes for residents living in the centre. In particular, improvements had been made to upkeep and repair of two residents' en-suite toilet and shower facilities as well as the aesthetics of the back garden.

Residents were supported to enjoy a good quality life. Their wellbeing and welfare were maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where the residents' needs, wishes and preferences were taken into account. Overall, feedback provided by residents and their families was positive regarding the quality of care and support provided to residents.

Residents living in the centre used different forms of communication and where appropriate, they were supported to relay their views with the support of their staff members. Residents' views were also taken from the designated centre's annual review, Health Information and Quality Authority's (HIQA) residents' surveys and various other records that endeavoured to voice residents' opinions and feedback.

The inspector used observations alongside a review of documentation and conversations with staff and management, as well as meeting with residents, to inform judgments on the residents' quality of life. The inspection was facilitated by the person in charge and the person participating in management was in attendance throughout the inspection and provided assistance when required. The senior social care worker was also available to the person in charge on the day, if they required their support.

There were three residents living in the centre and the inspector was provided with the opportunity to meet with all of the residents during different times of the day. In the morning, the inspector met with one resident who was relaxing in one of the sitting rooms, listening to music. A staff member supported the engagement between the resident and the inspector. On occasion, to support the conversation, the staff member repeated some of the words the resident used when speaking. The resident said they were happy living in their home and that they liked the people they were living with. The resident was heading out with their staff member to their local café in the supermarket. The resident told the inspector that in the afternoon they were looking forward to heading out again and getting a massage. The resident told the inspector that they were going to be an uncle soon and that they were very excited about it. The resident told the inspector that they enjoyed

eating out but also liked the food provided in the centre, with lasagne being their favourite meal.

The inspector met with two other residents later in day after they returned from a rugby training session in the community. A staff member tried to encourage one of the residents to speak with the inspector using cues and prompts to support the engagement. The resident appeared tired and seemed uninterested in having a long conversation. However, the resident provided some short positive responses when asked if they liked living in the centre.

Later in the day, the inspector met another resident in the larger sitting room. A staff member sat in on the conversation and supported the resident when speaking with the inspector. The staff member provided prompts to support the resident relay their views. A little time into the conversation, the staff member saw from the resident's body language that they wanted to conclude the engagement. The staff member respected their wishes and gestured to the inspector for them both to leave the room.

The centre was a semi-detached two story premises consisting of the three residents' bedrooms which all included a toilet and shower en-suite facility, two sitting rooms, a kitchen-dining area, two staff offices (one upstairs and one downstairs) and a toilet downstairs. The house was observed to be homely with lots of photographic collages, of residents enjoying activities, displayed throughout the house.

To the rear of the house, there was a garden and raised patio space. A section of the wall had colourful murals painted on it. The person in charge informed the inspector that it had been painted by a local community artist and all residents were consulted on the design. Each resident had chosen a favourite animated character and these had then been painted on the wall. In the raised patio area there were timber benches and flower boxes. The inspector was informed that one of the residents and their staff member had made the items.

The inspector observed residents' bedrooms to be decorated in line with residents' needs, likes and preferences. Some bedroom included a lot items and other bedrooms presented as minimalistic in design, this was in keeping with the specific preferences of residents. All bedrooms were observed to be clean and tidy and provided a suitable space for residents to relax and sleep in. Where a resident collected a large selection of items that were important to them, they had been provided with new storage shelves and boxes so that there was ample space to move around the room to ensure easy access and egress from the room.

Communal spaces were homely and inviting and again included a number of framed photograph, soft furnishing, items of interest (such as board games) and sensory lighting. In the smaller sitting room the inspector observed a notice board that included easy-to-read information on the complaints process, advocacy, residents rights and the designated officer.

In advance of the inspection, residents were provided with individual HIQA, 'Tell us what is like to live in your home', surveys. The three residents chose to complete

the surveys with the support of their staff members. One resident also completed a survey with a family member and two other surveys were submitted to HIQA from residents' family members. Overall, the surveys relayed positive feedback regarding the quality of care and support provided to residents living in the centre.

For example, surveys relayed that residents found the centre was a nice place to live in and that they liked the food and had their own bedroom. The surveys included that residents felt staff knew what was important to them and were familiar with each of their likes and dislikes. Surveys noted that staff provided help to residents when they needed it.

Residents expressed, through the support of staff members, how much they enjoyed living in the centre. Residents noted their satisfaction of the layout of their bedroom. One resident noted that their bedroom was good and that they liked their wardrobe. They said they kept their socks and trouser and jacket in their wardrobe.

In another survey, a resident expressed their happiness with who they shared their home with. Staff noted, that the resident named the two other residents living with them in the house and said that they liked them.

Family surveys also noted that residents were happy with who they lived with. Overall, the inspector found that there was positive feedback from families and in particular about the quality of care and support provided to residents in the centre. One survey noted how staff were considerate and supportive of their family member's needs and were always looking for ways to make them feel safer and happier. Family members also referred to staffing levels and the importance of long standing permanent staff being beneficial in meeting the needs of their family member living in the centre.

The inspector found that residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. The person in charge was ensuring that residents were provided meaningful activities in the community to ensure positive outcomes for residents in terms of their wellbeing and development. On the day of the inspection, residents participated in their community through attending rugby training, going for a coffee in the local café, going for a massage and going for a walking in the local town.

The inspector found that the provider and person in charge had put a variety of systems in place to ensure that residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Families played an important part in the residents' lives and the person in charge and staff acknowledged and supported these relationships and in particular made strong efforts to facilitate and enable residents to keep regular contact with their families.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging

with staff using different styles of communication, it was obvious that staff interpreted what was being communicated.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support and that overall, the person in charge and staff were endeavouring to continuously promote residents' independence as much as they were capable of.

Some improvements were required to the areas of infection prevention and control, notification of incidents and communication. These are discussed further in the next two sections of the report which present 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 service being delivered to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

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.

The inspector found that residents living in this designated centre were in receipt of a good quality and safe service, with good local governance and management supports in place. Overall, there was good levels of compliance found on the inspection however, some improvements were needed to notification of incidents, communication and infection prevention and control. The latter two are addressed further in the quality and safety section of the report.

The centre had a clearly defined management structure in place which was led by a capable person in charge. The person in charge was an experienced, qualified professional and demonstrated their knowledge of the residents' assessed needs. They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place.

The provider had effective systems in place to monitor and audit the service. An annual review of the quality and safety of care during 2024 had been completed and six-monthly unannounced visits to the centre with the most recent review completed in May 2025.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. There was a staff roster in place and it was maintained appropriately. There were no staff vacancies in the centre at the time of the inspection.

The inspector reviewed a sample of staff files and found that they included all Schedule 2 requirements. The inspector spoke with two staff on a one-to-one basis during the inspection and found that they demonstrated appropriate understanding and knowledge of policies and procedures that ensure the safe and effective care of residents. On the day of the inspection, the inspector observed kind, caring and respectful interactions between staff and residents throughout the day.

There was a training schedule in place for all staff working in the centre and this was regularly reviewed by the person in charge. Staff were provided with the necessary skills and training to the delivery quality, safe and effective services that catered for each resident's assessed needs.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. For the most part there was appropriate information governance arrangements in place to ensure that the designated centre complied with all notification requirements. However some improvements were needed to ensure all quarterly notifications, relating to non-serious injuries, were submitted in line with the regulatory requirement.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including information on advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Regulation 14: Persons in charge

The person in charge was employed full-time in the role since June 2024, they had previously worked in the centre as a person in charge in a job share arrangement. The inspector found that the person in charge was ensuring effective governance, operational management and administration of the designated centre.

The person in charge was supported by a senior social care worker and by a person participating in management.

Documentation submitted to the Chief Inspector, demonstrated that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

On speaking with the person in charge the inspector found that they were familiar with residents' support needs and was endeavouring to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the provider and person in charge were endeavouring to ensure that there were 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 consisted of the person in charge, a senior social care worker, social care workers, support workers (including flexi-part-time support workers).

The inspector found that the staffing arrangements in place were ensuring continuity of care and promoting the development and maintenance of trusting relations. On review of the roster, the inspector saw that the person in charge was endeavouring to employ the same flexi-part-time support workers to cover shifts. Permanent staff were also covering shifts which meant that residents were being supported and cared for by staff who were familiar to them. Having familiar staff was in line with residents' assessed needs and overall, supported them to enjoy a positive lived experience in their home and in the community.

During the inspection, the inspector spoke with and observed a number of staff members on duty. The inspector spoke in detail with two staff members and found that they were very knowledgeable about residents' support needs and their responsibilities in providing care. The inspector observed that residents were familiar with the staff and appeared comfortable interacting and receiving care from their staff members. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe and secure in their home.

The person in charge, supported by the senior social care worker, appropriately maintained both planned and actual staff rosters. The rosters clearly reflected the staffing arrangements in the centre, including the names of staff on duty during both day and night shifts as well as the hours the person in charge worked.

On review of a sample of five staff files, the inspector found that they contained all the required information as per Schedule 2. Overall, the inspector found that the staff team was well qualified, and dedicated to delivering care that upheld residents' rights and ensured their safety.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector saw that the person in charge had good systems in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

On review of the staff training matrix in place in the designated centre, the inspector saw that staff had completed or were scheduled to complete the organisation's mandatory training such as manual handling, safeguarding, fire safety, positive behaviour supports, safe administering of medication, infection and prevention and control. Staff were also provided additional training in other area such as human rights, good autism practice, effective complaint handling and person-centred planning, but to mention a few.

The person in charge had ensured that one-to-one, practice support meetings and well as performance management meetings, that support staff in their role when providing care and support to residents, had taken place and were scheduled for all staff in line with the provider's policy.

Staff who spoke with the inspector noted that they found the supervision meetings to be supportive and beneficial to their practice. They told the inspector that they found the person in charge to be very approachable and always available to support them when needed.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations. The provider had details within the directory on where to access the other pieces of information if required.

Judgment: Compliant

Regulation 21: Records

On the day of the inspection, records required and requested were made available to the inspector. Overall, the records were appropriately maintained. The sample of records reviewed on inspection, overall, reflected practices in place.

On the day of the inspection, the person in charge organised for staff records to be made available to the inspector for review. On review of a sample of five staff files the inspector found that they contained all the required information as per Schedule 2.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place.

The provider had completed an annual review of the quality and safety of care and support provided in the centre during January 2024 and December 2024. There was evidence to demonstrate that residents and their families had been consulted in the review.

In addition, the provider had ensured that unannounced six monthly reviews were taking place with the most recent review completed in May 2025. There were associated action plans in place to ensure any findings from the review were addressed and in a timely manner.

The inspector was informed that the person participating in management visited the centre on a regular basis. In addition the person participating in management (PPIM) met with the person in charge on a monthly basis and carried out a monthly management review of the centre. Some matters reviewed during these meetings include, residents' person centred plans, residents' finances, the eighteen outcome audit, medication, safeguarding, incidents and accidents and weekly checklists.

The person in charge carried out a number of checks on a weekly basis and followed up promptly on any actions arising from the checks. These checks assisted the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery. The person in charge had also carried out a comprehensive health and safety compliance check in the designated centre in June 2025. The check included actions and details of who was responsible to follow up on the actions.

Overall, the inspector found that the registered provider strived for excellence through shared learning and reflective practices and was proactive in continuous quality improvement to ensure better outcomes for residents. For example, there was a schedule in place for peer to peer audits, with some of these audits having already completed. These audits saw social care workers visit another centre, run by the provider, and carry out an audit of the quality of the safety, care and support in that centre. Social workers from other designated centres would carry out the same type of audit in this centre. Learning and good practices from visits to other centres was shared among teams which overall, endeavoured to provide better outcomes for residents living in the centre.

Monthly staff team meetings were also taking place which provided a space for reflective practice and shared learning. Matters such as safeguarding, health and safety, HIQA inspections, on-call systems, staff training as well as the care and support needs of the residents, were all discussed at the meetings. In addition, on review of the most recent meeting minutes in May 2025, the inspector saw that the meeting included a learning session on 'possible safeguarding scenarios' that included a group question and answer session.

Judgment: Compliant

Regulation 3: Statement of purpose

The person in charge had submitted a statement of purpose previous to the inspection which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose 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 available to residents and their representatives in a format appropriate to their communication needs and preferences.

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

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The person in charge was endeavouring to ensure that all adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified within the required time frames as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been incidents of concern, the incident and learning from the incident, had been discussed at staff team meetings.

However, some improvement was required to quarterly notifications relating to non-serious injuries (NF39D - Any injury to a resident not requiring notification within three working days), so that where these types of injuries occurred, they were notified on a quarterly basis. For example, in March 2025, a resident had tripped and fallen outdoors and incurred an injury. The resident was supported by staff and the broken skin and graze was appropriately attended to. The incident had been recorded provider's accident and incident online system and reviewed by management. However, the non-serious injury had not been reported to the Chief Inspector through the required quarterly notification.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy. The complaints procedure was available in an easy-to-read format and accessible to residents. A copy of the procedure was located in a communal space in the centre as well as the staff office. There was also information on how to avail of an advocate should a resident or family member need to.

From speaking with staff and a review of records, the inspector saw that residents were supported to know how to make a complaint. This was primarily through discussion at one to one consultation meetings which promoted awareness and understanding of the complaints procedures. In addition, on review of residents' surveys, they had all indicated that residents knew who to go to if they were unhappy. In some cases they named the person in charge, as the person they would go to.

The inspector was informed on the day, that there were no open complaints or recently closed complaints in the centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents who live in the designated centre.

Overall, the inspector found the centre was well run and provided a homely and pleasant environment for residents. Each of the resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff members were aware of each resident's needs and knowledgeable in the person-centred care practices required to meet those needs.

The inspector observed staff engaging with residents and attending to their needs in a caring and professional manner. The inspector found that the provider, person in charge and staff team were promoting and supporting a human rights-based approach to the care and support provided to residents.

However, the inspector found that to ensure better outcomes for residents, some improvements were required to areas relating to communication and infection prevention and control.

On review of a sample of residents' personal plans, the inspector found that the person in charge had ensured that there was a comprehensive assessment of need completed for each resident. The assessment informed residents' personal plans which guided staff members in supporting residents with identified needs and supports. Plans were reviewed annually or more regularly if required, in consultation with each resident and where appropriate, their family or representatives.

The person in charge was endeavouring to ensure that residents received information in a way that they could understand. Residents communication needs were assessed on a yearly basis or sooner if needed. There was guidance in place for staff on the best approach to use when communicating with residents. However, some improvements were needed to ensure appropriate on-going professional input and oversight was provided to residents who required such support.

Residents living in the designated centre were protected by appropriate safeguarding arrangements. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Staff were provided with appropriate training relating to keeping residents safeguarded. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

There were infection, prevention and control measures and arrangements to protect residents from the risk of infection. For the most part, the inspector found that the

infection, prevention and control measures were effective and efficiently managed to ensure the safety of residents. However, to ensure the safety of residents at all times, a review of flushing checks was needed and in particular, for an external water outlet that was not frequently in use.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals. There were restrictive practices used in this centre. The restrictive practices were supported by appropriate risk assessments which were reviewed on a regular basis to ensure that practices in place were the least restrictive, for the shortest duration necessary.

The premises was observed to be clean and tidy and overall, presented as a homely and cosy environment to live in. The inspector observed that residents appeared to be comfortable and relaxed in their home surroundings.

The provider had put in place fire safety systems in the designated centre, along with policies, procedures and plans to manage the risk of fire. There was suitable fire safety equipment in place and systems in place to ensure it was serviced and maintained as required including the fire alarm, emergency lighting and fire fighting equipment. There were suitable means of escape and an up-to-date fire evacuation plan. Staff had received suitable training in fire prevention and emergency procedures. Local fire safety checks took place regularly and were recorded and fire drills were taking place at suitable intervals.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Regulation 10: Communication

The residents living in the designated centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways. However, some improvements were needed to ensure residents were assisted to communication in accordance to their assessed needs at all times.

Through observations walking around the centre and speaking with the person in charge and staff it was evident that there was an emphasis on how best to support residents to understand information. The inspector observed lots of easy-to-read and picture-format and visual information displayed in the centre and in residents' personal plans. For example, information relating to complaint procedures, advocacy, residents rights, social stories, menu choices and activity planners.

One of the examples included a large chart hanging on the kitchen wall that included pictures and symbols relating to a selection of daily activities including meals, appointments and community activities. The board was used as an additional communication tool to assist a resident understand and be aware of their weekly plan.

On speaking with a staff member the inspector was advised that one resident liked to communicate from time to time using a small number of Lámh signs and single words. Another resident liked to be supported with their communication using visuals or objects of reference when making choices. On observing staff interact with residents, it was evident to the inspector that staff members understood what residents were communicating.

Residents' communication needs were reviewed and updated through each of their 'About Me' section of their individual personal plan. This section included details of residents' abilities in relation to communication. To support residents with their communication needs there was guidance for staff on how to approach each resident's communication needs. The current guidance was developed using previous speech and language therapist (SLT) assessment and recommendations. However, on speaking with management the inspector was advised that these assessments had taken place in 2019-2020 with no SLT intervention since then. The inspector was informed that the provider was aware of this deficit and had made previous efforts to employ a speech and language therapist as well as seeking community SLT therapists however, as of the day of inspection, access to SLT was not in place for residents.

In addition, the inspector found that improvements were needed to ensure staff were provided up-to-date and regular training in communication (in line with residents' communication needs). The inspector saw that a 'communication strategy' course was offered to staff as an optional training course. However, considering residents' assessed communication needs, the inspector found that providing regular training in communication as a requirement, would likely enhance staff members knowledge when supporting resident with their different communication needs.

Judgment: Substantially compliant

Regulation 17: Premises

The physical environment of the house was clean and in good decorative and structural repair. The house presented as warm and welcoming and overall, homely in style. On arrival at the residents' home, the inspector observed an array of hanging plants and colourful potted plants outside the front entrance of the house.

Overall, the inspector observed that the design and layout of the premises ensured that each resident could enjoy living in a safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a

good quality of life for the residents living in the centre. There was a large shed to the back of the house that contained a lot of furniture-making tools and machinery. The person in charge informed the inspector, that in line with one resident's interests, a staff member support the resident on a regular basis with a number of woodwork projects. The inspector observed timber garden benches and flower boxes that the resident had been supported to make with their staff member.

There had been improvements to resident's en-suite toilet and shower facilities since the last inspection. The facilities were fitted out with new wall and floor coverings as well as new sanitary wear. The en-suites were observed to be clean and fresh looking and where assistive aids were required, they were in place and observed to be clean.

There had also been some art work and additional garden furniture added to the back garden of the house since the last inspection. Overall, the garden was colourful with lots of shrubs and plants and presented as a nice area for the residents to sit out in and relax.

There was a local maintenance system in place that ensured that when repairs were needed, they were completed in a timely manner. Larger maintenance items were completed by the housing association, who owned the house.

Overall, the house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of Regulation 20. For example, on review of the guide, the inspector saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy-to-read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The policy was last updated in May 2023 and was due for renewal in May 2026.

Where there were identified risks in the centre, the person in charge had included them on the risk register. This was to ensure that appropriate control measures were in place to reduce or mitigate any potential risks.

In addition, the person in charge had completed a range of individual risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs.

For example;

Where there was a potential risk of distracting the driver due to a behavioural incident, there were measures in place to reduce the risk. Some of the measures included, supporting the resident to sit in a specific seat in the car, staff to pull over if the resident needs to relax and staff to ensure the resident has their seat belt on and to provide prompts, if necessary.

Where there was a potential risk of a resident absconding, there were a number of measures in place to reduce the risk of it occurring. Some of the measures included, one to one staff supervision at all time and external doors fitted with key pads. Other measures included, staff to follow the 'about me' section of the resident's personal plan as well as the 'positive behaviour support guidelines' in place for resident.

Where there was a potential risk to a resident's safety in the kitchen, control measures included, showing the resident the correct use of appliances, use a 'one-cup' kettle, supervision of the resident when making their tea and all spills to be cleaned immediately.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were also responsible for the cleaning of the centre. There were cleaning schedules in place and there was evidence to demonstrate that staff were adhering to the schedules. There were cleaning procedures and guidance in place for staff to support them in effectively carrying out cleaning duties. Since the last inspection there had been improvements to further enhance the schedules in place. For example, deep cleaning schedules had been provided with additional information to support and guide staff on what needed to be completed and how to complete the tasks effectively.

Staff had completed specific training in relation to infection, prevention and control. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents where there may be an infection outbreak in the centre.

Overall, the upkeep and repair of the premises was in good repair however, there were some areas, such as door frames that were observed to have chipped paint. In addition, there was a gap on the flooring under the double doors (between sitting rooms) that was impacting on the effectiveness of cleaning. This in turn impacted on the arrangements for ensuring the best possible infection, prevention and control arrangements, and required improvement.

Furthermore, there was a tap on an external side-wall of the house. It was unclear on the day when the water had last been used from the tap. While the person in charge had flushing checks for internal taps in relation to temperature, there had been no flushing checks put in place for this external water outlet. Overall, the inspector found that there were no adequate assurances to ensure that when the tap was turned on, that the water would be free from contaminants.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and fire-fighting equipment. Following a review of servicing records maintained in the centre, the inspector 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. Emergency exits were thumb keypad operated which deactivated at the sound of the alarm, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed two residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents in the event of an emergency during both day and night-time circumstances.

Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation. Residents were supported through one to one

consultation meetings with their keyworkers to have a good understanding of fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were provided with individualised holistic assessment and care plans which were part of everyday life with all staff involved and resulted in a person-centred service for the residents.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices. Residents were provided with a personal plan that was in a format that was accessible to them.

Each resident's personal plan included an 'About me' section. This section included residents' assessed needs and staff approaches on how to support these needs. Residents were provided with person centred planning meetings on an annual basis and were supported to invite people who were important to them to attend the meetings.

Residents were encouraged to choose goals that were meaningful to them and were supported to plan and achieve their goals using a step by step process. For example, residents were supported to learn about their goal, what they needed, where and when they could practice what needed to be done and how they would know when their goal was completed. In addition to this, each resident met with their key working staff member on a monthly basis for a consultation meeting about the progress of their goals. The inspector observed that there were lots of photographs in this section of residents' personal plans demonstrating residents' participation and achievements each the month.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals.

For example, on review of one resident's positive behaviour support plan, the inspector saw that it had been reviewed in July 2025 by an assistant psychologist, the organisation's positive behaviour support instructor, the resident's keyworker, the person in charge and staff members working in the centre.

The inspector saw that where restrictive procedures were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

There was a restrictive practice summary in place and it provided details of the restrictions for each resident. The summary included the date the restriction was introduced, frequency of use, where it was recorded (such as a resident's personal plan), support plans in place for residents to develop skills, that once learned, would remove the restriction.

On review of residents personal plans, the inspector saw examples of specific purpose consultation meetings between residents and their key working staff to help them understand about the restrictions in place.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by practices that promoted their safety. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff spoken with were familiar with reporting systems in place, should a safeguarding concern arise.

Residents had been provided with easy-to-read materials regarding safeguarding and participated in key working consultation sessions with their staff to further explain them.

The person in charge carried out checks of the residents' finances to ensure each resident's money was maintained appropriately. These were reviewed again at the monthly manager's review meeting.

On review of a sample of five staff member files, all staff had been through the appropriate vetting system.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Meadows OSV-0007700

Inspection ID: MON-0039263

Date of inspection: 18/06/2025

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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notification NF39D for minor injury to Resident in March 2025 has been submitted. All further minor injuries not requiring medical treatment or notification within 3 days to be reported on a quarterly basis in addition to being reported on the Organization's accident reporting system (Vatix)	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: All staff in Service to attend Communication Strategies training provided by the organization. To contact Local Community Health Services for the availability of Speech and Language Therapists to provide service to residents. If unavailable, to engage services in the Private Sector to provide an assessment of current communication needs and provide guidance to staff team. Autism Initiatives will be advertising for an internal Speech and language therapist. (20hrs per week).	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>New Flushing Logs and guidance have been introduced that include the use of external taps and the possible health risks if not in regular use.</p> <p>External taps to be run on a weekly basis and recorded. Team Leader will audit records to ensure compliance.</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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/12/2025
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	08/07/2025
Regulation 31(3)(d)	The person in charge shall	Substantially Compliant	Yellow	17/07/2025

	<p>ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).</p>			
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