



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

## Issued by the Chief Inspector

Name of designated centre:	Meadow View
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	25 June 2025
Centre ID:	OSV-0008827
Fieldwork ID:	MON-0044815

## About the designated centre

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

Meadow View is a designated centre operated by St. Catherine's Association CLG. Meadowview is located in County Wicklow situated on large grounds. Each child has their own bedroom and shares accessible bathrooms, a kitchen, sitting room and a sensory room. There are accessible vehicles available to the residents to support them to attend school and to access the community and their preferred activities. The centre provides care and support for up to three children with intellectual disability and associated physical and sensory needs. Children residing in the centre may also require support with complex medical needs, communication and feeding. The centre is staffed by a team of social care workers, care assistants and staff nurses and a person in charge.

**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
Wednesday 25 June 2025	12:30hrs to 18:30hrs	Jennifer Deasy	Lead

## What residents told us and what inspectors observed

This inspection was carried out as part of the routine monitoring of the quality and safety of the service. The inspection took place over one afternoon and the inspector had the opportunity to meet and spend time with all three of the children who lived in the centre. The inspector also spoke with parents of two of the children and to staff, and reviewed documents maintained in the centre. This information was used to inform judgments on the quality and safety of care.

Overall, this inspection found that the transition to the designated centre had gone well for the children and that they were in receipt of good quality care from a consistent and familiar staff team. However, deficits in the local management systems had resulted in some aspects of the provider's policies and procedures not being fully adhered to; for example, in respect of the management of complaints and of safeguarding concerns.

The designated centre was registered in 2024 to provide care and support to three children with intellectual and physical disabilities. The centre is located in Co. Wicklow in a large bungalow in a rural setting. There are two wheelchair accessible vehicles assigned to the centre to facilitate access to local amenities for the children. The centre was seen to be spacious, homely and warm. Each of the children had their own bedrooms, with two of these bedrooms having en-suite bathrooms. Children's bedrooms were personalised and decorated in an age-appropriate manner. Photographs of their families decorated the walls and their toys were readily available and accessible.

The children had access to a large sitting room, an accessible bathroom, a large kitchen and an external sensory room. Many of these rooms were equipped with aids to ensure accessibility in line with children's mobility needs. For example, ceiling tracking hoists were installed in some bedrooms and in the sitting room.

The centre had a large garden which, since the last inspection, had been upgraded to include a patio with dining furniture. There was also a paddling pool and football goalposts available to the children for play. However, this equipment was not accessible to all of the children given their physical needs. Staff expressed to the inspector that it would be beneficial for the children to have more accessible play equipment including, for example, a wheelchair accessible swing.

One of the children was at home when the inspector arrived. This resident had been feeling unwell for a few days and so had been supported to stay at home rather than attend school. The inspector saw this child being supported to have their lunch. They required a modified diet and the inspector saw that staff prepared food in line with their associated care plans. Staff support during the mealtime was seen to be gentle and kind and the child seemed relaxed and happy in the company of staff. After their meal the child was supported to watch a movie in their bedroom.

The other two children returned from school in the afternoon. The inspector saw staff greet the children as they got off the school bus. Staff were seen to ask the children about their day. They responded affectionately to the children and were seen to reciprocate hugs given by one of the residents. One of the children expressed a strong preference to go out on the bus and they were supported by staff to do so. The other resident chose to play on their tablet device in their bedroom.

The inspector saw that one of the children required supervision when mobilising around the centre due to a risk of falls. Staff were seen to be in close proximity to this resident at all times. Later in the day, the inspector saw the resident sit on the couch beside staff. The staff member was seen to respond positively and affectionately to the child.

At dinner time, the children were seen to be supported in line with their care plans around feeding and nutrition. Some children ate independently but staff were available to support them if required. Other residents required direct support with feeding and this was seen to be offered in a respectful manner. Residents were supported to develop their independence skills, for example, in cleaning away their plates and in toileting, where they had capacity to do so and where this was a goal for them.

After dinner, most of the children chose to relax in their bedrooms and watch TV. Some children chose to watch movies, while other children watched videos of their particular interests such as public transport videos. Staff were available to the children and were seen to be responsive to them.

The inspector spoke with a number of staff over the course of the day but spoke with three staff in some detail. These staff were very well informed of the residents' needs and preferences. They told the inspector that there was good communication among the staff team and that they felt the children were safe, happy and well cared for. They were informed of the residents' communication systems and of their interests. Staff members spoke of the activities that children enjoyed and of their plans to expand the social activities for the residents. Some of the children had joined community groups, and the staff team planned to accompany the three children to a festival being held in July.

Parents of two of the children also spoke with the inspector over the phone on the day of inspection. Both parents spoke very positively of the care and support being provided in the centre and, in particular, complimented the staff team on their open communication with them. Both of the parents felt that the transition into residential care had gone very well for their children. One parent reported that their child was thriving. They said that their child was listened to and that staff were finding motivating activities for the young person, for example they had joined a community music class. They also described how the child's life skills had improved since the move and that they were trying new foods and had expanded their diet.

A parent of a second child told the inspector that the staff were kind and affectionate with the resident. They felt that their child was very well cared for and

said that they had no concerns about the service. They told the inspector that the early changes to the management systems had been difficult but that the acting manager was very accessible and that there was good communication between the service and the family.

Overall, this inspection found that the residents were in receipt of child-centred care and support which was meeting their assessed needs; however, enhancements were required to the oversight arrangements to ensure that children continued to receive a high standard of care. The next two sections of the report will describe the oversight arrangements and the impact that these had on the quality and safety of care.

## Capacity and capability

This section of the report details the governance and management arrangements of the centre and how effective they were in ensuring the quality and safety of the service. This inspection found that the residents were in receipt of care and support from a consistent staff team who knew the residents and their needs and preferences well; however, deficits in the local management systems had resulted in some areas for improvement being identified, particularly in respect of the management of complaints and in identifying complaints which could constitute a safeguarding risk.

The centre was staffed by a consistent staff team who were suitably qualified to meet the assessed needs of the residents. The inspector reviewed the rosters for the centre and saw that, at all times on the dates reviewed, there were sufficient staff to ensure the safety of the children. There was continuity of staffing which ensured continuity of support and promoted positive attachments and relationships. Kind and caring interactions were seen between the staff team and the children on the day of inspection.

Staff spoken with understood their roles and responsibilities. They were aware of the reporting lines and of how to escalate any issues through to the provider. Staff were provided with support and advice at local level from the deputy services manager; however, due to a long term absence of a person in charge for the centre there were deficits in respect of the formal supervision of staff. The provider was endeavouring to address this at the time of inspection.

Staff members had access to training opportunities to equip them with the skills required to meet the needs of the children and to provide safe and effective care. Most of the staff were seen to be up to date with mandatory training, however some staff were seen to require refresher training, as detailed under regulation 16.

There were enhancements required to the internal management structure of the centre to ensure that the provider's policies and procedures were implemented to effectively manage risks. The centre had been without a person in charge for a

number of months and this had resulted in gaps in local oversight. This was most clearly evidenced through the failure to escalate and respond effectively to a number of complaints made by staff on behalf of the residents. Staff were seen to use the complaints process to advocate on behalf of residents however it was not seen that these were addressed adequately.

The provider had self-identified deficits in the oversight arrangements through their own audits. They were in the process of enhancing the management arrangements at the time of inspection.

### Regulation 15: Staffing

Planned and actual rosters were maintained in the centre. The inspector reviewed the rosters for May and June 2025 and saw that, across four selected dates, the staffing levels were maintained in line with the statement of purpose and were sufficient to meet the number of residents. Residents in this centre had assessed nursing care needs and it was seen that there were sufficient staff nurses rostered on to meet these needs.

There was a very small number of relief and agency staff required. Across the four dates looked at in detail, only one agency staff was required. They were rostered on for night duty with another familiar staff. These arrangements were effective in ensuring continuity of care for the residents. The inspector saw that the staff on duty were very familiar with the residents and their needs and preferences. Positive, kind and familiar interactions were observed.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff in this centre reported that there were effective communication systems among the staff team and that they felt supported in their roles. However, due to the absence of a person in charge, there had been a deficit in the local oversight arrangements in recent months. The result of this was that staff were not in receipt of regular supervision. The inspector reviewed the supervision records of the centre and saw that most staff had received one supervision since January 2025. The frequency of this supervision was not in line with the provider's policy, which the inspector was told prescribed that staff should receive one supervision session per quarter.

Team meetings were being held monthly. The inspector reviewed the minutes of four of these which were held between November 2024 and May 2025. They were



seen to discuss pertinent issues such as the residents' needs, restrictive practices, adverse incidents and safeguarding.

A training record was also available which showed staff compliance with mandatory and refresher training. There were some gaps in compliance with refresher training. For example, one staff required fire safety training, two staff required safe administration of medications refresher training and five staff required training in enteral feeding.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The designated centre had been without a person in charge for approximately five months, from October 2024 to March 2025. This had resulted in deficits in the management systems, and in particular in the local oversight arrangements. It was not evident that the management systems that were in place in the centre were effective in escalating and responding to risks presenting. For example, a number of complaints had been made on behalf of the residents. These were not responded to in line with the provider's policy, as discussed under Regulation 34. Additionally, a number of these complaints described incidents which should have prompted a safeguarding screening however this did not occur.

The provider had a nominated a person in charge for the centre in March 2025; however, due to their additional responsibilities at a senior management level, they could not have consistent presence in the centre to oversee the quality and safety of care. This was a deficit which was identified on the provider's six monthly audit in June 2025.

The six monthly unannounced visit was used to inform a report on the quality and safety of care. The report was comprehensive and identified a number of required actions including improvements to the management systems. The inspector was told that a new person in charge had recently been recruited for the centre and had an opportunity to meet this stakeholder on the day of inspection. The provider planned to submit a notification to the Chief Inspector in the coming days appointing this stakeholder as person in charge. This would be supportive in enhancing the local oversight systems.

The centre was adequately resourced. The staff team told the inspector that there was good communication among the staff team and described the arrangements for contacting management, including out of hours on-call management. While staff were not receiving supervision as frequently as defined by the provider's policy, they told the inspector that they had the opportunity to raise concerns at the centre's monthly staff meetings.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider's complaints policy was out of date and required review, having been last revised in 2018. The inspector was told that a revised policy had been drafted and was ready for review by senior management before being published.

There had been a number of complaints made on behalf of the residents in early 2025; however, the records of these complaints did not provide detail on any investigation into the complaint, the outcome of the complaint, any action taken and whether or not the resident was satisfied.

One complaint on 04 February 2025 detailed that the line manager was notified but provided no further information on any investigation or outcome from the complaint. Another complaint on 05 February 2025 indicated that the outcome was "continue to monitor" but did not provide any information on steps to be taken to resolve the complaint.

It was not evident that residents' complaints were investigated promptly and resolved to the satisfaction of residents.

Judgment: Not compliant

### Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. Overall, this inspection found that the health and development of the residents was promoted and that they were supported to maintain their relationships with their family, develop social relationships in the community and to achieve their educational goals. Improvements were required to the night-time evacuation arrangements of the centre, and to ensure that complaints which could constitute safeguarding concerns were identified as such, escalated to the designated officer and responded to in a comprehensive and timely manner.

The residents were seen to be living in a clean, homely and spacious centre. The centre was accessible and promoted the privacy and dignity of each child. The living environment was designed to meet the children's assessed needs and was equipped with aids and appliances as required. The living environment was stimulating and also provided opportunities for rest. Children were seen to be relaxed and

comfortable in the house. Improvements were required to the play facilities to ensure they were accessible to all of the residents.

The centre had equipment to detect, contain and extinguish fires. Staff had received training in fire safety and regular day time drills demonstrated that children could be evacuated in a timely manner. Night time drills did not take place and instead staff completed a number of "walk-throughs" of the night time evacuation arrangements. However, it was not demonstrated that these were effective in ensuring that all residents could be evacuated in a timely manner when there were minimum staffing levels implemented.

Each child had received a health assessment which was informed by the multidisciplinary team and their family. This identified their assessed needs and child-centred care plans were implemented to meet these needs. The children's health and wellbeing was promoted and supported through diet, nutrition and physical activities. Their personal plans detailed their needs and outlined the supports required to maximise their personal development and quality of life. Staff spoken with were informed of these care plans and had a comprehensive understanding of children's preferences in respect of their care.

Children were supported to exercise choice and control in their everyday life. They also were supported to maintain their relationships with their family and to develop links with the community through joining new clubs and trying new activities. Information was provided to the children in a manner that supported their assessed communication needs and enabled them to make decisions as appropriate to their age and in a developmentally appropriate manner.

Staff had received training in safeguarding children and were guided by the provider's policy in this area. However, enhancements were required to the policy to ensure that it provided information on specific risks to the safety of children which may occur in residential settings; for example, the policy did not consider the impact of other children's non-intentional behaviour on the wellbeing of their peers.

A number of complaints, as initially outlined under regulation 34, had been made due to the impact of children's needs and behaviour on other residents. These had not been identified as potential safeguarding concerns and reported as required.

## Regulation 10: Communication

The three children living in this centre each had assessed communication needs, as detailed on their individual assessment and support plans. The residents used speech, vocalisations, gestures, facial expressions and pictures to communicate. The inspector saw that staff were familiar with residents' communication strengths and needs. They were observed to respond promptly to non-verbal communication by the residents; for example, one child was seen to look at the television and vocalise during their meal. The staff member asked if they would like to watch television and

the resident indicated non-verbally that they did. They were supported then to watch their preferred programmes after their meal.

The residents had access to speech and language therapy to inform their communication care plans. The inspector reviewed one communication assessment in detail. This assessment recommended that the staff team use schedules and photographs to assist the resident in making choices. The inspector saw that these supports were in place in the centre.

Other residents had access to visual schedules, choice boards and social stories to assist them with understanding information and making choices during the day. Staff were seen using offering choices and supporting residents to make decisions; for example, staff were seen to show a resident two different yoghurts which were available for dessert and supported the resident to make a choice.

These measures were effective in supporting the residents' communication skills and enabling them to have autonomy and control in their everyday life.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents in this centre were provided with appropriate care and support, including nursing support, in line with their needs and their disability. They were supported by a familiar staff team who had developed positive attachments with the residents and were encouraging them to participate in activities in line with their interests and developmental needs; for example, some children had joined a social club and enjoyed music classes, teenage discos and had attended Easter camps. Another child was involved in their local GAA All Stars club, and another child had plans to go on day trips over the summer on public transport in line with their interests.

The inspector reviewed the daily log books in the centre and saw that some of the activities offered in the centre on weekdays, after school, included going for walks, watching television, blowing bubbles in the garden or using the paddling pool. At weekends, some of the children went home to visit their families while others were participated in day trips to parks, playgrounds and out for dinner or ice cream.

There were facilities in the centre for recreation and for play, although improvements were required to the accessibility of the play facilities, as detailed under regulation 17. Residents also had age-appropriate opportunities to be alone; for example, some of the children chose to relax in their bedrooms and watch television or use their devices after school.

The three residents all were in full-time education. They had transport to school each day and there were sufficient staff on duty to support any residents who were

too unwell to attend school on a given day. The staff team received a copy of each child's individual education plan and were aware of their education goals.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. Rooms and hallways were accessible and spacious to accommodate mobility aids. Many of the rooms were equipped with aids and appliances required to support residents with a physical disability. For example, an accessible bath was available and there were ceiling mounted hoists in some bedrooms and in the sitting room.

The centre was homely, warm and child friendly. Colourful stickers were on the bathroom door and walls. Each child's bedroom was decorated in line with their preferences and displayed their toys, family photographs and there was sufficient storage for their personal possessions.

The centre was equipped with a sensory cabin in the garden and recently a new patio had been installed. A paddling pool was on the patio and goalposts were on the grass. However, there was an absence of suitable play equipment for residents with a physical disability.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

All of the residents in this house presented with an assessed need in respect of their food and nutrition. The inspector reviewed the individual assessment and care plans for each resident and saw that they each had an up-to-date care plan for nutrition and/or feeding, eating, drinking and swallowing (FEDS). The assessments and care plans were informed by relevant multidisciplinary professionals such as dietitians, nurses and speech and language therapists. Staff spoken with were informed of residents' food and nutrition care plans and were seen to provide meals which were in line with their assessed needs.

The inspector observed all of the residents being supported with a meal. There were sufficient staff on duty to support residents in line with their assessed needs. Staff interactions with residents during mealtimes was seen to be friendly and kind. Staff members provided encouragement to residents and the mealtime was pleasant and relaxed. Staff members provided direct support with feeding where required and were seen to closely observe resident's non-verbal communication to inform the

pacing of the meal. Food provided was in line with care plans and was modified as required.

One family member spoken with described how their child had been supported to expand the range of foods that they enjoyed since coming to live in the centre. This had a positive impact on the child's overall physical health and well-being.

The inspector reviewed the meal and hydration records for two of the residents. It was seen that residents were offered a wide variety of food which was nutritious and wholesome.

Judgment: Compliant

### Regulation 27: Protection against infection

The designated centre was very clean and well-maintained. There were sufficient hand hygiene stations throughout the house and staff were seen to engage in good hand hygiene practices throughout the day. The staff team had access to personal protective equipment (PPE) as required. There was sufficient supply of PPE in the centre, along with other products required by residents' assessed needs including, for example, incontinence wear and sheets.

The centre's utility room was very clean. There was a supply of alginate bags to manage any soiled linen or laundry. Staff spoken with were knowledgeable regarding the procedure for managing soiled linen and for dealing with any outbreak of infection. Staff members spoken with were also informed of the risks relating to infection prevention and control (IPC) in the centre and described the measures in place to control for the spread of infection; for example, staff described the procedure for regularly washing teddies and cushions when there was a risk that these could be contaminated by bodily fluids.

The inspector saw that there were colour coded mops, cloths and buckets to clean different areas of the house. The staff team completed cleaning schedules daily and the centre also had access to a household staff who completed a deep clean of the centre on a fortnightly basis.

The provider had commissioned an IPC audit in March 2025. This had identified a number of deficits; for example, it was identified that the sink in the main bathroom was too small for adequate hand washing. The deficits had been implemented on an action tracker and recommendations had been made. The provider was in the process of addressing these deficits at the time of inspection.

Judgment: Compliant

## Regulation 28: Fire precautions

The designated centre had equipment to detect, contain and extinguish fires. Fire doors were in place throughout the centre with automatic door closers. A fire detection system, emergency lighting and fire extinguishers were also installed. Since the registration site visit inspection, the provider had ensured that the sensory cabin was also connected to fire detection system and had installed a fire door in the utility. All of the equipment was serviced to ensure that it was maintained in good working order and servicing records were maintained by the provider.

There was suitable equipment to assist the evacuation of residents who required this. For example, sliding sheets were in place on one resident's bed. Regular fire drills were held during the day time and the records of these showed that residents could be evacuated in a timely manner. A fire drill in February 2025 took just over 2 minutes to fully evacuate all residents to the assembly point.

Night time drills were not scheduled in the centre due to the impact that this would have on residents' wellbeing, instead night time walk through were completed with staff to discuss the night time evacuation arrangements. However, on a review of the night time walk-through records, it was not evident that there was a clear local operating procedure in respect of the arrangements for evacuation of residents with minimum staffing levels. In discussion with the staff team and the deputy manager, it was established that there was no defined protocol for this situation. This required review by the provider to ensure that all residents could be evacuated safely when there was minimum staffing levels.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' individual assessments and associated care plans in detail. It was seen that both of these residents had an up-to-date and comprehensive individual assessment which identified their needs. This assessment was informed by multidisciplinary professionals and the residents' families. The inspector saw that the assessment was used to inform care plans for each assessed needs. The care plans were written in person-centred language and described the child's preference in respect of their care. Care plans were also agreed by the parents of the child.

Judgment: Compliant

## Regulation 8: Protection

There was a high level of compliance among the staff team in safeguarding training. All of the staff were up to date with training in Children First. One staff required refresher training in safeguarding vulnerable adults; however, this staff member had been on leave for some time and continued to be on leave at the time of inspection.

The inspector saw that residents were provided with care and support which upheld their dignity, privacy and autonomy. Care was taken by staff to ensure residents' privacy in their bedrooms and staff were seen to be kind and caring in their interactions with residents.

Residents' files contained intimate care plans which detailed the supports required in respect of their personal care. These care plans detailed how much support residents required and steps that staff could take to enhance residents' autonomy in this area.

The provider had effected a child protection policy which was reviewed by the inspector. It has been reviewed and updated in January 2025 and detailed the risk of abuse for children in four main areas; however, there was a deficit identified in the policy in that it did not consider the risk of other types of abuse which may occur in residential services. For example, the policy did not consider that some residents' behaviours, which occurred due to their assessed needs, had the potential to impact on the wellbeing of other residents, albeit without any direct intent.

The inspector saw that there had been a number of complaints made by the staff team on behalf of residents from December 2024 to February 2025. There were six incidents documented whereby one resident was impacted by another resident's vocalisations. Some of these incidents occurred at night and it was documented that the impacted resident did not get back to sleep when woken on two occasions. This had the potential to impact on the resident's wellbeing and their participation in their education and activities.

While these incidents were logged as complaints, they had not been recognised as safeguarding incidents and reported as such. The inspector was told that the provider had implemented measures to address this issue; for example, there was increased staff supervision and it was seen that there were no documented similar incidents since February 2025. While it was seen that measures had been implemented, improvements were required to ensure that residents were protected from all forms of abuse and that the provider's policy guided staff in detecting and responding to abuse.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Meadow View OSV-0008827

**Inspection ID: MON-0044815**

**Date of inspection: 25/06/2025**

## **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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>1. The newly appointed Person-In-Charge has created a supervision schedule. The frequency of supervision sessions detailed therein, is in line with St Catherine's Supervision policy therefore ensuring all staff are in receipt of regular supervision. The Head of Operations will maintain oversight of the supervision to ensure identified issues are escalated and responded to appropriately. The new supervision schedule commenced on [date].</p> <p>2. The Person-In-Charge, in conjunction with the St Catherine's Training Department, has completed a review of staff training requirements / bookings to ensure all staff are appropriately trained. Training identified during the inspection will be completed as follows;</p> <p>a. One staff completed fire safety training on 8th July 2025.</p> <p>b. One staff booked to attend safe administration of medication refresher training on 21st October 2025. The second staff member is on extended leave and will be booked once available to attend.</p> <p>c. Five staff scheduled to complete enteral feeding training by 31st October 2025.</p> <p>d. One staff completed safeguarding vulnerable persons at risk of abuse training on 31st July 2025.</p>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. The registered provider has appointed a new Person-In-Charge who commenced with St Catherine's on 23rd June 2025. An NF30A 9NOT-0954070) was submitted on 19th June 2025 in respect of the change in Person-In-Charge.
2. The newly appointed Person-In-Charge has created a supervision schedule. The frequency of supervision sessions detailed therein, is in line with St Catherine's Supervision policy therefore ensuring all staff are in receipt of regular supervision. The Head of Operations will maintain oversight of the supervision to ensure identified issues are escalated and responded to appropriately. The new supervision schedule commenced on 23rd June 2025. All staff will have completed supervision with the Person-In-Charge no later than 29th August 2025.

Regulation 34: Complaints procedure

Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

1. The registered provider had completed a full review of the St Catherine's Management of Feedback policy which was approved by the St Catherine's Board of Directors on 5th June 2024 pending minor updates. The registered provider requested that the document lead complete all required updates no later than 15th August 2025, and for the policy to be effective no later than 22nd August 2025.
2. The policy revision will ensure the following;
  - a. an accessible and age-appropriate format of the complaint's procedure is available to residents,
  - b. all complaints are appropriately investigated,
  - c. all complaint outcomes are appropriately communicated and documented,
  - d. any required improvements are implemented,
  - e. and comprehensive records of all complaints are maintained, and note satisfaction levels of the complainant.
3. The registered provider will task the new person-in-charge with completing a retrospective review of all complaints made in early 2025. Where necessary, the person-in-charge will engage with complainants and identify learnings. The person-in-charge will provide assurances to the registered provider that all complaints have been closed, and document outcomes, learnings, recommendations, and implement relevant processes / recommendations as identified and record complainant satisfaction. This review will be completed no later than 5th September 2025.
4. Following the review, and identified learnings, the person-in-charge will implement a local quality improvement program to ensure all future complaints are dealt with in line with SCA policy. As part of the program, the person-in-charge will meet with staff the team, including the Deputy Manager, to outline the findings from the complaints review, and reaffirm SCA's complaints procedure to mitigate against future occurrences.
5. Complaints is a standing agenda item on all staff team meetings, complaints is also an agenda item on routine check-in meetings between the Person-In-Charge, and Head of

Operations, and further, the person-in-charge is required to provide an update to the registered provider as part of monthly service review meetings between the management team of the DCD, and SCA's senior management team.

6. As of 8th August 2025, the person-in-charge, in conjunction with the designated liaison officer, will be responsible for screening all complaints from a safeguarding perspective, and making the required notifications to the Regulator as required. The person-in-charge will be responsible for implementing safeguarding plans in response to identified concerns.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. The Person-In-Charge, via relevant key-workers, will engage with all residents, and their key stakeholders, to ensure their will and preference is considered in terms of preferred play equipment.
2. The registered provider will install suitable play equipment to meet the needs of residents with physical disabilities no later than 31st March 2026.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The registered provide will develop, and implement, a standard operating procedure for night-time evacuations which considering the evacuation procedure when minimal staffing levels are available on-site. The new standard operating procedure will be in place no later than 26th September 2025.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

1. Training deficits noted under Regulation 16 corrective response.
2. The registered provider will complete a full review of the St Catherine's Child Protection and Welfare policy; particularly the appendix on peer abuse, no later than 31st December 2025. The registered provider will ensure that the relevant sections of the policy are updated / expanded to consider how a residents' behaviours, cognisant of

individual assessed need, has the potential to impact on the wellbeing of other residents, albeit without any direct intent. The revision will guide staff appropriately on the required reporting requirements to the relevant statutory bodies also.

3. As part of the complaints review process, the new person-in-charge will assist the staff team in the identification of potential safeguarding concerns. The person-in-charge will consult with SCA's designated liaison person as part of this process. Where a safeguarding concern is identified, the person-in-charge will support the relevant staff member to submit a mandated concern in line with Children's First legislation and SCA child protection training. Where a complaint is assessed to constitute a safeguarding concern, the person-in-charge will notify the regulator even when the threshold for onward reporting to the statutory body is not met.

4. The registered provider tasked the Head of Operations to review complaints in advance of inspection. The Head of Operations provided assurances to the registered provider that appropriate social stories had been implemented in response to the complaints made in early 2025. A specific safeguarding plan relating to the behaviour of one resident upon another resident will be implemented no later than 29th August 2025.

5. To guide staff learning, the Person-In-Charge will discuss Appendix 2 on Peer Abuse of SCA's Child Protection policy at the next team meeting. The team meeting is scheduled for 17th September 2025. Peer abuse will remain a standing agenda item on subsequent team meetings from 17th September 2025 onwards.

6. As of 8th August 2025, the person-in-charge, in conjunction with the designated liaison officer, will be responsible for screening all complaints from a safeguarding perspective, and making the required notifications to the Regulator as required. The person-in-charge will be responsible for implementing safeguarding plans in response to identified concerns.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/08/2025
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	31/03/2026

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	23/06/2025
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	29/07/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	26/09/2025
Regulation 34(1)(a)	The registered provider shall provide an effective complaints	Not Compliant	Orange	22/08/2025



	procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	05/09/2025
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	05/09/2025
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	05/09/2025
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint,	Not Compliant	Orange	05/09/2025

	outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	29/08/2025
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	11/09/2025
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Substantially Compliant	Yellow	08/08/2025