



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

Issued by the Chief Inspector

Name of designated centre:	Meadowbank Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	01 July 2024
Centre ID:	OSV-0004863
Fieldwork ID:	MON-0036094

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Monday 1 July 2024	10:40hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection to assess the provider's overall compliance with the regulations and to follow-up on the findings of the previous inspection carried out in November 2022. The inspection was facilitated by the person in charge and team leader, the inspector also had the opportunity to meet with one other staff member and with four service users who were availing of respite services in the centre. The inspector also met with a relative and reviewed five completed questionnaires which service users had completed in advance of the inspection.

Meadowbank services provides a respite service and is registered to accommodate up to five residents. Nineteen residents receive respite on a planned and recurrent basis, with each resident having their own bedroom for the duration of their stay. The length of stay is typically for two nights with each resident availing of up to eight nights per month. There are normally up to four residents accommodated per night but maybe less depending on the support needs of service users. Residents are supported to attend their day services during the day time while availing of respite services. They usually arrive in the centre in the late afternoon and leave again in the morning to attend their respective day service.

The centre is a large two-storey detached, bright dwelling located in a quiet residential area on the outskirts of a large rural town. The house was found to be visibly clean, well maintained, comfortable, suitably furnished and decorated in a homely manner. There were lots of framed photographs of residents enjoying a variety of activities displayed throughout the communal areas of the house. There are five bedrooms available to accommodate service users and one bedroom is used by staff as an office and or bedroom. There is adequate personal storage space provided in each bedroom. There are two bedrooms located on the ground floor, one which has en-suite toilet and shower facilities. A separate toilet is also located on the ground floor. There are three bedrooms available to service users located on the first floor and two further bathrooms which are shared. There is a large bright kitchen and a separate dining and living room. A separate utility room is equipped with laundry and cleaning equipment. Residents have access to a large well maintained garden area to the rear of the house. The garden area was provided with a variety of plants and shrubs, walkways, paved areas, colourful wall murals and other artwork. There was an array of colourful potted flowers at the entrance area to the house. Staff advised that the garden had won a prize in the local tidy towns competition during 2023. The mentioned that many of the service users enjoyed partaking in gardening activities and were looking forward to completing more work on the garden as they had re entered the competition again this year.

The inspector met and spoke with four service users when they arrived to the centre from their respective day services on the afternoon of inspection. All service users appeared in good form and told the inspector that they enjoyed attending day services and enjoyed availing of respite in the centre. They advised that they got on well with one another and with staff supporting them. The inspector observed that

they were relaxed and familiar with one another and in their environment. On arrival to the centre, each service user greeted staff and went about their own routines and putting away their personal belongings in their allocated bedrooms. They chatted with staff about their day and about their plans for the next few days while availing of respite services. Service users told the inspector how they looked forward to attending the respite service as they got to do things and go places that they enjoyed. They mentioned how they enjoyed attending music concerts, attending the cinema, going for drives, going shopping and helping out with household tasks in the centre. One service user told the inspector how they had planned to walk to town and visit the shops after dinner. Another spoke about how they recently enjoyed a trip away and overnight stay in an apartment with their friend who also availed of the respite service. Service users advised that they enjoyed the food in the centre and could choose their preferred meal options. The inspector observed service users helping to set the table and enjoying a freshly prepared meal as they dined together at the dining table.

The centre had its own minibus which service users could use to attend activities. Some service users told the inspector that they would like a new bus as the current bus was old. The person in charge advised that funding had been sought to upgrade the current bus. Some residents also used public transport to go on trips as the centre was located close to a train station. Staff advised that many service users enjoyed going for walks to the local shops and going to church services. Service users were regularly involved in events which took part in the local community, including fund raising events and tidy towns competition. Some service users enjoyed spending time relaxing in the house, watching sporting events on the television, listening to music, doing gardening activities and some enjoyed helping out with household tasks, putting out the bins, emptying the dish washer, visiting the recycling centre and carrying out night time safety checks on windows and doors.

There was an established staff team employed and staff spoken with were very knowledgeable regarding the individual needs, likes, dislikes and interests of service users. Staff were observed to interact with service users in a caring, respectful and familiar manner, responding promptly to requests for information. They chatted with one another about their specific interests, upcoming sporting and other planned events. The inspector noted a friendly and lively atmosphere in the house. Service users spoken with and those that had completed questionnaires advised that they felt safe availing of respite in the centre and felt they could raise concerns or issues at any time. A relative spoken with was complimentary of the service and in particular of staff working in the centre. They mentioned how staff openly and regularly communicated with them and were very knowledgeable regarding their relatives likes and dislikes. They advised that their family member looked forward to, was very happy when availing of the respite service and was supported to partake in a range of activities that they enjoyed.

In summary, the inspector observed that service users were treated with dignity and respect by staff. It was evident that the rights of service users was much promoted by the local management and staff team. There was a range of easy-to-read documents, posters and information supplied to service users in a suitable format.

Service users had recently completed a project on the human rights charter with the support of staff and grant aid from the Arts Council. Service users had produced a booklet using words and colourful illustrations outlining what human rights meant to them.

Staff continued to ensure that service users' preferences were met through consultation, regular house meetings, the personal planning process and ongoing communication with service users and their representatives. It was evident that service users lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted while availing of the respite service in the centre.

The next two sections of the report outline 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 users' lives.

Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was well managed. The compliance plan submitted following the previous inspection had been addressed and the regulations reviewed on this inspection were found to be compliant.

The post of the person in charge was full-time, they also had other managerial responsibilities in the organisation. The person in charge was supported in their role by a team leader and sector manager. There were on-call arrangements in place for out of hours seven days a week.

There were stable staffing arrangements in place with staff members having worked in the centre over a sustained time period. Staff spoken with were knowledgeable regarding service users' up-to-date support needs. There were no staff vacancies at the time of inspection. The roster reviewed showed a regular staff pattern and identified the staff member in charge of each shift. Staff files reviewed indicated that the information and documents specified in schedule 2 of the regulations were available.

Training continued to be provided to staff on an on-going basis. Records reviewed indicated that all staff including locum staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider had systems in place for reviewing the overall quality and safety of the service. The annual review for 2023 and recent provider led audit were available in the centre. The annual review had included consultation with service users and their representatives. The feedback was largely complimentary of the service, however,

many mentioned how they would like to have the availability of additional respite nights. Planned improvements to the service included continuing to advocate for a new respite building to meet the changing needs of residents and the transferring of records to the new computerised documentation system.

The local management team continued to review areas such as health and safety, fire safety, medication management, infection, prevention and control, restrictive practices, incidents and key working files. The results of recent audits reviewed indicated satisfactory compliance. It was evident that the findings from these reviews were regularly discussed with staff at team meetings.

Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and service users. They were knowledgeable regarding their statutory responsibilities and the support needs of service users. They showed a willingness to ensuring on-going compliance with the regulations and a commitment to ensuring further improvements to the service.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels at the time of inspection were in line with that set out in the statement of purpose and met the support needs of service users. There were normally two staff members on duty during the morning, afternoon and evening time. There was one staff on sleepover duty at night-time. The roster reviewed for the week beginning the 30 June 2024 was reflective of staff on duty and the staff member in charge of each shift was clearly identified. A sample of two staff files reviewed indicated that prescribed documents including Garda Vetting were available.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, medicines management, epilepsy care, assisted decision making, feeding, eating, drinking and

swallowing guidelines, diabetes care and oxygen therapy had been completed by staff. The person in charge had systems in place to oversee staff training and further refresher training was scheduled as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. The compliance plan submitted following the previous inspection had been addressed and the regulations reviewed on this inspection were found to be compliant. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with service users and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was available in an appropriate format. The complaints procedure and the right to make a complaint had been discussed with residents. The complaints procedure was prominently displayed. There were systems in place to record complaints when received. There were no complaints received during 2023 and to date during 2024.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents who availed of the respite service in the centre was promoted. The inspector found that the care and support that service users received from the staff team was of a good quality, staff strived to ensure that residents were safe and well supported. The local management team promoted a human rights-based approach to care and had engaged in a number of quality improvement initiatives where the aim was to reduce risk to service users and promote their rights. The provider had adequate resources in place to ensure that service users got out and engaged in activities that

they enjoyed while availing of the respite service.

There were arrangements to ensure that service users' healthcare was being delivered appropriately. Due to the short duration and intermittent nature of service users' respite stays, healthcare arrangements were mainly supported by their families. However, service users' healthcare needs had been comprehensively assessed, plans of care had been developed and care required during respite breaks was delivered by staff.

Safeguarding of service users continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. Staff advised that there were no safeguarding concerns at the time of inspection. Service users were assisted and supported to develop the skills and awareness needed for self-care and protection with some service users having completed educational training in the area of friendships, relationships, sexuality and sexual health and further educational programmes were planned.

Restrictive practices were in use for one service user to ensure their safety at night-time. These restrictive practices had continued to be reviewed on a regular basis and the inspector found that they were being managed in line with national policy. All restrictions in use were logged, risk assessed with a clear rationale outlined for their use. All had been reviewed by the organisations restrictive practice committee.

There were systems in place for the management and review of risk in the centre including systems for fire safety management and infection, prevention and control procedures. Staff working in the centre had completed training in fire safety and in various aspects of infection, prevention and control. Identified risk, fire drills, infection, prevention and control were regularly discussed with staff at regular scheduled team meetings. All service users and staff had been involved in completing a fire drill.

Regulation 13: General welfare and development

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby neighbourhood. Staff were very focused on ensuring that residents were supported to be involved in the local community including attending local fundraisers, involvement in the local tidy towns competition, partaking in local nativity plays and attending local festivals. Staff mentioned that because service users were only availing of the respite service for short periods of time they strived to ensure that they had a good time and got to partake in activities that they enjoyed, advising that their motto was 'here for a short time but here for a good time'. The centre also had its own dedicated vehicle, which could be used for outings or any activities that residents chose.

Service users had taken part in a large art project and had produced a wall art

installation called 'The Friendship Tree'. The art piece is a reflection of time spent during the Covid-19 pandemic and expresses what service users missed during that time. The painting produced by the group is now located in the main administration office of the organisation in the local town which is viewed and enjoyed by many.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met service users' individual and collective needs. The centre was well maintained and suitably equipped. The house was found to well maintained, visibly clean, furnished and decorated in a homely style.

Specialised equipment such as beds were regularly serviced and maintained in good working order.

The design of the ground floor of the house promoted accessibility with suitable ramps provided at the entrance doors. The outdoor garden area was also wheelchair accessible.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre. All service users had a recently updated personal emergency evacuation plan in place. There were regular reviews of health and safety, fire safety, medication management, infection, prevention and control and incidents completed by the local management team. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with with the standards for the prevention and control of healthcare-associated infections. Issues identified at the previous inspection had been addressed. There was evidence of good practice in

relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour coded cleaning system and the documented cleaning programme was being implemented between respite user stays. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks were taking place. The fire equipment and fire alarm system had been regularly serviced. Regular fire drills continued to take place involving both staff and service users. Fire drill records reviewed provided assurances that service users could be evacuated safely in the event of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Staff spoken with were familiar with, and knowledgeable regarding service users' up-to-date health-care needs including service users with specific health-care conditions. The inspector reviewed the files of two service users. There were recently updated comprehensive assessments of the health, personal and social care needs completed. A range of risk assessments had been completed and care and support plans were in place for all identified issues including specific health-care needs.

The inspector noted that individual goals were clearly set out for 2024. Service users' personal outcomes were documented in an easy-to-read format. There were systems in place to discuss, review and record regular progress on achievement of individual goals. The inspector noted that that some personal goals outlined for 2024 had already been achieved while others were plans in progress.

Judgment: Compliant

Regulation 6: Health care

Respite service users had good access to medical and other healthcare services as

required. Comprehensive assessments of service users' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while service users were availing of respite services. Service users had timely access to a range of allied health services including physiotherapist, speech and language therapist and occupational therapist while availing of the respite service.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. At the time of this inspection, there were no safeguarding concerns in this centre. Service users were supported to develop the knowledge, self-awareness understanding and skills needed for self care and protection. For example, service users were supported to attend educational programmes on relationships and sexuality, and a peers programme on developing and maintaining friendships was planned and progressing. Some staff had completed training on 'Seasons for growth' a loss and grief educational programme. The local management team aimed to roll out this programme with service users in order to help strengthen their capacity to understand and respond well to change, loss and grief. Staff had identified a need to design a journal that would be personal to all who attended the programme and had developed a comprehensive journal with clear illustrations to use as a reference point for service users to reflect on their learning in times when they may need support into the future.

Judgment: Compliant

Regulation 9: Residents' rights

The local management team and staff were committed to promoting the rights of service users. Staff and management had strived to ensure that service users were informed of, understood and could fully exercise their rights. They had supported service users complete a recent project on how the human rights charter was meaningful to them. Service users had collaborated to produce a booklet using words and colourful illustrations outlining a range of human rights which were of importance to them and to make these rights more easily understood for everyone. An example of some of the human rights which were clearly illustrated included the rights to, friendship and relationships, to be safe at home, to speak out and complain, to personal possessions, to decide on what we spend our money on, to choose where we live and who we live with, to get paid for the work we do and

make choices about out lives.

The privacy and dignity of service users was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Service users had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to avail of advocacy services. Group meetings took place in the house and issues raised could be forwarded to the local advocacy council and in turn to the national council. Service users had recently obtained individual identity cards following an incident in a local supermarket whereby a service user had been refused when choosing to buy specific products. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest. Some service users choose to attend mass in the local church, others liked to visit to light candles and others liked to visit family graves. Some residents were registered to vote and had been supported in the past to attend the local polling stations on election days.

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 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant