



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

Issued by the Chief Inspector

Name of designated centre:	Meadowview Bungalows 3 & 4
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	23 May 2024
Centre ID:	OSV-0005175
Fieldwork ID:	MON-0043740

About the designated centre

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

The centre provides a residential service for 13 adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours which challenge. The centre is based in a congregated setting a short drive from a small town in County Meath. The centre consists of two bungalows that can accommodate six residents in one bungalow and seven in the other. Each resident has their own bedroom and each bungalow has three communal areas for residents to spend time in. Each bungalow has a dining area, kitchen, laundry room and two communal bathrooms, a office and a WC. The centre is staffed by a full time person in charge, staff nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

13

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
Thursday 23 May 2024	10:15hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to help inform the decision to renew the registration of the designated centre.

The designated centre comprises two single storey bungalows next door to each other on the campus of the organisation. On the morning of the inspection residents were going about their daily routine, and due to the particular support needs of residents the inspector did not interact with them until later in the day, but began the inspection by reviewing documentation and talking to the person in charge and staff members.

Once residents were settled about their routines, the inspector visited their homes, and met with some of them. Several residents chose not to meet the inspector at all, and others to limit the interactions to very brief meetings. The inspector therefore observed their activities and interactions with staff from a short distance.

Staff members were seen to be familiar with the support needs of residents, and to communicate effectively with them. The inspector spoke to five staff members during the course of the day, and found them to be knowledgeable about the residents' needs, and could describe the rationale for the ways in which they were supporting residents. For example, one of the resident's required one-to-one support for safety reasons, but also liked to spend time alone, so staff based themselves in the hallway outside the rooms where the resident chose to spend their time, so that they could make discreet observations whilst respecting the choice of the resident.

Some residents had activities in the community, and were involved in hobbies such as swimming, horse-care and walking, and others enjoyed pastimes in their home, including sensory activities. Some residents were observed to be enjoying music and interactions with staff. Two residents were being supported with sensory items, and could be seen to be laughing and smiling during their activity.

One of the residents had a brief chat with the inspector, and was keen to talk about their new furniture which they were obviously proud of. The resident clearly indicated their preference to conclude the interaction, and went on to their activity with the staff member who was supporting them. One of their favourite things to do was to feed the birds, and this was a daily activity that they enjoyed.

Another resident accepted a visit from the inspector in their bedroom, and had a chat with the person in charge who they appeared to be very familiar with. They chatted about shopping and preferred activities, and the resident told the person in charge what they chose to do for the day.

Another resident was preparing for a day out with family members, and discussed their preparations for the day with staff, checking that they had everything ready

such as their money and cigarettes. The resident asked staff to accompany them outside for a cigarette, and staff explained that they enjoyed the company. Another of the residents who also smoked often joined them in the garden on these occasions.

The centre had been decorated and furnished in a homely way, and each of the residents' bedrooms was personalised with soft furnishings and items of their choice. There were family photographs in some of the rooms, and items relating to the hobbies of residents. Residents had their own television and music in their rooms, and were observed by the inspector to be comfortable spending time in their personal spaces as they chose.

Staff had all received training in human rights and in particular in relation to assisted decision making, and could discuss the ways in which they supported the rights of residents to make their own choices and to have their voices heard. Residents chose their daily routines including the times that they got up in the morning and when they had outings. Some people preferred to have a leisurely start to the day, and to engage in activities later on, and others were out and about earlier.

The Annual Review of the care and support of residents which had been undertaken by the provider included information about the views of residents and their families. Family members said that their relatives were happy and well looked after, and that they enjoyed a range of activities. They said that they were involved in any decisions relating to the care of their relatives and were kept informed.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated 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 residents lives.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was a daily presence in the centre and involved in the monitoring and oversight of care and support.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were

appropriately supervised by the person in charge, and outside of her working hours by the senior staff nurse.

Regulation 14: Persons in charge

There was an appropriately qualified and experienced person in charge who demonstrated clear oversight of the designated centre, and leadership of the staff team. She outlined ways in which she kept up to date and described her role in quality improvement in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and a registered nurse was on duty at all times. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents.

Staff files were had been reviewed centrally in the months prior to the inspection, and all information specified in Schedule 2 of the regulations was in place.

The inspector spoke to five staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. For example, they could describe the support required in the event that residents needed to evacuate the centre, and knew about the specific communication needs of each resident.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was up-to-date and additional training was provided in relation to the specific support needs of residents. For example the psychology department had provided centre specific training in dementia care following the admission of a new resident to the centre.

Staff supervision conversations were held three times each year. There was a schedule in place and supervisions were up-to-date. The inspector reviewed a sample of three supervision records and found that they were meaningful discussions. Training needs were discussed and staff were supported to raise any

concerns or issues of interest to them.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. This was a very detailed review which examined all areas of the operation of the designated centre. All efforts had been made to elicit the views of the residents and their friends and relatives, many of whom had completed surveys sent out by the provider. Information from these surveys was included in the review, and where family members had made suggestions there was information as to how improvements had been made.

There was a monthly schedule of audits in place and each had been completed in accordance with this schedule. The inspector reviewed the recent audits of medication management and of general welfare and found them to be detailed and centre-specific. The audits included comments to support the findings, and directions as to evidence required, for example when checking staff knowledge the direction was to 'ask two staff members'.

The audits and the six monthly unannounced visits identified actions for improvement, and these required actions were monitored until complete. Actions reviewed by the inspector included the requirement for all staff to sign the policies to say that they had read them, the need for recruitment of nursing staff and the completion of some staff training. All these actions had been followed up and were complete.

Regular staff meetings were held, and a record was kept of the discussions which included safeguarding, fire safety, staff conduct and the care and support of residents. The meetings were held over two days each month to ensure the maximum attendance of staff over two shifts. A record of attendance was maintained, and any staff unable to attend were required to sign the record to say that they had reviewed the minutes. In addition to the regular discussions at these team meetings, additional learning was also included where required.

There were monthly meetings of persons in charge in the organisation, and there was evidence of shared learning taking place at these meetings. For example, where it had been found in another designated centre that the audits did not include sufficient evidence to support findings, improvements had been made throughout the organisation, and where issues had been identified in the use of the digital medication management system the required improvements were made in each of

the designated centres.

The inspector was assured on reviewing these systems that there was effective monitoring and oversight in the centre, and that quality improvements were on-going.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose and function which included all the required information and adequately described the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had put in place the required policies and procedures as set out in Schedule 5 of the regulations, and each had been regularly reviewed. Staff members were required to sign each policy to confirm that they had read it.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met.

The residents was observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Both healthcare and social care were effectively monitored and managed.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency,

There were robust risk management systems in place, and a risk policy had been developed, which included all the requirements of the regulations.

The rights of the residents were well supported, and given high priority in the

designated centre.

Regulation 10: Communication

Residents were supported to communicate in various ways in accordance with their needs and abilities. Many residents did not communicate verbally, and there were various strategies in place to support them.

Social stories had been developed to assist residents to understand, for example staff showed the inspector a detailed social story including pictures in relation to personal care to support a resident who had difficulty accepting assistance in this area.

There was a detailed section in each resident's personal plan in relation to communication, which included information as to how best to communicate with each resident. There was information about the types of gestures used by residents and about facial expressions that people use to communicate.

Staff were knowledgeable about the ways in which residents communicate, and were observed to be implementing the communication care plans while interacting with residents. One of the staff members explained the communication aids for one of the residents which included the use of pictures of various activities, or meal and snack choices. They explained what some of the gestures and signs used by residents meant, and how they would respond.

The inspector was assured that all efforts were being made to ensure that the voices of residents were heard, and that information was made available to them.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to enjoy a good quality of life, and had access to numerous activities, both in their home and out in the community. Activities were tailored to meet the individual needs of residents, and there was a person centred plan in place for each resident.

These plans included goals for residents in relation to maximising their opportunities. One of the goals related to the difficulty for one of the residents in maintaining an interest in activities, and included steps towards introducing new opportunities.

Preferred activities were clearly outlined, and the likes and dislikes of each resident were recorded. One of the resident's plans indicated that they preferred sensory

items and playing games in their home, and this resident had been observed by the inspector to be playing a ball game with staff in one of the living room areas.

One of the residents had a particular interest in animals, and in particular in horses, and while horse riding was not currently within his ability, he was spending time with horses and assisting with grooming and feeding.

The inspector reviewed the daily notes maintained and found that the daily activities of residents were recorded, and that the records included information about their response to the activities, in terms of both engagement, perceived enjoyment and supports required.

The records and the observations of the inspector throughout the inspection indicated that residents were supported to have a meaningful day, and to be occupied in accordance with their preferences and abilities.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. There was a detailed contingency plan in place to ensure the safety of residents in the event that they refuse to evacuate in the event of an emergency, and staff members could describe this plan and their role in ensuring the safety of residents.

All staff had received training in fire safety, and this included on-site training in the use of the equipment in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications, and staff described their administration practices clearly, and were aware of best practice in this regard. All staff had received training in the safe administration of medication, and the ordering and monitoring of stock was undertaken by the registered nurses. Most of the medication was supplied in blister packs, and the inspector checked the stock of one of the loose medications and found it to be correct.

Following an inspection of a previous designated centre operated by the provider, improvements had been made in medication management throughout the organisation. A 'medicines management working group' had been established, and the person in charge was a member of this group. Gaps in training which had been identified had been offered to all staff, and improvements in stock control of 'as required' medications had been implemented in all the designated centres. Similar improvements in the stock checking of some of the daily medications was still required, and the person participating in management undertook to implement this within the week.

Where residents experienced difficulties with taking medications there were plans in place to support them, and for one resident the prescription had been written in a way that supported administration of medication at various different times of the day.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, changes relating to a particular diagnosis for one resident were monitored regularly.

There were detailed healthcare plans in place for residents which included clear guidance for staff. The inspector reviewed two of these plans, one relating to epilepsy and the other relating to catheter care, and found them to be current and regularly reviewed. There was also a detailed plan in place in relation to a resident refusing medical interventions, and a capacity assessment had been undertaken in relation to decision making in healthcare.

Residents had access to various members of the multi-disciplinary team (MDT), including positive behaviour support, occupational therapy and speech and language therapy. They were supported to attend dental and eye appointments as required.

Staff were aware of the healthcare needs of residents and could describe any required interventions and the rationale for them.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights and could discuss the ways in which they supported the rights of residents. Some residents had a preference to be supported by staff of the same gender as themselves, and this was facilitated. Some

chose to limit their interactions with other residents, and they were supported to spend their time as they chose.

Where residents had been recently bereaved this was given high priority, and there were various support mechanisms in place to support them, including access to the organisation's psychology department. Staff members were aware of the support needs of residents in this regard, and could describe the ways in which they were supporting residents.

Where residents had cultural preferences, these preferences were supported by the staff team, for example, staff had looked up recipes of meals that residents preferred and had learned how to prepare these meals.

Residents were supported to maintain contact with their families and friends, and visitors were welcomed to the centre. Residents were also supported to keep in touch with their families via phone calls and video calls.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training and describe their role in protecting residents from all forms of abuse.

Where safeguarding issues had been identified there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any risks to residents. Appropriate measures had been taken to ensure the safety of all residents. The person in charge was very familiar with her role in the safeguarding of residents, and discussed any safeguarding issues in detailed with staff at the regular staff meetings.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks. Local and environmental risks managed under this system included the food preparation, the use of

wheelchairs and activities such as swimming.

Individual risk assessments included the risks relating to self-injurious behaviour, medication refusal and individual fire safety issues. Each of the identified risks had a detailed risk management plan outlining the guidance to staff to mitigate the risk. Each of these management plans was regularly reviewed, and staff could describe their role in implementing them.

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 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant
Regulation 26: Risk management procedures	Compliant