



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

Issued by the Chief Inspector

Name of designated centre:	Meadowview
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	30 January 2023 and 31 January 2023
Centre ID:	OSV-0005283
Fieldwork ID:	MON-0039080

About the designated centre

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

Meadowview is a designated centre operated by Waterford Intellectual Disability Association (WIDA) CLG. It provides a community residential service to a maximum of eight adults with a disability. The designated centre comprises of two properties located in the suburbs of a large city and in close proximity to each other. One property is a large house split into two levels comprising of a first floor apartment accommodating one resident and a large ground floor accommodation for three residents. The first floor apartment consists of a living room, dining room/kitchen and bedroom en-suite. There is also a staff sleepover bedroom en-suite. The ground floor consists of two living room areas, three single en-suite bedrooms, a utility room, a staff office and a dining room/kitchen. The second property is a bungalow comprising of four single bedrooms en-suite, a staff sleepover room, a kitchen/living/utility room and a second sitting room. The staff team comprises of social care workers, health care assistants and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 30 January 2023	10:30hrs to 17:30hrs	Conan O'Hara	Lead
Tuesday 31 January 2023	08:40hrs to 12:45hrs	Conan O'Hara	Lead
Tuesday 31 January 2023	11:20hrs to 12:45hrs	Lisa Redmond	Support
Monday 30 January 2023	10:00hrs to 18:00hrs	Conor Brady	Support
Tuesday 31 January 2023	09:00hrs to 16:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This was an announced inspection completed to review the levels of compliance with associated regulations and standards. This inspection was carried out by three inspectors across a two day period. Over the two days of this inspection, two inspectors spent time in the designated centre meeting with the residents, speaking with the local management team and staff members, observing care practices and reviewing documentation. A third inspector reviewed governance and management arrangements in the main office of the organisation over the two days.

This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

Overall, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents received a good quality of care and enjoyed a good quality of life. The inspectors had the opportunity to meet the six of the seven residents availing of the service over the course of the inspection.

On the first day of inspection, one inspector visited the first unit which was a two-story detached house which was home to four residents. The house was divided into an upstairs apartment accommodating one resident and a downstairs accommodating three residents. On the day of the inspection, three residents were accessing their day services while one resident was supported from the designated centre. The inspector was warmly welcomed by one resident to their apartment upstairs and shown around. The resident told the inspector about their plans for the day, their interests and where they were from. The resident noted a concern with the inspector about the living arrangements and accessing the area downstairs. This was discussed with the person in charge.

In the afternoon, the inspector met with the three other residents as they returned home from day services. As the residents returned from day services, they were observed interacting positively with staff, having tea and watching TV. One resident noted that they were just stopping in as they had a number of activities planned for the afternoon. Overall, the residents were observed to appear relaxed and comfortable in their home.

On the second day of inspection, two inspectors visited the second unit which was a bungalow comprising of four single bedrooms en-suite, a staff sleepover room, a kitchen/living/utility room and a second sitting room. The inspectors were informed that the premises had recently been extended and maintenance staff were observed on site completing final touches to the area. The inspectors met with two of the three residents as one resident had left to attend their day services independently.

One resident proudly showed the inspectors their room and spoke positively about the care and support they received. The inspectors had a cup of tea with another resident who spoke about their interest in music and their favorite artist. The resident was then observed bringing the dog for a walk in the community.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, there were some areas for improvement identified including notification of personal plans, supervision records, notification of incidents and fire safety.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there was a clearly defined management system in place which ensured the service provided quality safe care and effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some minor improvement was required in supervision records and notification of incidents.

The centre was managed by the person in charge who was newly appointed to the post and facilitated the inspection. The inspectors found that the person in charge was suitably qualified and experienced for their role. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. From a review of the roster, it was evident that there was an established staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. The inspectors observed positive interactions between the residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training. However, on review of supervision records, it was not demonstrable that all staff received supervision in line with the provider's policy. As the person in charge was new to post the inspectors saw plans in place to commence this work.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was also responsible for one other designated centre and day service. They were supported in their role by two team leaders and day service supervisors. The person in charge was found to be suitably skilled, experienced and knowledgeable to fulfill their role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual staffing rosters. The inspectors reviewed a sample of the roster and found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, the staff team in the centre had up-to-date training in areas including prevention and control, fire safety, safeguarding and manual handling. This meant that the staff team had up to date knowledge and skills to meet the residents assessed needs.

There was a supervision system in place and all staff engaged in formal supervision. From a review of a sample of supervision records, it was not demonstrable that all formal supervisions were taking place in line with the provider's policy. Staff spoken with reported that they felt well supported by management within the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall the centre level governance and management arrangements were found to

be effective.

Inspectors found that the senior governance and management team were ensuring the effective delivery of care and support to residents to a very high standard. Inspectors met with all of the senior management team and persons in charge as part of this inspection. Inspectors found that this management team was made up of skilled, experienced and qualified persons who demonstrated very good levels of governance, oversight and management of the designated centres. Areas such as resident welfare, health and safety, safeguarding and protection, clinical care, risk management, resourcing, staff training and development were all reviewed by inspectors and found to be of good quality. Inspectors reviewed the regular audits that senior management had put in place and found that they were effective and where actions were required as a result of the findings, they were being taken in a timely manner. This provided assurance that the services provided were safe, appropriate to resident's needs, consistent and effectively monitored in the designated centre in line with the requirements of regulations and standards.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall the majority of notifications were being submitted in line with regulatory requirements. However the inspectors reviewed a sample of adverse incidents occurring in the centre and found a small number that were not notified to the Chief Inspector as required by Regulation 31.

Judgment: Substantially compliant

Quality and safety

Overall, the service provided person-centred care and support to the residents in a homely environment. However, some improvement was required in fire safety and personal plans.

The inspectors reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. In general, personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs. However, one personal plan required review to ensure staff were appropriately guided to support one resident with their assessed needs.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place. However, the arrangements in place to support all

persons to evacuate in the event of a fire required review

As noted, the designated centre comprises of two properties located in close proximity to each other. One property is a large house split into two levels comprising of a first floor apartment accommodating one resident and a large ground floor accommodation for three residents. All residents have individual en-suite bedrooms. The second property is a bungalow comprising of four single bedrooms en-suite, a staff sleepover room, a kitchen/living/utility room and a second sitting room. Overall, the inspectors found the premises to be well maintained and decorated in a homely manner with personal possessions and pictures of people important to the residents.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. Overall, it was found to be well-maintained and decorated in a homely manner. The residents bedrooms were decorated in line with their preferences and there was sufficient space for residents to enjoy their preferred activities with other residents or on their own.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire drills taking place. However, the arrangements in place to support all persons to evacuate in the event of a fire required review. For example, from a review of fire drills, one resident refused to engage in a number of night-time drills in the last year. This had not been appropriately identified as an area requiring review and improvement.

Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which guided staff in supporting residents to evacuate. However, on the day of the inspection, a local fire evacuation plan in one unit required review to ensure it accurately reflected the personal emergency evacuation plans in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed the a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting resident's with identified needs, supports and goals.

However, one personal plan reviewed required some improvement to guide staff in supporting the resident with their assessed needs.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspectors reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The provider had ensured that the residents were facilitated to access appropriate allied health professional as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices and reviewed in line with the organisation's policy.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home. Safeguarding plans

were in place for identified safeguarding concerns.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Meadowview OSV-0005283

Inspection ID: MON-0039080

Date of inspection: 30/01/2023 and 31/01/2023

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff supervision will be completed for all team members by 30th April 2023 and in line with procedure thereafter.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: By the 30th April 2023 training will be provided to all team members at staff meetings about correct reporting of incidents. This will include additional information about reporting abusive verbal peer on peer interactions as safeguarding incidents.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A multi-disciplinary review of all Personal Emergency Egress Plans and resident participation in emergency evacuations will be completed by 30th April 2023. Where necessary the PEEPs will be updated to include guidance on how staff should support	

residents to leave if they lack motivation to vacate the building in an emergency. Any misleading documentation has been removed from the service.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The resident's personal plan will be updated to include the areas of need that were not present in their plan. This will be completed by 30th April 2023 and will give guidance to staff on how they can monitor the resident if they do not agree to participate in health checks.

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2023
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	30/04/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	30/04/2023
Regulation	The person in	Substantially	Yellow	30/04/2023

05(4)(b)	charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Compliant		
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