



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

Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	Resilience Healthcare Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	09 October 2023
Centre ID:	OSV-0005734
Fieldwork ID:	MON-0040190

About the designated centre

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

The Meadows is a two storey-house located in a rural area but within short driving distance to a nearby town. The centre can provide a full-time residential service or shared for up to four residents of both genders between the ages of 18 and 65 with Autism, intellectual disabilities and physical/sensory needs. Support to the residents is provided by the person in charge, a team leader and social care support staff. Each resident has their own bedroom with one resident having their own individual apartment within the layout of the house. Other rooms in the centre include bathrooms, sitting rooms and kitchen areas.

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 9 October 2023	10:00hrs to 18:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre enjoyed a good quality of life and were offered a person centred service, tailored to their individual needs and preferences. Local management systems in place in the centre meant that a safe and effective service was being provided and that residents' care and support needs were being appropriately met. The inspector saw that there was evidence of consultation with residents and their family members about the things that were important to them.

The centre was located in a rural area and residents had access to a large secure outdoor area to the back of the house and a separate gated area to the front of the house. The centre comprised a large detached two-storey house, subdivided into a main house and an interconnected annex apartment space. There was also a staff office and storage space. The main house could accommodate three residents, each with their own sitting-living room area and bedroom while the annex apartment was home to one resident.

This annex apartment had a separate entrance and its own courtyard area, although it could also be accessed via a door from the main house. This apartment was decorated in line with the preferences and assessed needs of the resident living there. At the time of this inspection the apartment had been decorated for Halloween by the resident.

The resident living in the apartment had the use of a garden area at the front of the house. The inspector saw that this area was also used for parking and that there were challenges in relation to the parking available in the centre, due in part to the large number of staff that worked in the centre on a day-to-day basis.

This centre accommodated young adults who had recently transitioned into adulthood and there was equipment such as trampolines and outdoor recreation equipment available to residents if desired. For example, one resident had a boxing bag and there were sand and water containers for sensory activities, although these were seen to contain standing rain water at the time of the inspection.

The centre was fully occupied at the time of this inspection. Overall, the inspector saw that there were ongoing efforts to ensure that the centre was well maintained and appropriate to the needs of the residents living there. One bedroom and sitting room was being painted at the time of the inspection.

Prior to this inspection, the provider had maintained contact with the inspector about issues relating to the fire doors in the centre. The automatic closure arm of a fire door between the kitchen and hallway in the apartment was seen to be broken on the day of the inspection but this did close manually and the provider and staff were aware of this. The inspector was informed that this was broken by a resident engaging in property damage on occasion. The provider were taking proactive steps

to address this issue, including trialling different types of doors to identify the most suitable for this part of the centre.

Overall, the centre was spacious, homely, and bright with good natural light and ventilation. Residents' bedrooms were personalised and there were a number of areas where residents could relax, including individual sitting room spaces and a large kitchen and dining area. There was appropriate cooking and dining facilities in the communal area of the centre.

The inspector saw that an industrial washer and dryer were available for use in the utility room. Some residents preferred not to interact with each other and the centre was laid out to accommodate these preferences. An external advocate had been involved in relation to this and the inspector saw that these arrangements were appropriate in addressing residents' rights at the time of the inspection.

The inspector had an opportunity to meet with all of the residents of this centre at different times of the day. Residents were observed enjoying time in their own living areas in the centre and also departing and returning to the centre for planned activities. Residents chose to interact with the inspector to varying degrees and residents' wishes were respected in this. The resident living in the apartment was keen to show the inspector their new Halloween outfit and the inspector observed positive and fun interactions between the resident and staff in relation to this.

There was a focus on human rights in this centre and this was evident during the inspection. Staff were observed to respond and interact with residents with respect and in a manner that residents responded well to. Residents moved freely around their home and were seen to be comfortable in their own living areas, which were personalised to suit them. For example, one resident had soft furnishings and sensory items in their own area for relaxation, another resident had bookcases and a large TV in line with their interests.

Staff spoken with confirmed they had taken part in human rights training and provided examples of how this was put into practice in the centre. For example, one staff member spoke about how residents made choices in the centre and told the inspector that one resident liked to sit down with staff on a Sunday evening and go through options for places to go for the week ahead. This resident enjoyed visiting libraries and selected different libraries each week to visit. The inspector heard staff using a social story with a resident and discussing the residents' plans for the day with them.

There were some restrictions in place for residents in this centre due to the assessed needs of residents. For example, some televisions were located behind perspex and residents in the main house did not have free access to the apartment section of the house and vice versa. These were seen to be carefully considered and put in place in a manner that would have the least impact on residents. The inspector saw some restrictions in place in relation to specific foods that had not been identified as environmental restrictions.

The inspector did not have an opportunity to meet with or speak with family members during this inspection. However, responses to a satisfaction questionnaire

completed by family members were viewed and overall these provided positive feedback from family members about the service their relatives received. For example, one family member mentioned they had daily contact with the centre and another comment stated that a resident was “always clean and well cared for, and always happy to return to The Meadows when away”.

Overall, this inspection found that there was evidence of very good compliance with the regulations and that this meant that residents were being afforded safe services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Management systems were seen to be in place in this centre that provided for a high quality, responsive and person-centred service to the residents living there. Local management systems were in place that ensured that the services provided within the centre were safe, consistent and appropriate to residents’ needs. This inspection found the provider had completed the actions that had been identified in the compliance plan for the previous inspection of this centre. The provider had recently submitted an application to renew the registration of the centre and this announced inspection was carried out to inform this decision.

There was a clear management structure in place. The person in charge reported to an area manager, who was also named as a person participating in the management of the centre. The person in charge was full-time in their role and remit over one other designated centre also. The inspector saw that the person in charge had the capacity to maintain good oversight over both designated centres. An experienced team leader supported the person in charge locally in the inspected centre.

Both the person in charge and the team leader were present on the day of this announced inspection. Both individuals were found to be very knowledgeable about the residents, residents' support needs and also about the day-to-day oversight systems in the centre. The person appointed to participate in the management of the centre had visited the centre in the week prior to the inspection and the person in charge reported that this person maintained good contact and was available for support if required by management or staff in the centre.

The person in charge was seen to maintain good oversight of the centre. Organisational structures such as audit systems were in place to support staff and management of the centre, and to provide oversight at provider level. The inspector saw that a number of audits had been completed in the centre including hand hygiene, maintenance and medicines management audits. There was evidence that actions identified in these audits were being completed. Staff supervisions were being completed regularly and the inspector saw that staff had taken part in three to

four formal supervisions each in 2023 at the time of inspection.

A sample of the records kept in the centre about accidents and incidents was seen by the inspector. There was no evidence to suggest that incidents were not being reported to the Chief Inspector of Social Services as required by the regulations. Some incidents that had been notified to the Chief Inspector were reviewed during the inspection. Learning reviews were being completed following incidents.

The inspector saw evidence that regular team meetings were taking place in the centre. Agenda items included learning from incidents, safeguarding and relevant updates for staff. Safeguarding scenarios were discussed during these team meetings. This aimed to enhance staff knowledge and awareness of safeguarding procedures in the centre so that residents were protected at all times.

Residents' rights were also frequently mentioned in the minutes of team meetings. For example, there had recently been a discussion around a resident's right to refuse a shower. There was also evidence of shared learning with other centres under the provider's remit. For example, following a recent inspection of another centre under the remit of the same person in charge, an issue identified had been discussed and learning applied to the practices in this centre also.

Other documents that supported oversight in the centre were viewed including an up-to-date restrictive practice and infection prevention and control self-assessment questionnaires, an action plan maintenance schedule, and surge capacity and crisis management plans for COVID-19. An annual review had been completed in respect of the centre and the provider was completing six monthly unannounced audits in the centre also. The systems in place were identifying issues and there was evidence that issues identified were acted upon.

The centre was seen to be adequately resourced. Residents had access to transport to facilitate appointments, social and leisure activities and family contact. At the time of this inspection, there were three vehicles available to residents, although the inspector was informed that this would likely revert to two vehicles in the future. Overall, the centre was seen to be well-maintained and the person in charge told the inspector about some planned maintenance and external works that had been identified. For example, some external works were required to ensure that the parking arrangements for staff were not impacting on residents' safety.

Staffing levels were seen to be in line with the statement of purpose for the centre and were adequate to ensure that residents were supported in line with their assessed needs. Residents were observed to be supported by one or two staff each by day. When staffing levels were at optimum levels, up to seven staff supported the four residents living in this centre by day and a minimum of four staff were always present. In addition to the regular staff team, the team leader and person in charge were also present in the centre for specific rostered hours. Two waking staff usually supported residents by night.

The roster viewed showed that if additional staff were required to meet residents' needs then this had been provided. For example, on the night prior to the inspection, a resident was reported to have been unsettled and a sleepover staff

member had been provided for extra support if required. Staff were appropriately trained.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an appropriate application to renew the registration of the centre, including payment of the relevant fee. Some minor amendments were requested to ensure that all of the information provided was fully accurate and these were submitted following the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. The person in charge had remit over two designated centres and had to capacity to maintain very good oversight of the inspected centre. This person possessed the required qualifications, experience and skills.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by a suitably skilled and consistent staff team that provided continuity of care for residents. Staffing levels were appropriate to meet the assessed needs of residents and facilitate community access for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were viewed and these showed that staff training had been completed in a number of areas including, fire safety and safeguarding. Staff had also completed training in human rights and provided examples of how this training

had been used. Further detail of these examples have been included in the 'What residents told us and what inspectors observed' section of the report. The person in charge maintained good oversight of the training needs of staff, staff had access to refresher training as required and overall mandatory training appropriate to this centre was seen to be up-to-date for all staff. An appropriate schedule for the formal supervision of staff was in place and staff reported that they were supported with regular supervision meetings.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place were ensuring that good quality and safe services were being provided in this centre. The centre was adequately resourced and there were appropriate auditing and oversight systems in place to ensure a safe and consistent service. An annual review had been completed in respect of the centre and residents living in this centre and their representatives were consulted with about the running of the centre. A service business continuity plan was in place. There was evidence of learning from any adverse incidents and this learning was passed to front line staff as appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

There was evidence that any adverse incidents that occurred were being appropriately reported and were responded to. The person in charge had ensured that quarterly notifications were being submitted for the centre. Some restrictions had not been identified at the time of this inspection. This has been covered under Regulation 7 Positive behavioural support.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was viewed in the centre. There were no open complaints at the time of the inspection. One complaint had been made in the year to date in the centre and there were records of some complaints made in previous years also. The information viewed in the complaints log showed that complaints were responded to and taken seriously and the complaints log in the centre had been maintained to include all the required details including the satisfaction of the complainant. Staff spoken to were aware of their responsibilities in this area. Easy-to-read information was on display for residents about the complaints procedures.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had in place the appropriate policies as set out in Schedule 5 of the regulations and these were available in the centre. However, two policies were out of date at the time of the inspection;

- Creation of, access to, retention of, maintenance of and destruction of records
- Behaviours that challenge

Judgment: Substantially compliant

Quality and safety

The wellbeing and welfare of residents in this centre was maintained by a good standard of evidence-based care and support. This inspection found that safe and good quality services were being provided to the four residents that lived in this centre.

One resident, who was sensitive to noise, had in the past been impacted by another resident. The person in charge told the inspector about the actions that had been taken to address this, including the involvement of an external advocate. Although these residents chose not to interact with each other regularly, the actions that had been taken had ensured that both residents could live in the centre without impacting on one another in a significant way. Another resident was now living in the annex apartment space and the person in charge, team leader and staff spoke about how this met their assessed needs. These living arrangements had led to

significant positive change for this resident, but also for the other residents.

There was evidence that protecting residents' rights was taken seriously in this centre. For example, following an incident that had occurred that had highlighted that a resident's right to choose when to go to bed might be impacted by staff practice, action had been taken to protect residents and ensure that all staff were aware of residents' rights. The inspector had an opportunity to speak with some staff members throughout the day. All staff spoken with told the inspector that they felt the residents living in this centre had a very good quality of life. They told the inspector that they were well supported in their roles by the person in charge and that residents' rights were respected in the centre.

The inspector looked at a number of documents on the day of the inspection. A sample of residents' files that contained personal plans, healthcare support plans and positive behaviour support guidelines were viewed. This documentation was seen to be easy to find, up-to-date and person-centred. There was evidence of consultation with residents and their representatives about the plans in place to support them.

Individualised plans were in place that contained detailed and comprehensive information to guide staff in important areas of support for residents. These provided for consistency of support for residents. Plans were subject to regular review and yearly assessments of need and regular multidisciplinary reviews were being completed.

Complex case reviews were taking place very regularly for one resident to ensure that the best supports were being provided to them. Records showed that seven of these complex case reviews had taken place over a two month period prior to the inspection. These involved input from a number of health and social care professionals such as the behaviour support specialist, speech and language therapist, occupational therapist and was attended by key people involved in the resident's service including the clinical services manager, service manager, team leader and keyworker. Complex case review records showed ongoing review was occurring and that supports were being offered to this resident to further enhance and improve their quality of life.

Personal plans were viewed for a sample of residents and it was seen that annual person centred planning (PCP) meetings had occurred. These meetings identified meaningful goals that were set by residents and their supporters. Residents were supported to try out new things and efforts were made to identify what residents enjoyed. For example, one resident had set a goal to complete a "Couch to 5k" fitness goal and also to go on an overnight break. The inspector saw pictures of the resident on their break away. Another resident had a goal to attend training and matches with a local rugby club and there was evidence that they had achieved this goal but did not have an interest in progressing or continuing it. Where goals had not yet been completed, there were action plans in place to document progress or barriers.

Aside from the goals identified during the annual person centred plan meetings,

residents were being supported to set and achieve monthly goals also, including goals related to enhancing their daily living skills. The inspector also saw that residents were supported to maintain important links with their families. One resident had celebrated an important birthday earlier in the year and had planned a party that was attended by their family. Some residents were provided with day services in the centre and one resident accessed external day services. Plans were in place for those residents that received a day service in the centre and showed that they were offered a variety of activities such as day trips, beach walks, the gym, bubble-baths, swimming, walks, shopping, visiting parks, arts, crafts and baking.

This inspection found that residents had good access to healthcare supports, including mental health supports and access to allied health professionals as required. Records viewed showed that residents were supported to make and attend medical appointments as required and residents' healthcare needs were reviewed at least annually. The person in charge told the inspector about ongoing efforts in conjunction with appropriate professionals to reduce the use of certain medications for residents in line with their assessed needs.

The premises was seen to be suitable to meet the needs of the residents that lived in this centre. Bedrooms and living areas were personalised according to residents' own preferences. For example, one resident had a mural of a well known computer game character on their apartment wall. The centre was seen to be very clean throughout. There were also plans to address the parking issues during planned works in the centre. These works were in the planning stage at the time of this inspection.

One resident used the garden area in the front of the house for recreation and there was a trampoline and some outdoor furniture available to the resident in this area. This was adjoining the area used for parking in the centre. This had the potential to present some hazards. However, the inspector saw that this resident was supported at all times when outside by a staff member and the inspector was told that no incidents or concerns had arisen in relation to this.

As mentioned previously in this report, there were some restrictions present in this centre. These were seen to be in place to promote the safety and well-being of residents. A sample of records viewed showed that restrictions were subject to regular review and there was evidence that there was ongoing efforts to reduce or eliminate restrictions where possible. Where required, residents had access to positive behaviour supports and there were suitable plans in place to guide staff in this area. Some residents received medicines on a PRN (medicine administered as required) basis. PRN protocols viewed provided staff with clear guidance about how, why and when these medicines should be administered.

It was seen that efforts were made to reduce the impact of the restrictions in place where possible. For example, in one living area the provider had ensured that cooking equipment was portable so that it could be removed for residents' safety when they engaged in certain responsive behaviours. This reduced the risk to the resident and the staff that worked with them during these times but meant that that they were not restricted in their access to kitchen and cooking facilities at all other

times.

Staff were observed to be responsive to residents and were familiar with their individual communication needs. One resident was supported to access a low tech augmentative and alternative communication (ACC) system after the device they used for a high tech system was damaged. The inspector was told that this was working well for the resident and it had been decided to continue using this system until the high tech system could be reintroduced.

The inspector reviewed medicine management procedures and practices in the centre. This showed that the person in charge was maintaining strong oversight of this area. The medicine presses were observed to be clean and well organised. There was separate storage provided for controlled medicines and excess medicines that were to be returned to the pharmacy. Bottles and creams were labelled appropriately to identify who they were prescribed for and were also labelled with the date they were opened.

Clear medicine administration records were being kept and a sample reviewed showed that recent medicine had been administered as prescribed. Where medicines were crushed or residents had drug sensitivities, this was clearly identified on the drug prescription record. Regular medicine counts were completed and there were processes in place to ensure that these counts were checked to identify any potential medicine errors that may have occurred. The person in charge had amended the practice in the centre recently in relation to how the keys to the medicine presses were held to reflect learning from the inspection of another designated centre under their remit.

Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their needs and wishes. Guidance was available to staff in relation to supporting residents to communicate and staff were familiar with and respectful of residents' communication methods and styles. Residents had access to media such as television, the Internet and radio while residents were supported to communicate with family members and supporters if desired.

Judgment: Compliant

Regulation 11: Visits

Action had been taken since the previous inspection to provide for residents to receive visitors in private. All residents now had their own separate living areas that provided facilities to visitors in private if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support, having regard to their assessed needs and wishes. Residents had access to facilities for occupation and recreation and there was evidence that residents were supported to attend a variety of activities including community based activities. Residents was supported to develop and maintain personal relationships and links with their families.

Judgment: Compliant

Regulation 17: Premises

The premises was accessible to the residents that lived there. There were ongoing efforts to maintain the premises to a suitable standard. During this inspection the provider informed the inspector about some planned external works that were required and the inspector saw that these works would enhance and improve the overall safety of the external space provided for residents.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was observed to be very clean throughout and there was appropriate personal protective equipment and hand sanitisation facilities available. Guidance for staff was on display in the utility room of the centre in relation to cleaning protocols for body fluids, touch point disinfection, hand hygiene and a number of cleaning standard operating procedures.

Judgment: Compliant

Regulation 28: Fire precautions

For the most part, the registered provider had ensured that effective fire safety management systems were in place in this centre at the time of this inspection. There were fire safety systems in place in this centre such as a fire alarm system

and fire doors and there was evidence that fire fighting equipment was serviced regularly by a competent professional. Regular fire drills were taking place. Following some property damage by a resident, some fire doors had been recently replaced in the centre. The automatic closure arm on one fire door was not operating at the time of this inspection. However, the provider had ensured that staff were aware of the control measures in place to mitigate against any hazard this might pose and there were ongoing actions being completed to address this. Two other fire doors were not closing fully at the time of this inspection and required review to ensure they would fully protect residents in the event of an outbreak of fire in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that residents had access to pharmaceutical services as required. The person in charge maintained very good oversight of medicine management in this centre. The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, disposal and administration of medicines in the centre. Controlled medicines were stored securely in the centre and appropriate practices were in place regarding these medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for all residents that reflected their assessed needs. Personal plans in place were comprehensive and contained good guidance. These were being appropriately reviewed and updated to reflect changing circumstances and support needs. Annual multidisciplinary reviews had taken place and where required complex case reviews were occurring that provided for regular ongoing review of residents' assessed needs and supports. Plans viewed included meaningful goals for residents and there was evidence that plans were regularly reviewed and residents and their representatives were consulted with and plans were updated to reflect any changes that occurred. Monthly key-working sessions were taking place.

Judgment: Compliant

Regulation 6: Health care

Overall, residents in this centre were offered good healthcare supports. Healthcare records viewed showed that residents had access to a general practitioner and a number of other health and social care professionals. Residents in this centre had received inputs including speech and language therapy, occupational therapy, neurology, dental and dietitian input. Residents had access to mental health supports including psychiatry and behaviour support services. Residents were supported to make and attend appointments and support plans were seen to be updated to reflect any changes. For example, healthcare support plans had been updated for a resident who had recently been diagnosed with high cholesterol.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. Positive behaviour support plans were in place for residents. A sample of these were viewed and seen to provide good information to staff about how to support residents in the centre in a person-centred manner. Restrictive practices in place were for the most part, appropriately identified, documented and reviewed. A clear rationale was provided for any identified restrictions in place and efforts being made to reduce or remove restrictions where possible. Some restrictions had not been identified at the time of this inspection such as restricted access to specific foods. The person in charge committed to ensuring that these were recorded on the restrictive practice log and appropriately reviewed.

Judgment: Substantially compliant

Regulation 8: Protection

Staff and management were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures. Staff had taken part in appropriate training in relation to safeguarding and the prevention, detection and response to abuse and were familiar with safeguarding procedures in place in the centre. There was evidence that safeguarding procedures in place were being adhered to. For example, following a safeguarding incident that had been reported to the Chief Inspector, a safeguarding plan and protocol was put in place and there was evidence that all staff had been made aware of this.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were offered choices in this centre and were supported to make day-to-day decisions themselves such as the activities they participated in. Staff were observed to speak to residents in a respectful manner. Staff spoken to during the inspection had a good awareness of residents' preferences and communication styles. Rights assessments had been completed recently for residents in the centre. Residents had been supported to access external advocacy services when appropriate. Previous non compliance had been addressed by the provider. An apartment living space had been provided for one resident by reconfiguring the layout of the centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Meadows OSV-0005734

Inspection ID: MON-0040190

Date of inspection: 09/10/2023

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Both policies are under review at present and will be complete in quarter one 2024.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Automatic closure arm has been replaced on one door and both fire doors have been readjusted and are closing fully.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All restrictive practices are now recorded on the restrictive practice log and are reviewed in line with policy.	



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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/01/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used,	Substantially Compliant	Yellow	30/01/2024

	such procedures are applied in accordance with national policy and evidence based practice.			
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