

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Redwood Extended Care Facility
<b>Centre ID:</b>	OSV-0002433
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Redwood Extended Care Facility
<b>Provider Nominee:</b>	Jenny Walton
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	Conor Brady
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
18 May 2017 10:30	18 May 2017 18:30
19 May 2017 10:30	19 May 2017 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This monitoring inspection was carried out to monitor compliance with specific regulations and to assess whether the provider had addressed the action required from the previous inspection.

**How we gathered our evidence**

At the commencement of the inspection inspectors met with the person in charge. Inspectors spoke with sixteen people living in the centre. Residents told inspectors they were happy in the centre and had the opportunity to take part in activities they enjoyed. They also said they were supported to visit and contact their families when they wished.

Inspectors reviewed documentation and met with the provider nominee, the person in charge and staff. In addition, the Chief Executive Officer was available on the days of inspection. Inspectors reviewed the care and support provided to residents. Documents reviewed included residents' health, personal and social care plans, medicine prescription and administration sheets, records of incidents, records of complaints, staff training records and risk assessments.

#### Description of the service:

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, inspectors found that the service was provided as described in that document.

The centre provided residential services for a maximum of twenty people. There were four units and each unit accommodated five people. The service was provided to adults.

The aim of the service was to provide a residential service for adults with complex support needs and support with behaviour that challenges. In addition, the service was aimed at promoting residents' participation in the community with the intention that people would transition to community based services.

Inspectors found there was no criteria to identify the rationale for residents living in the centre on a long-term basis or how residents would be identified to transition to community based services. Inspectors met some residents who had previously lived in community based settings and had moved to this centre following issues of significant risk. However, the identified issues had not taken place in many years and there was no identifiable rationale for the residents' continued placement in this centre. An inspector discussed this with the provider nominee who stated this would be clarified within the centre's policies and a clear statement of purpose and function would be developed in advance of the provider's application to renew the centre's registration in 2018. The provider nominee further stated that each unit would have a clearly defined purpose and function.

The centre contained adequate private and communal space to meet the needs of residents. The centre comprised four units which had bedrooms, a kitchen, sitting rooms and bathrooms. Each resident had an individual bedroom and some residents had private sitting rooms.

There were external gardens and these had been maintained to an appropriate standard. Residents were observed using the gardens on both days of inspection.

The centre was located on a campus based setting within close proximity of services and amenities. Vehicles were provided by the service provider to ensure residents could access amenities in the local town and in other towns. Furthermore, the vehicles were used to provide transport for residents to visit their families.

#### Overall judgment of our findings:

Overall, inspectors found that residents were supported to have a good quality life and the provider had arrangements to promote the rights and safety of residents. One resident stated they did not feel safe on the first day of inspection, however stated they felt safe on the second day. The findings related to this are outlined in outcome 8.

Good practice was identified in all areas particularly in regard to the arrangements for ensuring support was provided in a person-centred manner in line with residents' needs, wishes and aspirations. There were clear systems to ensure the requirements

of the regulations were met and the positive impact of this on the quality of life of residents was noted by inspectors throughout the two days of the inspection.

Improvement was required to one aspect of fire safety systems and this is outlined in outcome 7. The regulation that was not met is included in the action plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were arrangements in place to assess and meet residents' health, personal and social care needs.

Inspectors observed the majority of residents returning from or going out on social activities throughout the two days of inspection. An inspector spoke with some residents about how they spent their days and found residents had good opportunities to pursue their interests, wishes and preferences.

Comprehensive personal planning was in place for each resident which included detailed care planning and guidance for staff to support residents in line with their physical, social and emotional needs. Assessments were in place for residents and there was clear multidisciplinary input and on-going clinical review of residents' needs.

Inspectors found a high standard of social goal setting whereby residents were consulted on a daily, weekly and monthly basis as to the activities and social objectives they would like to pursue and achieve. Monthly charts were kept updated and dates were marked to ensure plans were implemented. Some residents enjoyed shopping, dining out, go carting, running, hiking, falconry, horse riding and socialising.

One resident was observed maintaining the grass and had a garden shed with tools and his lawn mower which he showed an inspector. Staff members spoken with knew residents very well and were observed providing good levels of support throughout the inspection.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had been reconfigured as outlined in the plan agreed with HIQA as part of the conditions of registration. There were four separate units, each containing bedrooms, sitting rooms, a kitchen, a dining room and bathrooms. Five residents were accommodated in each unit. The units were accessed by entering from the front door and units could not be accessed via the central administration building or via the other units.

Inspectors viewed parts of each unit and saw some residents' bedrooms with the consent of residents. Residents had decorated their bedrooms in line with their preferences. There was comfortable furniture throughout the centre and residents were observed relaxing in sitting rooms and using kitchens and dining rooms for their meals. Each unit had adequate private and communal space to meet the needs of residents.

Each unit had access to a secure garden area and some units shared gardens. Residents were observed using the gardens, for example some residents and staff were playing football and a resident was mowing the lawn.

There was adequate heat, lighting and ventilation in the centre.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place to promote and protect the health and safety of residents, visitors and staff. There were policies and procedures in place to ensure good practices in the area of health, safety and risk management. Inspectors found that while there were a number of high risk areas in this centre due to the behavioural support needs of the residents, there were systems in place for the management of these risks on an on-going basis. Improvement was required to ensure cold smoke seals on fire doors were maintained to an appropriate standard.

There was a policy in place which outlined the risk management procedures. The policy contained all requirements of the regulations and provided guidance for staff. The safety statement and health and safety policies had been reviewed.

Inspectors reviewed records of accidents and incidents which had taken place in the centre. Each resident had an incident recording folder which categorised all incidents they were involved in. The inspectors reviewed a number of incidents including instances of verbal aggression, peer to peer incidents, attempted self harm, aggressive incidents towards staff and self injurious behaviour. Each resident had risk assessments which outlined the risk to the resident and the control measures implemented. Inspectors found that all incidents were comprehensively reviewed, there was multidisciplinary input where required and control measures were implemented.

Managers and staff spoken with were aware of the key areas of risk and safeguarding in the centre. Inspectors found evidence of a decrease in the number of incidents for some residents.

Staff were knowledgeable about key risk areas which related to residents' assessed needs. For example, staff highlighted residents' medical needs, specific behavioural support needs and modified dietary needs. Staff were familiar with residents' support plans and plans were updated on an on-going basis as residents' needs changed.

The person in charge had systems in place to effectively monitor and review risks. There was evidence of follow up by the person in charge in all areas of health, safety and risk management.

There were fire doors, fire fighting equipment and emergency lighting in the centre. The emergency lighting, fire extinguishers, fire blanket and fire alarm had been serviced.

Staff had received training and fire drills had taken place in the centre during the day and at night. Staff working in the centre at night were awake and each unit had a system for alerting staff in other units should they require assistance.

Residents had personal evacuation plans which outlined their specific support needs. Staff spoken with were aware of the specific evacuation needs of residents. Equipment to aid in the evacuation of residents was in place where required.



The cold smoke seals on fire doors had been painted over. This would render the doors ineffective in the event of a fire. This was brought to the attention of the provider nominee who said that all cold smoke seals would be replaced and a system to ensure the cold smoke seals were checked by staff would be implemented.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents were protected by operational measures in this centre. Notwithstanding the complex assessed behavioural needs of many residents residing in this centre, inspectors found that there were appropriate support and therapeutic care interventions in place to safeguard and protect residents from various risks. However, inspectors found that in instances whereby residents displayed negative or aggressive behaviours, continued managerial oversight was required on an on-going basis to ensure the safety and suitability of all residents' placements was continually reviewed.

There were appropriate safeguarding policies and procedures in place that incorporated and reflected the requirements of national guidelines. These protocols were displayed in the centre.

Inspectors reviewed a number of safeguarding investigations that had taken place in the centre. Inspectors found appropriate investigation, response and control measures had been implemented by the provider to safeguard and protect residents in these instances. In one instance reviewed by inspectors it was noted that the local HSE safeguarding team had expressed some concern and requested further detail of one resident's safeguarding plan. This plan was subsequently updated and resubmitted by the provider to the HSE safeguarding team.

Most residents who communicated verbally told inspectors that they felt safe and identified staff members they would go to if they had a problem. On the first day of

inspection one resident stated that they did not feel safe, however staff informed inspectors that the resident appeared to be very anxious on the day of inspection. On reviewing the resident's personal plan an inspector found that they had clear personal planning and therapeutic care plans in place and they had an active and busy social calendar. There were some incident reports involving this resident and a peer. An inspector met the resident on the second day of inspection and they stated they were very happy in their home. Inspectors informed staff and management of the resident's expressed feelings.

All staff had received training in safeguarding. Staff spoken with explained the signs and symptoms of abuse and highlighted the appropriate procedures and protocols that they would follow if they were concerned about the safety and welfare of a resident.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported to achieve and enjoy the best possible health. There were systems to ensure residents' healthcare needs were identified and responded to.

Residents were supported to access a general practitioner (GP) and allied health professionals such as psychology, psychiatry, chiropody and dietician where required. Each resident attended the dentist for an annual review and further appointments were arranged where required.

Residents had annual health reviews. Blood tests took place on a regular basis where there was a need identified. All appropriate screening had been carried out in line with national policy.

Documentation outlining the assessment of residents' healthcare needs was maintained and staff were knowledgeable of the interventions outlined in residents' support plans. Information outlining consultant reviews were maintained.

**Judgment:**

Compliant

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<b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
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<b>Theme:</b> Health and Development
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<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.  Each unit had a locked office in which a medicine trolley with an electronic key coded system was used to store medicines. Nursing staff had the code for the medicine trolley and all medicines were administered by nursing staff.  An inspector viewed the administration of medicines and found this was completed to a professional standard. Staff nurses administered medicines in a way which respected residents' dignity. A resident was supported to self-administer their medicines with supervision of the staff nurse. Nurses explained the purpose of medicines to residents and offered reassurance to residents where required.  Administration and prescription records were clear, accurate and well maintained.  There were clear protocols in place to guide staff when administering medicines. This included specific detail to guide the administration of PRN (medicines only taken as the need arises) medicines.

<b>Judgment:</b> Compliant
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<b>Outcome 14: Governance and Management</b> <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.</i>
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<b>Theme:</b> Leadership, Governance and Management
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**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were clear lines of authority and accountability. All persons met by inspectors on the days of inspection were aware of their roles and residents' needs. A new person in charge had been appointed since the previous inspection.

An inspector had interviewed the newly appointed person in charge in March 2017. She had the required experience, qualifications and knowledge to hold the role. She had experience of working with people with disabilities and held relevant qualifications. The information provided by the person in charge as part of the interview was reviewed on this inspection. Inspectors found all information was accurate. It was evident there was an open and transparent culture in the centre and that the person in charge viewed her role as one of supporting residents to have a high quality of life. She had implemented effective management systems to ensure the quality of care and experience of residents was monitored, reviewed and developed. She was proactive at identifying solutions to any issues which had arisen in the centre. For example, she ensured the units were reconfigured to meet the assessed needs of residents.

The person in charge was supported in her role by clinical nurse managers. The clinical nurse managers provided clinical oversight in each location and a team leader was also on duty in each of the four units.

The person in charge had a clear rostering system in place and ensured all staff were appropriately recruited, inducted, trained and supervised in line with their job descriptions. A staff training schedule was in place and there was a pictorial staff roster to ensure residents knew who was working. The pictorial roster and documented roster were consistent and were reflective of the staff on duty on the days of the inspection.

Audits had taken place in health and safety, personal planning, medication management, cleaning and hygiene and residents' personal finances. The provider had various organisational auditing mechanisms on a daily, weekly and monthly frequency which ensured continual quality review of practices.

Unannounced visits had taken place every six months as required by the regulations. Actions were identified at the end of each visit report. Progress on achievement of the required actions was maintained. Actions had been addressed in line with the timeline outlined by the provider.

An annual review of the quality and safety of care in the centre had taken place.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and a suitable staff skill mix on the days of inspection. Inspectors found the service was provided in line with the centre's statement of purpose. Residents spoken with said that the staff on duty supported them well and residents appeared comfortable with the staff members supporting them.

Staff were knowledgeable of residents' assessed needs and highlighted the necessity and importance of knowing and understanding the residents they were supporting. In reviewing incident and safeguarding logs it was clear that there were incidents of aggression in the centre and inspectors were informed that a number of staff were out on occupational leave at the time of the inspection.

There was a comprehensive induction for new staff members. This included all mandatory and specific training which was identified as required to support residents. Each newly appointed staff member 'shadowed' experienced staff members and were supernumerary until such time as they were assessed by the person in charge as having the required competence to work with residents.

Inspectors reviewed training records and found that staff had undergone all mandatory training. This included training in the prevention, detection and response to suspected or confirmed allegations of abuse, fire prevention and control, manual handling and supporting residents with behaviour that is challenging.

Staff spoken with understood their role and there were adequate numbers of staff observed in all parts of the centre. Inspectors found that some residents required specialised staffing whereby they had one or two staff members with them at all times. Notwithstanding this inspectors found a reasonably relaxed atmosphere was facilitated in this centre and documentation showed that incidents were managed and responded to in accordance with each resident's support plan.

Inspectors saw staff treating residents with dignity and respect throughout the inspection.

**Judgment:**

Compliant

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<b>Closing the Visit</b>
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At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Lorraine Egan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Redwood Extended Care Facility
<b>Centre ID:</b>	OSV-0002433
<b>Date of Inspection:</b>	18 and 19 May 2017
<b>Date of response:</b>	14 June 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some arrangements for containing fires were not maintained.

#### 1. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

Cold smoke seals on fire doors that had been painted over have now been replaced.

**Proposed Timescale:** 14/06/2017