

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Redwood Extended Care Facility Ltd
Centre ID:	ORG-0008582
Centre county:	Meath
Email address:	deirdre@talbotgroup.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Redwood Extended Care Facility Ltd
Provider Nominee:	Corinne Pearson
Person in charge:	Deirdre Reilly
Lead inspector:	Ciara McShane
Support inspector(s):	Sonia McCague
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

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 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 March 2014 11:00 To: 06 March 2014 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. This was the first inspection carried out by the Authority in this service and was a single issue inspection following a number of notifications and provider led investigations sent to the Authority by the Provider. The notifications related to a number of issues. The inspection did not cover all outcomes. As part of the monitoring inspection, inspectors met with the provider and person in charge. Inspectors reviewed documentation such as personal plans, the complaints policy, adult protection policy, staff roster and the admissions policy amongst others. The centre provides an assessment and intervention service for adults with complex care needs with challenging behaviours. Their aim is to provide care and support to reduce challenging behaviours and maximise quality of life and wellbeing through a person-centred approach. Further, the designated centre aims to promote participation in the community with the intention of people being discharged to community based services.

The centre provides support and accommodation to 32 residents who live amongst four units. This centre also supports a number of group homes located on campus and in the nearby area. The centre is staffed 24 hours a day, seven days a week. Inspectors found that while there was some evidence of good practice in the service, improvements were required in order for the designated centre to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The designated centre was clean, well maintained and spacious. The person in charge was introduced inspectors to some residents and staff on the day.

There were 29 residents present, 12 female and 17 male, all with complex needs. There was one vacancy on the day of inspection. The inspection focused on five outcomes which are outlined in the body of the report and within the action plan at the end of this report. Inspectors found that although the designated centre had documentation, systems, policies and procedures in place, they were not in compliance with some of the Regulations examined. The complaints policy was not robust and the complaints log failed to fully identify the outcome of the internal investigations or state whether an appeal had been put forward to the complainant as an option. The log did not identify if the complainant had been informed of the outcome. The admissions policy did not meet all criteria as stipulated in the Regulations, the policy on discharge and transfers was not sufficiently detailed and had not been implemented in practice in recent discharges examined. The policy on adult protection required further development.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The complaints policy had been reviewed January 2013. The person in charge was highlighted as the complaints officer and the registered provider as the independent complaints officer should the complainant be dissatisfied with the initial outcome. The provider as an internal appeals person was deemed unsatisfactory with regards to making objective decisions. However the policy did state that if a further external appeal was required, the complainant could contact the HSE. The complaints policy contained a flow chart outlining the process for complainants. Inspectors viewed the complaints log, the most recent complaint was logged on the 13 February 2014. There was a discrepancy in dates on one of the complaints viewed in the log. It stated that the complaint was made on the same date that the HSE investigated the complaint. The

complaints log in general lacked specific information and detail. The log failed to outline what the outcome of the investigation was and how this outcome was achieved. The log also failed to identify if the complainant was informed of the outcome, satisfied with the outcome or if an appeal had been offered. The log also lacked specific detail in particular relating to dates and signatures. Although the complaints policy had a detailed flow chart it was not in an accessible format for all residents.

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was an admissions policy in place. The provider stated that the policy was under review to meet the requirements of the Regulations. The admissions policy was last reviewed in March 2011 and was not sufficiently robust and lacked procedural detail. The admissions policy was not based on transparent criteria, it failed to stipulate what a suitable admission was. The policy also failed to address the need to protect residents from abuse by their peers. The admissions policy was not linked to the statement of purpose as outlined in the Regulations.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

As this was a focused single issue inspection the inspectors did not look at all aspects relating to this outcome. Inspectors focused on the discharge and transfer policy and the transition policy for the designated centre. The discharge and transfer policy was last reviewed March 2012. The provider stated that this document was under review to meet the requirements of the Regulations. The discharge and transfer policy was lacking in information and did not sufficiently detail or describe the practice of discharging residents from the service and transferring residents to other services on a planned or emergency basis. Two residents had recently been discharged from the service, the provider failed to follow the centres policy on discharge and transfer. The discharge and transfer policy stated that a 'Form two' should be completed for each discharge. Inspectors requested to see the forms relating to the recent discharges, the person in charge stated they were not completed at the time or as required by policy. The service agreement for residents states that four weeks notice will be given to residents, or received from the resident discharging, prior to the actual discharge, this did not occur in all incidents of discharge.

The service had recently introduced a new transition policy that outlined the procedures for internal transitions. This failed to take into account the other residents living in the home, their wish to live with the new person transferring into their residence and how their needs are collectively met. The transition policy was exclusive to the resident transferring into the residence as opposed to all residents already within and who may have been affected.

Inspectors were informed that the centre has a transition committee and the referral form used for a transfer, viewed by inspectors, was in an accessible format. A consent form and reply form accompanied the referral form.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall the inspectors found reasonable measures and systems in place to protect and safeguard residents, however, improvement was required in relation to handover of information, communication between staff, the investigation process and maintenance of records associated with interventions to safeguard residents. A high ratio of staff to residents was reported, with many residents having one to one supervision. Residents who were not always on one to one supervision had frequent monitoring referred to as 'eyesight observations' in assessed time periods determined by staff. One resident was being observed by staff every five minutes. This was agreed with the resident and the clinical psychologist following an incident. The necessity for frequent observations was then reviewed weekly and adjusted as necessary. A staff nurse also informed inspectors about other mechanisms used to keep residents safe; all staff carried alarms at all times in the event that there was an emergency. There was also a system in place where staff could verify that residents were in their bedrooms during the night in an unobtrusive way, this was done using sensor technology. Multi disciplinary teams also worked closely with the residents, the nurses and care staff. Reviews of behavioural support plans were frequent and amended as required. The front door also had a key coded control pad.

Inspectors also looked at the adult protection policy, last reviewed July 2013. It did not comply with all aspects of the Regulations. An independent person such as an adult protection officer/social worker, to review and evaluate incidents or alleged incidents of abuse objectively, was not included in the policy or investigative practice. The policy failed to highlight all steps that staff should follow in the event that an allegation or incident of sexual abuse was disclosed such as protecting the scene. Allegations of abuse and incidents were included in the log of complaints and records maintained were insufficient to demonstrate appropriate action and a robust investigation following allegations, disclosures and suspected abuse in accordance with adult protection policy and safeguarding requirements.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider and person in charge demonstrated an understanding of the regulatory requirements to notify the Authority of events as outlined in the Regulations. The Authority had received a number of notifications from the designated centre. As a result of the notifications a number of provider led investigations were requested by the

Authority to gather more information.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Ciara McShane
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 report¹

Centre name:	A designated centre for people with disabilities operated by Redwood Extended Care Facility Ltd
Centre ID:	ORG-0008582
Date of Inspection:	6 March 2014
Date of response:	1 April 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints policy was not in a format accessible to all residents. The complaints policy failed to outline an effective appeals process.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The centre has an accessible format for the complaints policy made available to all person's in the service and with copies clearly visible in the dining room on each individual unit. (Please see attached for the accessible format version of the complaints policy)

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

A member from the MDT will develop an accessible format of the appeals process identified within the Complaints policy and this will be shared with all person's in the service by 30th April 2014.

Proposed Timescale: 30/04/2014

Theme: Individualised Supports and Care

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

The complainant was not informed of the outcome of his/her complaint.

Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

The centre will ensure that all complainants are informed of the outcome of the complaint, the method of this communication will be recorded through the complaints log by 30th April 2014. Person in charge will coordinate.

Proposed Timescale: 30/04/2014

Theme: Individualised Supports and Care

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

Although there was a complaints log, not all details were recorded as outlined in the Regulations.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The centre will ensure that the information in the complaints log meets Regulation 34 (2) and has devised an updated template, see attached. Person in charge will coordinate.

Proposed Timescale: 30/04/2014

Theme: Individualised Supports and Care

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

An alternative internal appeals person should be identified to meet the requirements as stipulated in the Regulations.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

An alternative internal appeals person has been identified; and the complaints policy and associated information will be updated to reflect this change by 31st May 2014. Policy Development & Training Group will coordinate

Proposed Timescale: 31/05/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The policy did not specify what the admission criteria was or what a suitable admission was.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The service will update the intake and admissions policy to ensure that it meets regulation 24 (1) by 30th June 2014. Member of the MDT will coordinate

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The admissions policy did not take in the need to protect residents from abuse by their peers.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Admissions policy will reflect regulation 24 (1) (b) by 30th June 2014. Member of the MDT will coordinate

Proposed Timescale: 30/06/2014

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The transition policy failed to take into account the other residents living in the home, their wish to live with the new person transferring into their residence and how their needs are collectively met. The transition policy was exclusive to the resident transferring into the residence as opposed to all residents already within and who may have been affected.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

The Transitions policy will reflect regulation 05 (3) by 30th April 2014. Member of the MDT will coordinate.

Proposed Timescale: 30/04/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The transfer and discharge policy did not outline that discharges occurred based on transparent criteria.

Action Required:

Under Regulation 25 (4) (a) you are required to: Discharge residents from the designated centre on the basis of transparent criteria in accordance with the statement of purpose.

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

The discharge policy will reflect regulation 25 (4) (a) by 31st July 2014. Policy Development & Training Group will coordinate.

Proposed Timescale: 31/07/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The service agreement for residents stated that four weeks written notice would be given/received prior to discharge; this did not happen for all discharges.

Action Required:

Under Regulation 25 (4) (e) you are required to: Ensure the discharge of residents from the designated centre is in accordance with the terms and conditions of their agreements for the provision of services.

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

The discharge policy will reflect regulation 25 (4) (e) by 31st July 2014
Policy Development & Training Group will coordinate

Proposed Timescale: 31/07/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The transfer and discharge policy was lacking in information and did not sufficiently detail or describe the practice of discharging residents from the service and transferring residents to other services on a planned or emergency basis. Not all recent discharges were planned for.

Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

The discharge policy will reflect regulation 25 (4) (b) by 31st July 2014
Policy Development & Training Group will coordinate.

Proposed Timescale: 31/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The policy failed to inform staff of the need to protect the scene should an incident or alleged incident of sexual abuse be reported.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The Adult Protection Policy will be reviewed and updated and the service will ensure it is in keeping with regulation 08 (7) by 31st May 2014.

Policy Development & Training Group will coordinate.

Proposed Timescale: 31/05/2014