<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Redwood Extended Care Facility Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008579</td>
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<tr>
<td>Centre county:</td>
<td>Meath</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:deirdre@talbotgroup.ie">deirdre@talbotgroup.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Redwood Extended Care Facility Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Corinne Pearson</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Deirdre Reilly</td>
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<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ciara McShane;</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<td>Number of residents on</td>
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<td>Number of vacancies on</td>
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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.
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 announced and took place over 1 day(s).

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

From: 20 May 2014 10:00  
To: 20 May 2014 16:00  

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

The centre is governed by Redwood Extended Care Facility Ltd and operates seven days a week to provide a service for up to five residents. Both male and female residents are accommodated and four residents were living in the centre at the time of this inspection. The centre, as per their Statement of Purpose, provides transitional care that aims to achieve the best quality of life for each person through the provision of a high quality person-centred service. The centre aims to enable and prepare a person to function as independently as possible in preparation for a possible transition to a community setting.

This was the first inspection of this centre which was announced one week in advance. As part of the inspection, inspectors engaged with staff and residents, reviewed relevant documentation including personal plans, clinical files and policy and procedure documents. The person in charge was available at the beginning of the inspection and as required; a clinical nurse manager along with a healthcare assistant was present throughout the day to facilitate the inspection. Inspectors met with two residents in the afternoon.
Overall it was evident that residents who met with inspectors were satisfied with their living and support arrangements. They were engaged in a number of supported activities of their choosing and group programmes, as far as practicable, and reported that staff provided sufficient and respectful support to them so this could be achieved. Systems were in place and described to enable staff support residents appropriately and safely and assist those who displayed behaviours that challenged. However, significant improvements were required in relation to the development and implementation of policies and procedures relevant to the services provided and resident profile in order to guide staff, govern practice and ensure residents are suitably and sufficiently supported in accordance with national policy and evidence best practice.

Staff were knowledgeable of residents and of their day to day routine. Inspectors observed respectful and positive interactions between residents and staff.

A personal plan reviewed with one resident was substantially compliant and sufficiently described the wishes, needs and aspirations of this resident who confirmed their involvement in their plans. However, strategic approaches to appropriate health screening for male and female residents had not been completed.

Other areas for improvement included, but were not limited to, records to be maintained in the centre, risk management, staffing arrangements, the premises, and privacy and dignity. These are further discussed in the body of the report and 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 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:**
Systems were described as in place to support residents’ rights, dignity and consultation.

Staff and residents told inspectors that weekly and regular meetings were held and facilitated by staff to enable residents within the centre to discuss matters arising and plan for the coming week. This included consultation in relation to menu planning, food shopping, transport arrangements, preferred activities and outings.

A rights review committee comprising of staff and multidisciplinary team members involved with residents, external professionals and family/residents representatives was described as in place to review and inform decisions in relation to residents care and welfare.

A complaints process was in place and residents who spoke with inspectors expressed an awareness of the procedure and felt able to voice their concerns. While an easy read version of the complaints procedure was available in an accessible format to convey the complaints process, the complaints officer identified within was not the person responsible for this centre. The complaints policy and appeals procedure was under review to ensure compliance with the regulatory requirements.

Staff were observed by inspectors to interact and engage with residents in a respectful and appropriate manner. Residents had been informed of the inspection taking place and were afforded a choice to meet inspectors. Staff told inspectors of residents communicated preference and choices regarding engaging in the inspection process.
Key-worker arrangements were described as an arrangement to support residents on an individual basis. Residents who met with inspectors demonstrated an awareness of their allocated key-worker and described this arrangement as helpful. Assisting residents to attend health care appointments formed part of the key-worker role.

Residents who met with inspectors described staff as supportive and one explained that their transition to the centre was well supported. The transition process described included staff from the previous placement supporting the resident in the new and current placement, however, this process and the support structures available were not sufficiently detailed within a policy document.

A number of policies that relate to arrangements described to support residents’ rights, dignity, decision-making and consultation had been identified for development by the organisation as corporate body; however, many policies and procedures were not available to reflect the practice described, were incomplete and/or were insufficient, and included the following:

- visitors (TG016)
- communication (TG025)
- provision of information to residents (persons in receipt of services) (TG027)
- capacity and consent (TG034)
- sexuality and relationships (TG035)
- community participation (TG038)
- home leave (TG046)
- residents visiting the General Practitioner/G.P (TG047)

Personal and intimate care practices were not observed by inspectors, however, inspectors were permitted by residents and staff to examine a limited number of individual bedrooms and all communal rooms used to undertake personal care. Inspectors found that a peep hole or spy glass was in place on all residents’ bedroom doors which may compromise residents’ rights and dignity while conversely enabling persons on the corridor to view a resident when in their bedroom.

Other findings that may compromise residents’ privacy and well-being included a lack of locks on bedroom and bathroom doors, a noisy alarm system used to alert staff at night was extremely loud when activated and the ability to hear conversations within the staff office while sitting at the dining table was found.

Some residents’ rooms were personalised with photographs, colourful items, a television and preferred furnishing that was meaningful to them. The coordination and management of residents’ finances was not examined or inspected on this inspection and the policy related to residents’ personal property, personal finances and possessions (TG017) had not been completed to reflect arrangements, practices and systems described and in use.

Inspectors were informed of a system in place to support and manage resident finances that involved family, staff and the finance department. Inspectors were informed that a weekly amount was allocated to the centre for shopping to be undertaken by the group of residents and staff for food and household items, and that residents access to money to enable and fund other activities undertaken such as trips to town or to the cinema.
Inspectors were also informed that staff involved in managing and controlling residents access to bank cards and money did not carry out reconciliation of balances following transactions undertaken and on receipt of bank statements received and held by the resident. It was agreed that this arrangement would be reviewed.

**Outcome 02: Communication**  
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

**Judgement:**  
Compliant

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
Information booklets related to the overall service was available and notice boards had operational matters displayed. However, a policy on communication had not been finalised to guide and facilitate means and methods of communication in practice or available and relevant to the resident group.

This outcome was not inspected in full; however, a related finding that residents did not know which staff were rostered for supporting them for the coming week requires improvement. A suitable means of communicating this information was not seen or in place. On enquiry, staff confirmed that this information regarding staffing arrangements was not strategically communicated, displayed or available for residents on a planned basis or in an accessible format to inform residents of the planned staff or visitors to expect coming into and out of their centre on a daily or weekly basis.

Communication improvements are included in the action plan for outcome 18.

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Judgement:**  
Compliant
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
This outcome was not inspected in full; however, inspectors were informed that relatives and friends were welcome to visit residents, and that residents often went on leave to family mainly at weekends. Inspectors noted that while a protocol for transfer of medication on home leave and visiting arrangements were facilitated, they were not sufficiently detailed within a policy document to guide staff to ensure residents care and welfare was maintained and evaluated in return, as outlined in outcome one and required in action plan 18.

Residents admission, absence and leave from the centre had not been recorded/detailed in the resident register maintained. The register available included residents living a number of centre, as outlined in outcome one this is a requirement in action plan 18.

Inspectors were informed that volunteers have not been involved with residents in the centre to date and national advocacy services were available on a referral basis.

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:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
This outcome was not examined at this inspection, however, in the absence of a specific admissions policy and insufficient consent policy, clarity was sought in relation to decision making and a reference included within the statement of purpose and function that the next of kin will be asked to sign the contract of care if informed consent cannot be obtained. The provider and person in charge agreed to prioritise the development of transparent criteria that will be informed by policy and procedure documents to govern operational practices.
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:
Systems were in place to ensure residents’ had an individual personal plan that had input from the multi-disciplinary team involved and employed by the service provider. In A plan was reviewed with permission and involvement of a resident. From the discussions held and review of the personal plan, inspectors were satisfied that the resident and key worker were involved in the development and review of the recorded plan and there was evidence that formal reviews were systematically undertaken with multidisciplinary input as required. In the sample reviewed, it demonstrated that elements within the personal plan had improved outcomes for this resident.

While procedures were described for supporting residents to attend health care appointments such as dental, optician and chiropody as needed, a record had not been maintained. From a review of records and discussion with staff and management, inspectors established that a system to include a comprehensive health assessment and family history, vaccination record and/or relevant age appropriate health screening/checks facilitation had not been strategically maintained to promote health and well being among the resident group within the centre.

Residents within this centre had transitioned from another centre operated by this provider (assessment and intervention centre). However, as referred to in outcome one, policies to outline and describe practices within the service were lacking, which also included the process and criteria of admission, absence, transition and discharge of residents to and from centres, hospitals or agencies.
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

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors did not meet all residents living in this centre. However, assurances were given by staff and management that the location, design and layout of the centre was suitable for its purpose and that it met residents’ individual and collective needs in a comfortable and homely way.

The centre is a two storey building in a rural location that caters for up to 5 residents, health care assistant staff day and night that included one sleepover and one waking night staff. The perimeter had a metal fence surround with key coded gates. Outdoor facilities included car parking space, a well maintained enclosed garden with an open shelter for residents who smoke and a patio area to use. Male and female residents occupied this centre and resident bedroom accommodation was located on the ground and first floor with access to the first floor by stairway. Inspectors were informed that all residents occupying bedrooms on the first floor were independently mobile. None of the bedrooms had en-suite facilities and a communal bathroom was located on both floors. The ground floor bathroom included a floor level assistive shower, toilet with support rails/equipment, a wash-hand basin and storage press.

Other support equipment was seen available including two shower chairs seen in the communal shower area of the ground floor bathroom; however, inspectors were informed that these chairs were not required or used by the current resident group. Inspectors highlighted a risk of infection associated with unused equipment stored in a shower area shared and used by residents. This is included in action plan seven.

Maintenance personnel were available and responsive to requests made by staff during this inspection. Inspectors were informed that the upkeep and maintenance for the centres building and garden was maintained by the service provider on requisition by staff, and that heating and electricity costs were also maintained by the service provider.

On arrival and for the duration of the inspection the dining and living room areas room temperature was uncomfortably high. Inspectors were informed that heating was not controllable within the centre and was controlled elsewhere within the organisation.
Windows on the first floor and stairway were secured and unable to open to aid ventilation.

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

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Arrangements for vehicles used to transport residents were not examined on this inspection.

Risk management procedures were described by staff and management, however, a risk management policy to include the measures and actions in place or to be adopted to control risks that include an unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence, and self harm was not available or completed.

A system was described as in place to respond, record and report incidents and accidents which was reflected in information provided following events that included an unexpected absence of a resident, accidental injury to residents, aggression and violence, and self harm that required notification to the Authority. Management and staff were knowledgeable of incidents and adverse events involving residents and evidence of learning from events was demonstrated. However, as reported previously, a policy or procedure to manage and control these risks and guide staff was not available. The policy for staff on call arrangements was not sufficiently detailed to describe arrangements in place to support health care staff operating this centre. Contingency plans were not outlined in relation to the operational response for this specific centre at all times for responding to emergencies guide staff, maintain all residents welfare during the management of incidents and accidents. The person on call each period was not formally communicated or known by staff.

A corporate health and safety statement and risk register was available; however, the risk register contained generic risk assessments related to a group of centres that were not specific and relevant to this centre. On examination of a measure in place to mitigate an identified risk, inspectors found that an alarm system in place was not appropriately checked and a staff member was not sufficiently knowledgeable in relation to its use and settings.

A programme of staff training was described by staff and management. Inspectors were
informed that mandatory training completed by all staff included training in manual handling, fire safety, food and hand hygiene, medication administration, adult protection and professional management of aggression and violence.

The centre was clean and practices observed and in place supported infection prevention and control. Food hygiene colour coded systems were in place in the kitchen to prevent and control infection. Storage of surplus equipment referred to in outcome seven.

Fire safety systems and emergency plans were in place. Smoke detectors were provided throughout the centre, emergency lighting and exit signage was available and a fire alarm system was in place with a panel located in the main hall. Service records for the alarm system and fire extinguishers were available and up to date. Fire safety training and evacuation had recently been carried out that involved residents and staff. Two alternative means of escape were indicated via emergency exits on the ground floor; however, the hall door separating these areas was maintained in an open position and did not have a magnetic release device to facilitate compartmentalisation in the event of a fire.

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 - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The policy associated with safeguarding residents, namely the prevention, detection and response to abuse policy was under review. Liaison with an external independent agent and adult protection officer had recently been initiated to enhance investigative procedures in place.

Policies related to management of behaviour that challenges and application of restrictive practices were insufficient and did not clearly define the diverse scope of behaviour/s that challenge within the service and restrictive practices applicable or used in the centre. A number of restrictive practices and devices were observed, described by residents and staff and used within confines of the centre and externally. The restrictive
practices procedure document dated 2011 did not detail practiced and interventions used and it referenced a policy for capacity and consent that had not been completed or available.

The behaviour support policy also referenced in procedures associated with restrictive procedures was not available.

**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:**
A record of incidents occurring in the designated centre, where required, was notified to the Chief Inspector.

A system to audit incidents and accidents was being developed.

**Outcome 13: Statement of Purpose**

_There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents._

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
There was a written statement of purpose available for this centre. However, changes in management and governance structures, staffing arrangements, resident’s profiles/ages and admission criteria/policy required amendment to reflect the services to be provided.
**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

**Judgement:**
Non Compliant - Moderate

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**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge of this centre had responsibility for two other centres. This service was primarily operated by healthcare assistants who told inspectors they were supported by a nurse on duty in a neighbouring centre who acted as an on call, however, this arrangement was not reflected in the roster available and maintained for staff and residents. The planned roster had not been completed to reflect the actual presence of staff on duty and in the centre, and on duty and out of the centre. On a review of the roster with available staff, inspectors were informed that the clinical nurse manager was not included in this centres roster as she was rostered as on duty in another centre and the assistant director of nursing as deputy person in charge was assuming her responsibilities to facilitate the inspection of this centre.

On the day of this announced inspection, the clinical nurse manager who was based and working in the neighbouring centre was available in the centre along with a health care assistant staff member to facilitate the inspection. Inspectors had an opportunity to meet with other staff supporting residents during the course of the inspection and on their return for lunch. Staff and residents interacted comfortably and staff supported residents to engage in the inspection process and meet with inspectors following consultation. Staff were knowledgeable of the residents living in the centre and of the positive support plans in place.

One staff member was out of the centre supporting a resident to attend an appointment and both were using the centres transport, and two other staff members were out of the centre supporting residents at their day programmes. Another staff member was rostered as working at this centre, however, inspectors were informed that this staff member was actually working in another centre supporting a resident who had transferred out of this centre. These arrangements were not sufficiently recorded or reflected on the planned or actual roster as required.

Inspectors established during the course of inspection that staff were rostered and worked 16 hour shifts that included one to one supervision of resident’s on a constant basis for the duration of the shift and without formal arrangements for rest and relief.
periods. Inspectors expressed concern regarding this practice to the person in charge and highlighted the absence of a formalised protocol, policy or procedure to govern and guide the practice of one to one supervision arrangements referred to as “specials” duty.

In addition, on further examination of the weekly roster, one staff member was rostered to work 60 hours that included a rest period of eight hours between two shifts. This arrangement and practice requires review in association with contracts of employment and the Working Time Act which requires up to 11 hours rest between shifts. Staff in the centre at night consisted of one health care assistant on sleepover and one waking health care assistant staff.

**Outcome 18: Records and documentation**

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Theme:**

Use of Information

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Schedule 5 policies were incomplete as outlined throughout the body of the report.

Some records to be kept in the centre were incomplete as reported in the body of the report.

In a review of resident’s health care needs inspectors found that while the needs were being responded to and met, a record to demonstrate this was not maintained.

**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:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Centre name:** A designated centre for people with disabilities operated by Redwood Extended Care Facility Ltd

**Centre ID:** ORG-0008579

**Date of Inspection:** 20 May 2014

**Date of response:** 04 July 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:** DCAD10 Individualised Supports and Care

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

A number of policies that relate to arrangements described to support residents’ rights, dignity, decision-making and consultation had been identified for development by the organisation as corporate body; however, many policies and procedures were not available to reflect the practice described, were incomplete and/or were insufficient, and included the following:

- visitors (TG016)
- communication (TG025)
- provision of information to residents (persons in receipt of services) (TG027)
- capacity and consent (TG034)
- sexuality and relationships (TG035)
- community participation(TG038)

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
• home leave (TG046)
• residents visiting the General Practitioner/G.P (TG047)

Personal and intimate care practices were not observed by inspectors, however, inspectors found that a peep hole or spy glass was in place on all residents’ bedroom doors which may compromise residents’ rights and dignity while conversely enabling persons on the corridor to view a resident when in their bedroom.

**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
All residents have been given the opportunity to cover the peep hole on their bedroom doors using a poster on the inside. In the event of staff needing to use peep hole to monitor a resident a risk assessment will be completed. This has been completed following inspection on 20/05/2014

It has been identified that procedures to guide practice in the area of privacy and dignity need to be developed and our Policy, Training and Development Group have prioritised a number of policies which are currently in draft form. All schedule 5 policies (reference Regulation 4) will be completed by August 31st 2014

**Proposed Timescale:** 31/08/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Findings that may compromise residents’ privacy and well-being included a lack of locks on bedroom and bathroom doors, a noisy alarm system used to alert staff at night was extremely loud when activated and the ability to hear conversations within the staff office while sitting at the dining table was found.

**Action Required:**
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

**Please state the actions you have taken or are planning to take:**
• Thumb turn locks will be placed on all bedroom doors. This lock allows the person to lock the door from the inside and gives staff access using a key on the outside in the case of an emergency. Each resident will have their own personal key so they can choose to lock their room. Appropriate locks have been sourced and this will be completed by the maintenance department by 31st July 2014
• Bathroom door locks have been checked following inspection and are in working order. This action has been completed.
- Alarm system on resident’s bedroom door has been replaced with a new alarm that is a lower tone to the previous one however is still loud enough to alert staff. This action has been completed by electricians on 21st May 2014 and a record is kept of daily checks on this alarm.
- Office wall will have additional insulation fitted to provide sound proofing. This will be completed by the maintenance department by the 31st July 2014

**Proposed Timescale:** 31/07/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The coordination and management of residents’ finances was not examined or inspected in detail on this inspection and the policy related to residents’ personal property, personal finances and possessions (TG017) had not been completed to reflect arrangements, practices and systems described and in use.

Inspectors were also informed that staff involved in managing and controlling residents access to bank cards and money did not carry out reconciliation of balances following transactions undertaken by card and on receipt of bank statements received and held by a resident.

**Action Required:**
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

**Please state the actions you have taken or are planning to take:**
Financial Safeguarding Policy will be completed by 31st July 2014. This will include an ATM withdrawal procedure which will incorporate reconciliation with bank statements.

**Proposed Timescale:** 31/07/2014

**Theme:** DCAD10 Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints officer identified within the easy read complaints procedure version was not the person responsible for this centre.

The complaints policy and appeals procedure was under review to ensure compliance with the regulatory requirements.

**Action Required:**
Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature
of his or her disability.

Please state the actions you have taken or are planning to take:
This has been rectified. The complaints officer for this house has now been included in the easy to read complaints procedure. This was completed on 21st May 2014

The complaints policy review has been completed and is compliant with the regulations.

Proposed Timescale: 19/06/2014

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:
While procedures were described for supporting residents to attend health care appointments such as dental, optician and chiropody as needed, a record had not been maintained. From a review of records and discussion with staff and management, inspectors established that a system to include a comprehensive health assessment and family history, vaccination record and/or relevant age appropriate health screening/checks facilitation had not been strategically maintained to promote health and well being among the resident group within the centre.

Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
Following feedback upon inspection a health record section has been included in all care plans to document any health care appointments residents have attended.

A document to keep record of family history, vaccinations and health screening checks is currently being devised. This will be in an accessible format for the residents to understand also this will be in place by the 31st July 2014

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:
Residents within this centre had transitioned from another centre operated by this provider (assessment and intervention centre). However, as referred to in outcome one, policies to outline and describe practices within the service were lacking, which also
included the process and criteria of admission, absence, transition and discharge of residents to and from centres or hospitals.

**Action Required:**
Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

**Please state the actions you have taken or are planning to take:**
The admissions policy will incorporate criteria and the process for admission to this centre by 31st August 2014. The centre has a transitions policy, which identifies that a transitions committee will coordinate any transition and identify the required information to support that transition. A written record is maintained for all transition committee meetings. Hospital passports are in operation for those residents requiring regular hospital admission and a check list of required information is available for other residents should they need a hospital admission/GP visit.

**Proposed Timescale: 31/08/2014**

**Outcome 06: Safe and suitable premises**

**Theme: Effective Services**

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
For the duration of the inspection the dining and living room areas room temperature was uncomfortably high. Inspectors were informed that heating was not controllable within the centre and was controlled elsewhere within the organisation.

Windows on the first floor and stairway were secured and unable to open to aid ventilation.

**Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**
Following inspection windows on the top floor were unlocked and remain unlocked. This was completed on 20th May 2014

The heating in the dining room and living room was monitored using the thermostats on each radiator. The staff and residents in the house have access to the heating switch which they control as required.

**Proposed Timescale: 19/06/2014**
### 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:**
The risk management policy did not include the measures and actions in place or to be adopted to control risk of unexpected absence of a resident.

**Action Required:**
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
Where there is a known risk of an unexpected absence of a resident, a risk assessment and positive behavioural support plan is developed to guide staff in responding to the incident. A missing person’s information sheet has been developed and is completed for residents identified at risk of an unexpected absence.

**Proposed Timescale:** 19/06/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include the measures and actions in place or to be adopted to control risk of accidental injury to residents, visitors or staff.

**Action Required:**
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
Accident and incident reporting policy is currently in place for staff to follow. However management will review the risk management policy and will be updated to include measures and actions required to control the risk of accidental injuries to residents, visitors and staff. A unit specific risk assessment will be completed for this centre.

**Proposed Timescale:** 31/08/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include the measures and actions in place or to be adopted to control risk of accidental injury to residents, visitors or staff.
adopted to control risk of aggression and violence.

**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
A Positive Behaviour Support Policy is available within the centre. All staff have access to training in the Professional Management of Aggression and Violence. The risk management policy will be updated by the policy development group to reflect the processes in place for managing aggression and violence.

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place or to be adopted to control risk of self harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
When a resident is identified as a risk of self-harm a risk assessment is completed and a positive behaviour support plan is developed to guide staff to respond to any incidents of self-harm. The risk management policy will be updated by the policy development group to reflect these processes by 31st August 2014

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register contained generic risk assessments related to a group of centres that were not specific and relevant to this centre.

On examination of a measure in place to mitigate an identified risk, inspectors found that an alarm system in place was not appropriately checked and a staff member was not sufficiently knowledgeable in relation to its use and settings.

**Action Required:**
Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to
the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

**Please state the actions you have taken or are planning to take:**
The safety statement will be reviewed and updated to ensure it incorporates specific and relevant risks/hazards to this centre by 31st August 2014.

Following inspection a new alarm system was fitted. This alarm system is hard wired and is armed 24hrs a day. It activates as soon as the bedroom door opens and staff must enter a code to deactivate it. All staff in the house are aware of how this alarm system works and it is tested daily and staff document this. This was completed on the 21st May and checks are ongoing and recorded by staff daily.

**Proposed Timescale:** 31/08/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy for staff on call arrangements was not sufficiently detailed to describe arrangements in place to support health care staff operating this centre. Contingency plans were not outlined in relation to the operational response for this specific centre at all times for responding to emergencies guide staff, maintain all residents welfare during the management of incidents and accidents.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
The on call policy will be updated to be more specific and relevant to this centre for daytime support and also night time/ weekend on call arrangements. The staff will have access to a management roster to be aware of who is managing the service on a day to day basis.

**Proposed Timescale:** 31/08/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Storage of surplus equipment was found in a communal shower area.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with
| the standards for the prevention and control of healthcare associated infections published by the Authority. |

**Please state the actions you have taken or are planning to take:**
Following inspection surplus equipment was removed. This was completed on 21st May 2014

| **Proposed Timescale:** 21/05/2014 |
| **Theme:** Effective Services |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Two alternative means of escape were indicated via emergency exits on the ground floor; however, the hall door separating these areas was maintained in an open position and did not have a magnetic release device to facilitate compartmentalisation and containment in the event of a fire.

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

**Please state the actions you have taken or are planning to take:**
This was reviewed by an external consultant fire officer. They have advised magnetic locks on three doors (Kitchen, Dining room and Hallway) and these magnets will be connected to the fire alarm system. This will be completed by 31st August 2014 by external contractors.

| **Proposed Timescale:** 31/08/2014 |

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| **Outcome 08: Safeguarding and Safety** |
| **Theme:** Safe Services |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy associated with safeguarding residents, namely the prevention, detection and response to abuse policy was under review.

Policies related to management of behaviour that challenges and application of restrictive practices were insufficient and did not clearly define the diverse scope of behaviour/s that challenge within the service and restrictive practices applicable or used in the centre. A number of restrictive practices and devices were observed, described by residents and staff and used within confines of the centre and externally. The restrictive practices procedure document dated 2011 did not detail practices and interventions used and it referenced a policy for capacity and consent that had not been completed or available.
The behaviour support policy referenced in procedures associated with restrictive procedures was not available. These policies are a requirement outlined in schedule 5 and outcome 18 action plan.

**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
The restrictive practices policy is currently being updated and will include the restrictive practices that are in place in the designated centre. Positive behaviour support policy is in place and the Adult Protection policy has been reviewed to ensure that time frames are consistent with the HIQA notification process.

**Proposed Timescale:** 31/08/2014

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Changes in management and governance structures, staffing arrangements, resident’s profiles/ages and admission criteria/policy required amendment to reflect the services to be provided.

**Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
The statement of purpose will be updated by the PIC and the registered provider to reflect the current management and governance structures, staffing arrangements, resident’s profiles etc by 31st August

**Proposed Timescale:** 31/08/2014

### Outcome 17: Workforce

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staffing arrangements were not sufficiently recorded or reflected on the planned or actual roster as required.
**Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
Staff rosters are in place and allow a record for both the planned and actual roster.

**Proposed Timescale:** 19/06/2014  
**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff were rostered and worked 16 hour shifts that included one to one supervision of resident’s on a constant basis for the duration of the shift and without formal arrangements for rest and relief periods. Inspectors expressed concern regarding this practice to the person in charge and highlighted the absence of a formalised protocol, policy or procedure to govern and guide the practice of one to one supervision arrangements referred to as “specials” duty.

A staff member was rostered to work 60 hours that included a rest period of eight hours between two shifts. This arrangement and practice requires review in association with contracts of employment and the Working Time Act which requires up to 11 hours rest between shifts.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Staff rosters will be reviewed in line with recommendations following inspection and in line with the Working Time Act. The roster will be re organised to clearly show staff on shift and the allocations of a special. Staff will no longer be allocated to act as a special on one resident for the duration of their shift. Staff will have scheduled rotations throughout the day.  
One staff working 60hrs in a week was an oversight by management. This will be monitored closely by management and will not happen in the future.

**Proposed Timescale:** 31/07/2014  
**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
This service was primarily operated by healthcare assistants who told inspectors they...
were supported by a nurse on duty in a neighbouring centre who acted on call, however, this arrangement was not reflected in the roster available.

**Action Required:**
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

**Please state the actions you have taken or are planning to take:**
Management support available in the neighbouring centre (within the same company) will be reflected on the roster going forward.

**Proposed Timescale:** 31/07/2014

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy associated with safeguarding residents, namely the prevention, detection and response to abuse policy was available but under review.

Policies related to management of behaviour that challenges and application of restrictive practices were insufficient and did not clearly define the diverse scope of behaviour/s that challenge within the service and restrictive practices applicable or used in the centre.

The behaviour support policy referenced in procedures associated with restrictive procedures was not available.

**Action Required:**
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

**Please state the actions you have taken or are planning to take:**
The Adult Protection Policy is complete and was available on the day of inspection, the flow chart detailing time frames has been reviewed to ensure consistency with the requirement for HIQA notifications. All Schedule 5 policies will be completed and available on 31st August 2014

**Proposed Timescale:** 31/08/2014

**Theme:** Use of Information
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A procedure or policy document to guide staff in relation to home leave and visiting arrangements was not available to ensure residents care and welfare was maintained and evaluated prior to leave and on return.

A policy on admissions including transfers, discharge and the temporary absence of residents required development.

Action Required:
Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

Please state the actions you have taken or are planning to take:
The directory for residents in this centre will be updated to reflect home leave with a unit specific procedure regarding the processes associated with home leave. The PIC will ensure that this is completed by 31st July 2014

Proposed Timescale: 31/07/2014
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Schedule 5 policies were incomplete as outlined throughout the body of the report.

Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
All schedule 5 policies will be completed by 31st August 2014

Proposed Timescale: 31/08/2014
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents admission to, or absence and leave from the centre had not been recorded/detailed in the resident register maintained. The register available included residents living in a number of centres.
**Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The directory of residents will be reviewed and updated to ensure that it is in keeping with the regulations.

**Proposed Timescale:** 31/07/2014

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In a review of resident's health care needs inspectors found that while the needs were being responded to and met, a record to demonstrate this was not maintained.

**Action Required:**
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
Care Plans will incorporate a section on health appointments and any associated records pertaining to health needs will be stored within this section.

**Proposed Timescale:** 19/06/2014

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Rosters available did not reflect all persons working at the centre.

Residents did not know which staff were rostered for supporting them for the coming week requires improvement. A suitable means of communicating this information was not seen or in place.

Staffing arrangements was not strategically communicated, displayed or available for residents on a planned basis or in an accessible format to inform residents of the planned staff or visitors to expect coming into and out of their centre on a daily or weekly basis.

**Action Required:**
Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

Please state the actions you have taken or are planning to take:
A copy of rosters will be maintained in the centre in accessible format as appropriate for the residents. This include photographs of staff members. As staff are approaching the end of shift they will ensure that they verbally inform the residents the staff that are coming in to shift.

Proposed Timescale: 31/07/2014