### Centre name:
A designated centre for people with disabilities operated by Redwood Extended Care Facility Ltd

**Centre ID:** OSV-0002433

**Centre county:** Meath

**Type of centre:** Health Act 2004 Section 39 Assistance

**Registered provider:** Redwood Extended Care Facility Ltd

**Provider Nominee:** Corinne Pearson

**Lead inspector:** Sonia McCague

**Support inspector(s):** John Farrelly; Finbarr Colfer

**Type of inspection** Announced

**Number of residents on the date of inspection:** 30

**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

The inspection took place over the following dates and times
From: 11 September 2014 07:00
To: 11 September 2014 14:00
From: 27 September 2014 10:30
To: 27 September 2014 16:30

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

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Summary of findings from this inspection
This centre provides residential services to people with complex and high support needs, particularly in relation to behaviour management issues. The centre is divided into four communal units, accommodating residents from across the country. Three units were mixed gender and one was all male. Resident ages ranged from 18 to 69 years. Residents in the centre have very complex support needs, and had a wide range of intervention requirements, with some residents requiring high, dedicated staffing levels to manage their support needs.

This inspection was a focussed inspection which examined the arrangements for the management of restrictive measures and restraint in the centre and the protection of residents' civil rights. The provider had submitted notifications to the Authority which indicated the use of a significant amount of physical restraint on residents for prolonged periods. In addition the Authority was concerned about the impact of general restrictive practices on the liberty of residents and their civil rights. Given the broad range of interventions, the inspection concentrated on five residents who were most at risk and whom had the highest level of restrictive measures. Inspectors also considered the impact that these restrictions were having on other residents who lived in the same area of the centre.

The inspectors found that the provider and management of the centre were committed to providing a service that met the requirements of the Regulations and Standards. The provider has engaged with the Authority and has taken actions in response to concerns and issues raised by the Authority including the commissioning
of an external review of the model of service provision and also submitting an application to the Mental Health Commission for the centre to be considered as an approved centre.

The Authority conducted an inspection on 11 September 2014 and were not satisfied that restrictive practices and restraint measures were being managed sufficiently and were concerned with the level of deprivation of residents' liberty.

Given the Authority’s concerns about notifications from the provider relating to restrictive practices, the provider was requested to submit weekly reports to the Authority from August 2014. Following this inspection, the Authority remained concerned and the provider was required to continue submitting weekly reports on restrictive practices to the Authority. The provider was requested to cease admissions until the Authority had an opportunity to consider the way in which the complex needs of residents were being responded to. The provider was also requested to make contact with the Mental Health Commission in relation to becoming an approved centre.

To ensure that sufficient consideration be given to the service response to the complex care and support needs of residents, the Authority retained the services of a representative of the Tizard Centre in the United Kingdom to provide assistance on the inspection. The Chief Inspector appointed the Tizard Centre’s representative as an expert to assist inspectors for the purposes of the inspection 27 September 2014, in accordance with Section 72.1(a) and (b) of the Health Act 2007, as amended.

Inspectors found that there was a significant denial of residents’ civil, legal and human rights and a lack of adequate safeguards to ensure that the deprivation of and restriction of resident liberty was lawful and/or in accordance with a procedure prescribed by law. Restrictive measures were being applied to residents without reference to their individual assessed needs. There was insufficient access to independent advocacy and review of the measures being used.

Inspectors were concerned at the levels of restraint being used and found that the processes for managing these practices were not sufficient. Pre-admission assessments had not been effective in ensuring that the service could meet the needs of residents who were being admitted. While all residents had personal plans, and some aspects of the plans were good, the plans in relation to the use of restrictive practices were not adequate.

Inspectors also found that the staffing skill mix at night and at weekends was not sufficient.

These issues are discussed in the report and are included in the action plan at the end of the report.

Given the concerns of inspectors, at the end of the inspection, the provider was requested to continue to ensure that there were no new admissions to the centre until assurances are provided to the Authority that the areas of non compliance have been sufficiently addressed.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**Outcome 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

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors were not satisfied that the designated centre was operated in a manner that ensured adequate safeguards of residents' civil and legal rights.

Inspectors found that residents did not have freedom to exercise choice and control in their daily lives. While the person in charge and provider nominee had assessed some residents as requiring significant restrictions to ensure their safety, many of the restrictions were also being implemented for residents who did not want or require such measures. Inspectors saw residents who were subjected to a locked door policy, and the nurse manager informed inspectors that this was for their own safety or the safety of others. This intervention was not evident in the personal plans reviewed and did not appear to be underpinned by regular assessment and review, nor was it outlined in the statement of purpose or informed by any legal framework.

Inspectors were not satisfied that having a room dedicated primarily for physical intervention was in accordance with evidence based practice, and the external expert concurred with this finding. The dedicated room (alert room) located within a unit was used to contain and hold residents' by means of physical intervention in order to manage their challenging behaviour. Staff described the techniques they used to prevent residents from leaving the alert room and the resident could not decide when they could leave the room. This practice mirrors that of seclusion as voluntary exit was not possible while in a hold and interventions of this nature are not routinely found in residential centres for persons with disabilities.
While the provider nominee and staff told inspectors that resident admissions were on a voluntary basis, there were high levels of restrictions on resident movement in the premises. Some residents were also confined to certain rooms for extended periods of time.

Some physical restraint interventions were recorded as being of a very long duration, restricting freedom of movement to a significant degree. These interventions were being carried out with residents at the unit who were accommodated informally, in that the deprivation of liberty was not informed by any legal framework.

Inspectors found that there were insufficient arrangements in place to ensure that residents participated in and consented to the interventions being implemented. Decisions about care, support, treatment and restraint procedures were made by an interdisciplinary team of staff with little evidence of participation or consent by residents or, where appropriate, their representatives. Review documents of incidents of physical restraint did not include the views of residents or of external parties to ensure that there was a level of objective analysis of such significant restraint measures.

Some residents’ behaviour and the implementation of interventions impacted negatively on other residents’ privacy and dignity. Physical interventions were sometimes carried out in communal areas of units such as the day room and corridor which was required and used by other residents. At such times other residents were removed from the area for lengthy durations. For example, inspectors read about one resident who had to be temporarily transferred out of the centre over a weekend as a result of another resident’s challenging behaviour that staff found difficult to manage. Furthermore, more independently functioning residents were sometimes involved in or witnessed incidents between other residents and staff on a regular basis, some of which they were likely to find distressing.

There was a lack of adequate safeguards and external scrutiny to ensure residents rights were vindicated. Suitable arrangements were not in place to ensure each resident had access to advocacy services and information about his or her rights. Inspectors spoke with staff and with managers and were told about the arrangements for accessing advocacy services. Access to an independent advocate or social worker and to the rights review committee was upon referral by staff and at their discretion. An external review of treatment and restrictive practices on a regular and appropriate basis was not sufficiently maintained and residents’ did not routinely have an independent review of care provided.

Whilst there was acknowledgement of residents’ rights with the provision of a rights’ review committee, this did not appear to be influencing the model of care, particularly with regard to the level of restrictive practice evident in the centre. Access to the rights review committee was on a referral basis at the discretion of staff.

**Judgment:**
Non Compliant - Major
Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Inspectors focussed on the use of restrictive practices in meeting the social care needs of residents.

Inspectors found that the service being provided in the centre did not reflect the service goals stated in the statement of purpose. The centre was described as an assessment and intervention service, rather than a long term residential service. Inspectors found evidence of residents who were living in the centre on a long term basis, one of whom was living there for up to seven years. The statement of purpose stated that people who cannot be appropriately supported in a non secure setting and could not consent to their admission would not be admitted to the centre. Inspectors found that this centre had restrictions of a high secure nature where residents' freedom of movement was controlled in the absence of residents' consent.

Inspectors found that there was a high level of restrictive practice and restraint used in the centre. Restrictive practices included locked doors, both internally and doors that exited the centre, and residents confined to specific rooms, sometimes for significant periods of time. Physical restraint included the enforced removal of residents to designated areas of the centre, and a number of staff physically holding residents in a position, sometimes for extended periods of time. Records reviewed by inspectors included incidents that lasted up to two and a half hours. Inspectors read records where up to eight staff were involved in the restraint of residents and inspectors observed an incident where a resident was restrained and there were 13 staff members present for the intervention.

Inspectors found that while there was an assessment of need prior to admission to ensure that the service could meet the needs of residents, this was not effective. Inspectors were informed that some residents had previously been cared for in high support care centres or in approved mental health centres in Ireland. The provider told inspectors of a number of residents who had been admitted to the centre and who were subsequently discharged using the provisions of Mental Health Act as staff were unable to meet their needs or manage their challenging behaviours following their admission.
Inspectors reviewed a sample of behaviour support plans and found that the plans were not sufficient to effectively inform and guide practice. The template was found to have useful prompts for staff. All residents who required a plan had one. Behaviour Support Plans included both proactive and reactive strategies and recognised the importance of identifying and responding to early warning signs. The plans acknowledged important issues such as the risks of isolation, family dynamics and the impact of physical health conditions.

However, the plans were not sufficiently detailed and individualised to ensure informed and consistent implementation. This was particularly concerning given the significant levels of physical restraint being used with some residents. The descriptions of the interventions were inadequate in the behavioural support plans reviewed. For example, general terms such as "third party intervention" and "transport techniques" were used but individual arrangements for each resident were not described sufficiently. In addition, inspectors spoke with staff who described interventions being used which were not specified in resident behavioural support plans.

The descriptions of the strategies in the plans were limited. For example, behaviour support plans stated the need to withdraw once the individual had calmed, or to increase the level of intervention if the individual’s behaviour escalated once more. This appeared to be a subjective judgement that needed to be made by the member(s) of staff involved at the time and there was no guidance for staff on how to assess such responses based on the needs of the individual resident. Some of the plans did not have specific details in relation to types and duration of interventions to be used. Guidance for when a medical or psychiatric review may be required was not clear.

While post incident reviews were carried out by staff, there was little evidence of effective changes being implemented as a result of reviews. The incident reviews appeared to be a self appraisal following the use of physical intervention.

The plans lacked detail regarding the specific responsibilities of the person initiating the physical interventions, the maximum number of people to be involved and maximum duration of specific interventions of physical restraints based on the assessed needs of the resident. Some personal plans had not been updated to reflect changes such as increased supervision levels and the requirement of a nurse to be present during physical interventions.

Inspectors found that residents were not routinely assessed or reviewed by a doctor following lengthy episodes of challenging behaviour and prolonged physical interventions of restraint. Inspectors read a report where the staff response to a medical emergency was not timely. The report in relation to a physical restraint incident in December 2013 stated that during the physical restraint a resident had struggled to breathe and appeared cyanosed. However, this resident was not reviewed by a medical doctor until the following day and this review subsequently resulted in a series of further assessments. The medical note included "banged back of head" and "staff concerned of struggle to breathe". However, this detail was not recorded or reflected in the incident form completed by staff following the intervention and was not referenced in the incident review document completed. Clinical observations such as the resident's respiration and pulse rate, blood pressure and oxygen saturation levels were not
recorded to illustrate adequate physiological and psychological assessment and monitoring.

Inspectors found that there was limited participation of residents in the development and review of their personal plans. There was no evidence of resident consultation or consent following an assessment of risks to demonstrate their active involvement in the decision-making process permitting restrictive interventions. Assessments, behaviour support plans and case conference review records did not reflect participation by the resident or, where appropriate, his/her representative. Inspectors were informed that the funding/referral agent for residents’ were invited to review meetings but often did not attend.

There was little evidence of individualised restraint reduction plans, particularly for residents receiving very restrictive interventions on a regular basis. It was noted that this issue had also been identified in the report from the provider's own consultant and the provider had given a commitment to develop a restraint reduction strategy.

**Judgment:**
Non Compliant - Major

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**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors focussed on positive behavioural support under this outcome. Inspectors were not assured that practices and restrictive procedure arrangements were least restrictive for the shortest duration necessary to meet residents’ individual and collective needs. Inspectors were not assured that the model of care that included very restrictive measures and significant levels of physical interventions had a therapeutic value. While the Behaviour Support Plan template had a useful structure that prompted staff to consider their rationale for intervention, significant improvements were required to ensure the rights of residents were protected and to ensure that the care and support needs of residents were delivered through evidence based practice.
A high number of frequent and intensive physical interventions and restrictive measures were used in the centre on a regular basis. Evidence of promoting a restraint free environment and an effective restraint reduction strategy was lacking. The Authority was notified of 772 incidents of physical restraint within an 11 month period. One resident accounted for 184 incidents of physical restraint within the 11 months. Another resident accounted for 87 physical restraint interventions within an 11 month period. Recurrent and lengthy durations of physical interventions up to two and a half hours were reported. While 23 of the 30 residents were reported to have been physically restrained, the freedom of movement for all residents living in the centre was restricted due to the high secure nature of the environment and restrictive measures found in place.

Incidents of chemical restraint had not been notified to the Authority. However, inspectors established that medication had been administered by intra muscular injection to residents during episodes of challenging behaviour. In addition, oral medication prescribed on an as required (PRN) basis was seen to be administered on a regular and often daily basis for some residents.

As discussed under the previous outcome, the restraint reduction plans were not sufficiently individualised, particularly for residents receiving intensive physical interventions on a regular basis that restricted their freedom of movement for prolonged durations.

Inspectors found that while there was a description of proactive strategies in relation to behaviour management, there was a stronger emphasis on active strategies such as "engine changers", a technique for identifying and responding to high levels of anxiety, and reactive strategies such as physical restraint.

Some residents had assessed support needs which, if facilitated, were likely to have a significant benefit for residents. For example, an assessment by a speech and language therapist with clear guidance for staff appeared to be absent for one resident. While it was positive that a sensory assessment had been recommended for one individual, this might have been helpful as part of the initial assessment and treatment plan on admission. In addition, the assessment of one resident included information on the importance of living in a calm, quiet environment. This resident lived in a unit where a piercing alarm sounded each time the bedroom door of another resident was opened. Also, a very loud alert alarm calling staff to assist with physical restraint sounded regularly in that unit.

Inspectors were concerned in relation to the manner in which staff responded to perceived behaviour that challenged. Responses by significant numbers of staff created a sense of alarm and urgency in one of the units on a regular basis. This created a heightened sense of anxiety in the unit. For example, during the inspection on 27 September, an alarm sounded which resulted in 13 staff running towards an incident with an individual resident. Inspectors reviewed incident forms which confirmed that up to eight and 12 staff members were involved in responding to incidents. Inspectors spoke with staff and were not able to identify any therapeutic rationale for this high level of staff response.
There was evidence of staff training in the use of physical intervention, using a model accredited by the British Institute of Learning Disabilities (BILD) and some staff spoke confidently about the use of physical intervention and their roles and responsibilities with regard to its use. However, not all staff had received this training.

The statement of purpose for this centre states that all staff complete a five day course in the Professional Management of Aggression and Violence (PMAV) which is a form of physical intervention based on the principles of a physical restraint model called Management of Actual or Potential Aggression (MAPA). Training was described as mandatory for all new staff and for staff at all levels within the service and refresher training was to be completed on a two yearly basis. On enquiry with staff and following a review of available training dates, inspectors confirmed that all staff working at the centre had not received this training or attended a refresher course within two years. Inspectors were subsequently informed that training had been arranged for October 2014.

**Judgment:**
Non Compliant - Major

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**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

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors found that while there were was a high level of staff available to residents, the overall skill mix of staff was not appropriate to the needs of residents, the statement of purpose or the size and layout of the centre.

Inspectors found that the nurse staffing levels were insufficient. Nursing cover at weekends differed to that during the week even though the support needs of residents, particularly those who presented with challenging behaviour, were unchanged. Daytime staffing skill mix Monday to Friday included one nurse in each of the four units 8am - 8pm supported by care assistants and a management team. At night and on weekends the staff nurse level reduced to two nurses responsible for two units each. Care staff numbers also reduced by approximately 50% each night. While many physical intervention procedures occurred mainly between 8am and midnight, physical restraint
was used at weekends and at night. Inspectors read of occasions when two residents were being physically restrained at the same time in the same unit requiring the only two available nurses in the centre to be in that unit. This left the other three units were without nursing cover.

While rosters were available, some were not accurate to reflect staff found on duty at the time of inspection.

Most staff nurses had commenced employment in this service upon graduation and their level of experience of working in such an environment was limited.

The person in charge provided professional registration evidence for sixteen of the 18 rostered nurses. Of the 16 registered nurses, ten were registered in intellectual disability, two had dual registrations in psychiatry and intellectual disability and four were registered general nurses. Professional registration evidence for two staff rostered as nurses was not available.

As outlined in outcome 8 all staff working at the centre had not received training or a refresher course in PMAV in accordance with the statement of purpose and function.

**Judgment:**
Non Compliant - Major

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

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

**Report Compiled by:**

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 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:

There was a significant denial of residents’ civil, legal and human rights and a lack of adequate safeguards to ensure that the deprivation of and restriction of resident liberty was lawful and/or in accordance with a procedure prescribed by law. Residents were exposed to restrictive practices which they were not assessed as requiring and this impacted on their civil rights.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

**Please state the actions you have taken or are planning to take:**
We are advised to emphasise our concern in the strongest terms that the findings alleged by Inspectors of HIQA expose the Centre and the State to serious legal risk.

We reiterate that
1. The clinical team have developed a plan to transition a significant number of residents to new purpose built residences.
2. This transition will facilitate a person-specific approach to managing entry and exit by reference to resident-specific assessment of risks and safety issues.
3. An open-door policy operates once these transitions have occurred.
4. Restrictions are set within the context of an overall plan of care in the best interest of the resident and are/will be subject to the review of advocates/representatives.

**Proposed Timescale:** 30/01/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Decisions on the interventions and restraint procedures were agreed by an interdisciplinary team of staff and there was no evidence of the participation of residents or representatives or their consent.

**Action Required:**
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Please state the actions you have taken or are planning to take:**
We are advised to emphasise our concern in the strongest terms that the findings alleged by Inspectors of HIQA expose the Centre and the State to serious legal risk.

1. Residents will continue to take an active role in making decisions before, during and after the use of a restrictive practice.
2. A resident-specific personal plan is in the final stages of developing and piloting. This personal plan will facilitate in a transparent way the engagement and/or agreement with the resident.
3. Each resident/representative as appropriate will be consulted and informed using appropriate easy-read materials about the nature of any restrictions that might be necessary to support the resident.
4. The consultation outlined above will include information on the internal and external supports available, including access to complaint officer, advocates and/or other
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have ready access to an advocacy service, which was of particular concern given the level and duration of restrictive practices. Information about their rights was not provided in an appropriate manner to ensure that the rights of residents were protected.

Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

Please state the actions you have taken or are planning to take:
• A process of awareness-raising regarding the availability and access to advocacy services will be undertaken with all residents/representatives as appropriate.
• Each resident will be provided with information on the advocacy service in a personalised format appropriate to their needs, including easy-read format.
• Residents meetings will have advocacy as a standing agenda item.
• A second Peer Advocacy (Irish Advocacy Network) service has been invited to provide a personal advocacy service at Redwood.

Proposed Timescale: 30/01/2015

Outcome 05: Social Care Needs

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not ensured the maximum participation of residents or, where appropriate, their relatives in the development and review of their personal plans.

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
1. A resident-specific Personal Plan has been developed and is being implemented.
2. The plan makes explicit the engagement with the resident including recording of
their preferences and choices.
3. Finalised plans will demonstrate the collaborative engagement between treatment team and the resident to the greatest degree possible.

**Proposed Timescale:** 07/02/2015
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some personal plans had not been updated following changes such as increased special supervision levels and requirement of a nurse presence during physical interventions.

**Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

**Please state the actions you have taken or are planning to take:**
1. In additional to the ongoing review of personal plans, any sentinel event will prompt a review by the multidisciplinary team.
2. Issues requiring an immediate response will be managed by the clinical leadership as appropriate to the occurrence.
3. The personal plan will be amended in accordance with the outcome of the MDT review.

**Proposed Timescale:** 31/12/2014
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The personal plans in relation to the use of restrictive practices and restraint did not provide sufficient detail on the arrangements for individual residents to ensure that their needs, including medical needs, were met in a consistent manner which reflects evidence based practice.

**Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

**Please state the actions you have taken or are planning to take:**
1. A resident-specific plan for the management of behaviours that challenge will form part of the each resident’s behaviour support plan, where appropriate.
2. This plan will incorporate resident-specific medical, psychological and physical considerations associated with the use of restrictive interventions.
3. Following any incident where restraint is required, the Registered Nurse will assess
and manage the clinical needs of the resident as appropriate.

**Proposed Timescale:** 24/01/2015  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
The assessment process was not sufficiently effective. Pre admission assessments to ensure that the service could meet the needs of potential residents had not been effective in some situations and this had a significant impact on the residents admitted to the centre and on other residents.

**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:**  
1. The pre-assessment process will be thoroughly reviewed incorporating an external expert review of the content and process.

**Proposed Timescale:** 31/01/2015

**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:  
Given the intensity and frequency of significant restraint measures, there was an inadequate restraint reduction strategy and inspectors were not assured that the least restrictive measures were being used for the shortest period of time.

Environmental restrictions were in place to prevent residents from leaving the centre of their own will and preference

Episodes of challenging behaviour were often triggered by the environment (noisy and busy activity levels) and difficulties encountered between residents living in a communal unit and centre.

**Action Required:**  
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.
Please state the actions you have taken or are planning to take:
1. In the immediate short-term, each occurrence involving physical restraint will be systematically reviewed by a senior clinician to monitor that the least restrictive measures were employed for the shortest period of time.

2. Any remedial issues arising from these reviews will be implemented as a matter of urgency.

3. An organisational-wide restraint-reduction strategy will be a priority issue in the 2015 service plan.

4. As outlined in outcome 1, plans are at an advanced stage to provide residents with open-door access as appropriate.

5. Individual risk assessments and unit assessments will be conducted to determine the level of risk associated with an open door policy.

6. The transition of residents as outlined in outcome 1 will be used as an opportunity to review the acuity and resident mix in order to lower the stimulus/arousal level.

7. The maintenance of a low stimulus low arousal environment will form part of the daily clinical management of each unit.

8. Environmental considerations will form part of the occurrence reviews outlined in points 1 and 2 above.

Proposed Timescale: 21/02/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff working at the centre had not received training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
1. Training dates have been scheduled for in January 2015 to provide training for the remaining staff around the support of people who present with behaviour that challenges.
2. The provision of refresher training to all personnel will be commenced in January 2015 and completed by end of 2015.
## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

The nursing staffing levels were not sufficient to meet the needs of residents.

**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:**

1. Effective immediately, the staffing from 20.00 hrs to 08.00 hrs has been supplemented by the appointment of an additional clinical nurse manager who is available to respond to situations on any unit as required.

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### Proposed Timescale: 04/12/2014

**Theme:** Responsive Workforce

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

Professional registration evidence for two staff rostered as nurses was not available.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

1. All registration evidence has now been collated for all registered nurses.

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### Proposed Timescale: 04/12/2014

**Theme:** Responsive Workforce

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

Accurate rosters reflecting the actual staff on duty were not being maintained.

**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:
1. The clinical nurse manager will ensure that all staff rosters accurately reflect the actual staff on duty.

Proposed Timescale: 04/12/2014