

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Redwood Extended Care Facility
Centre ID:	OSV-0002433
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Redwood Extended Care Facility
Provider Nominee:	Diarmuid O'Reilly
Lead inspector:	Sonia McCague
Support inspector(s):	Ciara McShane (Day1);
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
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.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From:	To:
29 May 2015 09:00	29 May 2015 15:00
11 June 2015 09:30	11 June 2015 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The purpose of this inspection was to inspect against the representation made to the Chief Inspector by the provider to inform a decision of registration following an application to register the centre.

This inspection was carried out over two days as a triggered inspection to consider the representation received from the provider 27 April 2015 following a notice of proposal by the chief inspector 27 March 2015 to refuse registration based on previous and recurrent non-compliance findings on inspections carried out in February 2015.

A comprehensive representation was made by the provider and received by the Authority within the 28 day time frame as required.

Actions outlined within the representation were found to be implemented or

progressed to mitigate risks found on previous inspections. A number of changes were implemented and safeguarding measures taken to ensure that the deprivation of and restriction of resident liberty was in accordance with legislation. As a result the centre was registered 25 June 2015 based on the representation that included the reconfiguration of the service to be completed in 2015 and progress found on this inspection.

A change in the provider nominee had occurred 17 April 2015, since the last inspection 18-20 February 2015 and since the notice of proposal to refuse registration was issued 27 March 2015.

A series of rationalisation measures at a strategic and operational level had resulted in considerable improvements in relation to the governance and management structures and systems which had a positive impact on residents care and welfare.

Measures were taken and safeguards had been put in place to address or control risks associated with high numbers of incidences of violence and aggression.

The Inspector found that many of the key care and welfare components that were found to be lacking or absent during previous inspections had been implemented. Effective management systems were being embedded to enhance further development and improvements to address negative outcomes that impacted on the safety and welfare of all residents.

Reduced occupancy levels within units along with positive behaviour support training provided to staff and adopted in practice attributed to an overall reduction in the use of physical restraint and restrictive measures by 90%.

The overall use of restrictive practices and physical restraints had significantly and considerably reduced and were being employed as a last resort where there was a risk to self or others. The restraint policy and use of restrictive practice was under continuous review to achieve the aims and objectives of the amended statement of purpose and function that promoted residents autonomy and wellbeing. A GP review was to form part of restraint review according to staff spoken with and as outlined in existing policy.

A number of external consultants had been engaged by the service provider to support required improvements.

The model of care and shift in culture from that of a medical model to a social care approach was evident. Staff had received training in relation to resident's rights and positive behaviour supports and had been proactive and less reactive in their approach to residents' behaviours that challenged.

Systems were enhanced to promote the Right's of residents. Advocacy services were actively supporting residents within the service and engaged with management and the staff team to affect positive changes and improvements. Information on how to access advocacy services and rights was available and seen on display in units in an easy read and pictorial version. Rights review committee meetings had been held

since the last inspection that included internal and external parties to assure due process and objectivity.

Monthly governance and risk management meetings that considered operational and clinical matters such as restraints, complaints, the rights review committee minutes, incidents, developments and changes had been set up since the last inspection.

The number of residents had reduced by ten (30 to 20) and maximum occupancy was 20 residents. The admission policy had been reviewed and admission to the designated centre was to be determined on the basis of transparent criteria in accordance with the statement of purpose, with the person in charge's involvement in pre-admission assessment along with another professional. The policy in place had exclusion criteria-which was that there would be no emergency admissions or transitions.

The overall core staffing levels and skill mix had remained the same. As a result of reduced resident occupancy ,units were less crowded with fewer stimuli. Three units reduced from eight to five residents, and the fourth unit had reduced occupancy by one resident. Consequently, the additional space available to residents promoted privacy and dignity; core staff had more time to support residents to socially integrate, develop and undertake more individual activities than found on previous inspections. One unit was re-configured while other units were to be re-configured pending registration.

Residents that the inspector met did not feel threatened by their peers/others as previously reported. Staff reported greater understanding and ability to identify triggers and /risks, and stated that as the result of less residents, training and changes, the environment was more relaxed and calmer for residents with more opportunities for personal development with much less negative outcomes or incidents than before.

Notifications were submitted as required and systems were in place for incidents to be logged, audited and discussed at monthly management/risk forums.

Given the significant progress and assurances made with plans to be completed by the end of 2015 a judgement of substantial compliance was determined in the majority of areas areas examined which informed the decision of registration.

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):

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

Findings:

The registered provider submitted a detailed response plan to assure the Authority that the designated centre would be operated in a manner that respects the rights of each resident.

The facilitation of resident's rights had significantly improved. A number of changes were implemented and safeguarding measures taken to ensure that the deprivation of and restriction of resident liberty was in accordance with legislation.

Consultation with residents' in relation how the centre is planned and run and in relation to their rights had been facilitated. Arrangements were put in place to ensure residents were supported to make informed decisions and choices about the management of their care, treatment, routines and facilities and environment.

The provider demonstrated and put arrangements in place to ensure that each resident, in accordance with their wishes, age and the nature of his or her disability, participated in and consents, with necessary support where necessary, to decisions about his or her care and support. All residents had access to advocacy services and information about his or her rights was available to support decision making and choices. Arrangements of the rights review committee facilitated external scrutiny by professional and family representatives along with staff working within the service. The involvement of a social worker discipline to the internal team was confirmed on the part-time basis and safeguarding issues were communicated to the designated officers within the Health Service Executive (HSE), funding agents and relevant others were necessary.

Arrangements had improved in relation to residents' personal plans, consultation and

decisions about care and welfare matters. Improved systems of activity tracking and recording were maintained to inform reviews and bring about personal improvements.

Restrictive measures had significantly reduced to promote residents rights, personal independence, personal choices and freedom of movement. Reasonable arrangements were put in place to ensure residents had freedom to exercise choice and control in their daily life that included movement within the centre as entry and exit was not restricted or completely controlled by staff at all times.

Reconfiguration of the building and layout to be completed by the end of 2015 to ensure views and points of entry into all resident's bedroom are appropriate and include the options of a privacy lock was assured.

Plans to enhance the personal and living space of each resident had commenced and were to be completed so that the management of their care, treatment, routines and facilities and environment met their individual and collective needs in communal arrangements.

Action was taken to facilitate each resident to be provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of their disability and assessed needs and wishes.

A significant reduction in resident numbers within each unit, maintenance of core staffing levels and skill mix to support residents and the reconfiguration progressed in one unit and planned throughout enabled improved access for residents to facilities for occupation and recreation along with opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Arrangements were put in place to provide for an effective complaints procedure for residents which was in an accessible format and appropriate to the needs of residents in line with resident's age and the nature of their disability that included an appeals procedure.

A record of levels of satisfaction with an outcome of complaints investigated was maintained to ensure issues raised had been adequately addressed to bring about effective changes.

Judgment:

Substantially Compliant

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

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

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

Findings:

A significant reduction in resident numbers within each unit, maintenance of core staffing levels and skill mix to support residents and the reconfiguration progressed in one unit and planned throughout enabled improved opportunities for residents with opportunities to develop life skills and help prepare for supported or independent community living as well as enabling them undertake personal activities in private within their environment.

Residents were able to meet friends or family in private. Life learning opportunities were to be developed and supported with the ongoing plans and developments outlined within the representation.

A visitor's room in addition to the resident bedrooms was available in one unit as a result of the reconfiguration progressed. There were no restrictions on visitors to meet residents unless in accordance with the resident's wishes or in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.

Judgment:

Substantially Compliant

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

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

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

Findings:

Admission to the centre had ceased since August 2014. Since the last inspection five residents transitioned to alternative community services and five residents were discharged to the care of the HSE.

The admission, transition and discharge policies had been completed so that decisions were determined on the basis of transparent criteria in accordance with the statement of purpose and function that involved the person in charge.

Judgment:

Substantially Compliant

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):

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

Findings:

Arrangements were put in place to ensure a comprehensive assessment of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre to ensure its suitability for the purposes of meeting the needs of each resident, and subsequently as required to reflect changes in need and circumstances.

Arrangements were put in place to ensure residents were involved in the development, review and evaluation of their personal plans. The personal plan available was in an accessible format to the resident.

Arrangements were put in place to ensure residents were involved in all review meetings pertaining to them with opportunities to include those contracting the services of the centre on resident's behalf and the inter-disciplinary team.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

A comprehensive representation was made by the provider and received by the Authority 27 April 2015 that included changes to the function, design and layout of the centre to meet the individual and collective needs of residents to meet the aims and objectives of the service.

The centre was registered 25 June 2015 to provide accommodation for 20 residents based on the representation to reconfigure the centre so that the accessibility of necessary and appropriate facilities required within a centre is provided in accordance with the regulatory requirements outlined in Schedule 6.

On completion of the reconfiguration by the end of 2015, the requirements of Schedule 6 (Matters to be provided for in Premises of Designated Centre) may be sufficiently met.

Plans for the overall environment and arrangements outlined aims to promote residents to function more independently as outlined in the services overall objectives.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Arrangements were put in place for the identification, recording and investigation of, and learning from, serious incidents that included use of physical restraint or adverse events involving residents and arrangements to ensure that risk control measures were proportional to the risk identified.

Reviews were undertaken and systems put in place to evaluate adverse impacts of measures on resident's quality of life.

Adequate measures were put in place to control identified risks relating to challenging behaviour. There was evidence of learning from serious incidents and adverse events involving residents.

Arrangements were put in place to ensure that risk control measures in relation to aggressive behaviour and use of physical restraint were proportional to the risk identified. Staff had greater cognisance of the impact of physical interventions and

restrictive measures on resident's quality of life and general well-being.

Restrictions were for use only in an emergency situation. Weekly reports of restraint had continued to be submitted since 2014. A review of reports of physical restraint interventions showed up to 90% reduction in the use of physical interventions of restraint with interventions mainly of low intensity and of short duration. For example, 95 physical restraint interventions were reported in April 2014 while five was reported in April 2015.

Enhanced governance systems included weekly monitoring, review and reporting of physical interventions as a restrictive practice. Monthly audits of restraint and individual resident's use of PRN psychotropic medication was maintained to inform clinical reviews.

Monthly risk management meetings had been set up that evaluated clinical and operational complaints, risks, incidents and reports to inform learning and identify areas for improvement and necessary resources/supports required to influence overall improvements.

The provider and person in charge assumed responsibility to ensure that effective fire safety management systems were in place that included adequate arrangements for evacuating all residents from the centre.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Arrangements were put in place to ensure that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

Training for staff in the management of behaviour that is challenging including de-escalation and intervention techniques was provided and was ongoing.

Assurances from the clinical services manager and person in charge included that therapeutic interventions would only be implemented with the informed consent of each resident and would be reviewed as part of the personal planning process and review meetings held.

The overall use of restrictive practices and physical restraints had significantly and considerably reduced and were being employed as a last resort where there was a risk to self or others.

The restraint policy and use of restrictive practice was under continuous review to achieve the aims and objectives of the statement of purpose and function that promoted residents autonomy and well-being. A GP review was to form part of restraint review according to staff spoken with and as outlined in the existing policy.

Practice and policy guidance included efforts to identify and alleviate the causes of residents' behaviour and consideration of alternative measures before a restrictive procedure was used. The least restrictive measure for the shortest duration was to be adopted.

Environmental restrictions preventing residents from moving within the centre had ceased. The atmosphere was calm during inspection. The Inspector was not required to carry a personal alarm for safety and was not accompanied onto units as before. The previous heightened sense of risk, fear and anxiety within the environment had significantly reduced.

Residents who spoke with an inspector said they did not feel threatened by other residents and were complimentary of the changes made since the previous inspection. Staff informed the inspector that the reduction of resident numbers within each unit had had a positive impact and contributed to decreased levels of anxiety and episodes of behaviour that challenged among residents.

Measures were put in place to protect residents from forms of abuse and to mitigate risk.

The safeguarding policy had been revised and implemented to include reporting any incident, allegation or suspicion of abuse or neglect to the designated officer of the HSE and relevant other statutory bodies when required.

Judgment:

Substantially Compliant

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
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Notification of incidents were notified to the chief inspector as required.</p>
<p>Judgment: Substantially Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Arrangements were put in place to ensure appropriate health care for each resident, having regard to that resident's personal plan, was facilitated and provided.</p> <p>The residents GP was to be involved in decisions regarding the use of restraint and physical interventions.</p> <p>Residents had supported or independent access to unit facilities such as the pantry and were seen supported to prepare drinks and snacks.</p>
<p>Judgment: Substantially Compliant</p>

<p>Outcome 13: Statement of Purpose <i>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.</i></p>
<p>Theme: Leadership, Governance and Management</p>

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

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

Findings:

The statement of purpose was amended to reflect the services and facilities provided in the centre, in accordance with the regulations.

A variation will be required on completion of the reconfiguration of the centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The registered provider had put measures in place to resource the centre to ensure the effective delivery of care and support in accordance with the statement of purpose.

A change in the provider nominee had occurred on 17 April 2015, since the last inspection 18-20 February 2015 and since the notice of proposal to refuse registration was issued 27 March 2015. A clinical services manager with oversight, authority and governance over all services and professionals within the service was appointed and held responsibility as the provider nominee.

Rationalisation measures at a strategic and operational level had resulted in considerable improvements in relation to the governance and management structures. A clearly defined management structure was put in place.

All staff including the person in charge, social and nursing care staff, doctors, psychiatrists and allied health care professionals employed by the company reported via their line manager who reported to the clinical services manager.

Measures were taken and safeguards had been put in place to address or control risks associated with high numbers of incidences of violence and aggression.

Key care and welfare components that were found to be lacking resulting in recurrent non compliances during previous inspections had been implemented.

Effective monitoring and auditing systems were being embedded to enhance further development and improvements to address negative outcomes that impacted on the safety and welfare of all residents.

Judgment:

Substantially Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

Management systems were put in place to ensure the service was safe, appropriate to residents' needs, consistent and effectively monitored.

Quality reviews and management meetings were set up to identify areas for improvement.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The number, qualifications, supervision and skill mix of staff was appropriate to the number and assessed needs of the residents.

The number of residents had reduced by ten (30 to 20) and maximum occupancy was 20 residents. The overall core staffing levels and skill mix had remained the same.

Staff had received training in relation to resident's rights and positive behaviour supports and had been proactive and less reactive in their approach to residents' behaviours that challenged. A mandatory and refresher training programme was to be provided for all staff relevant to their role and responsibilities. Education and information sessions for staff and residents on human rights, consent and capacity had been provided and was being implemented in practice.

The model of care and shift in culture towards a social care approach within the service was evident. A social worker had been recently appointed to the inter-disciplinary team on a part time basis.

Judgment:

Substantially Compliant

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

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

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

Findings:

Practices and guidance on the use of restrictive procedures - physical, chemical and environmental restraint and provision of behavioural support had improved significantly. Further improvements were anticipated resulting in an ongoing review of the associated policies.

Arrangements were in place to ensure the information within the residents guide reflected the services and facilities provided in accordance with the Statement of

Purpose.

Systems were in place to review assessments and records used to determine vulnerabilities and risks to ensure records were sufficiently completed to demonstrate the reason for restrictive procedure use.

Judgment:

Substantially Compliant

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Redwood Extended Care Facility
Centre ID:	OSV-0002433
Date of Inspection:	29 May 2015 & 11 June 2015
Date of response:	21 September 2015

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 06: Safe and suitable premises

Theme: Effective Services

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

The centre was registered 25 June 2015 to provide accommodation for a maximum of 20 residents based on the representation to reconfigure the centre so that the accessibility of necessary and appropriate facilities required within a centre is provided in accordance with the regulatory requirements outlined in Schedule 6.

The reconfiguration is to be completed by the end of 2015 to include the requirements

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

of Schedule 6 (Matters to be provided for in Premises of Designated Centre).

1. 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:

The remaining three units will be reconfigured in line with the unit already completed on inspection

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

A comprehensive representation made by the provider included changes to the function, design and layout of the centre by the end of 2015 to meet the individual and collective needs of residents to meet the aims and objectives of the service.

2. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The remaining three units will be reconfigured in line with the representation made in April 2015

Proposed Timescale: 31/12/2015