<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ferndale</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002430</td>
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<tr>
<td>Centre county:</td>
<td>Meath</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</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Jenny Walton</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O’Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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 wellbeing 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 09 November 2016 10:25 To: 09 November 2016 19:00
10 November 2016 10:20 10 November 2016 18:10

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

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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
Background to the inspection:
This was the second inspection of the centre. Previously a monitoring inspection of this centre had been carried out May 2014. A number of non compliances had been found on that inspection. The provider had submitted an application to register the centre which outlined their intention to accommodate five residents. This report outlines the findings of an 18 outcome inspection which was carried out to monitor compliance with the regulations and standards and to inform a registration decision.

How we gathered our evidence:
The inspector met and spoke with all five residents living in the centre. The inspector spoke for a period of time to three residents and discussed how they liked the centre, were they happy living there, did they feel safe and what interests they had. Residents were open and discussed excursions and holidays they had been on, their families and their healthcare issues among other topics.

The inspector also met with the provider nominee and the newly appointed person in charge of the centre. Both persons held management roles in other centres operated by the provider. Both persons presented as competent, experienced persons to carry out the governance and operational management of the centre. The inspector found a high level of compliance on this inspection and actions from the previous inspection had been addressed to a good standard.

A sample of risks management files, personal plans, policies and procedures, audits, medication management files and complaints logs were also reviewed as part of the inspection by the inspector.

Description of the service:
The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The document stated the service aims to provide a service for adults both male and female with intellectual disabilities, acquired brain injuries who may also have mental health difficulties.

The statement of purpose outlined the aim of the services was to promote independence and to maximise quality of life through person centred principles within the framework of positive behaviour support. The inspector found on this inspection that the provider was providing this service for residents living in the centre.

The centre comprised of a two storey building which was located within a short drive of a small town in County Meath. The building had been refurbished to promote a homely feel and to ensure residents’ bedrooms were personalised to their taste. While such improvements had been carried out some areas in the centre required more work to promote a truly home like living environment for residents.

Overall judgment of our findings:
The inspector found the provider had comprehensive systems in place to identify and meet the assessed needs of residents. These included arrangements to assess residents' social care needs to a good standard, access to allied health professionals for assessment and creation of evidenced based recommendations and interventions for residents. Residents presented with a number of complex health and mental health needs which were met by the provider and staff to a good standard.

Of the 18 Outcomes inspected, all 18 met with compliance or substantial compliance. The findings of the inspection are outlined in the body of the report with an action plan at the end of the report and the provider’s response to the action plan.
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):
No actions were required from the previous inspection.

Findings:
The inspector found evidence that residents living in the centre had their rights, privacy and dignity supported to a good standard. Residents personal choices were supported and encouraged, residents had access to independent advocacy services and consultation with residents was facilitated regularly and in a meaningful way.

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was located in a prominent position in the centre. The complaints procedure identified who the complaints officer was for the organisation and the person nominated to manage complaints in the centre also. Residents, visitors and staff were encouraged to give their feedback regarding the service.

The inspector reviewed a complaints log for the centre. There were no active complaints under review at the time of inspection. The inspector reviewed complaints in the log to assess how the provider and person in charge managed complaints in the centre. Overall the inspector found residents complaints had been documented and acted upon in a timely manner with the outcome of the complaint and the complainant’s satisfaction with the outcome documented.

Some examples of complaints lodged and managed included, a complaint made by a resident that the there were two meals on the planned menu for the coming week that they didn’t like. The menu was changed to facilitate additional choices that suited the resident. The resident had indicated they were happy with how their complaint had been managed. Another example included where a family member had complained that they...
were dissatisfied with the level of participation their resident was engaging in, the response by the person in charge had been to develop a new schedule of activities with the resident consulted and asked to have their input in developing the schedule.

The centre had adequate privacy options in place for residents. All bathrooms and toilets had privacy locks. Bedroom and living room windows also had adequate privacy options where they could provide adequate lighting but ensured privacy from the outside for residents. An action from the previous inspection with regards to the use of peep holes in bedroom windows had been addressed by the provider appropriately. These were no longer in use.

Residents had access to three independent advocates if and when they required. Information and contact details were available in the centre on how to access an independent advocate and a colour photograph of each advocate was located in the kitchen notice board in the centre.

The organisation had a policy on personal property, personal finances and possessions which guided practice in the organisation with regards to these matters. An action with regards to a lack of such a policy had been given in the previous inspection report. This had been adequately addressed by the provider.

Some residents living in the centre required support in managing their personal finances. Financial ledgers, with documented monetary in and out balances, were maintained and receipts for purchases, bank withdrawals and deposits were also maintained where required. The inspector observed a member of staff carry out the procedures for the management of residents’ finances in relation to the household budget and reconciliation of balances and checks for items purchased. Observations made by the inspector found there was a robust auditing system carried out by staff. Financial management audits were also implemented by the person in charge as part of the governance and management systems within the centre.

Activities available to residents were suited to their age and interests. All residents had opportunities to participate in hobbies and activities of their choice. Residents were supported to go on planned trips and excursions, local sporting events, shopping and attend activities available in the Talbot Group day services, for example.

The inspector reviewed a sample of resident meetings, which occurred regularly and were inclusive of residents’ opinions and choices. Items discussed included minutes from the previous meeting and if residents were in agreement with them, planned shopping trips, Christmas plans, excursions, household duties, meals planning for the week and the instating of a new person in charge and what if any changes this might make for residents in their home.

The inspector also noted that management and staff spoke respectfully of residents in all discussions. Direct line staff displayed kindness, friendliness and a genuine empathy and rapport with all residents throughout the inspection.

Judgment:
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

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

Findings:
Residents’ communication needs were supported in accordance with their assessed needs and preferences. There was a policy on communication in place to guide staff practice and procedures.

Residents’ communication needs had been identified in their personal planning documentation. Where residents presented with visual impairment, for example a number of adaptations to their physical environment had been made to support them in accessing their environment following a visit by representatives from The National Council for the Blind (NCBI). For example, bright colour strips had been fixed to kitchen cupboard doors to ensure residents with visual impairment could see them if they were open preventing injury. Other adaptations included bright coloured light switches, walking aids and magnifying reading tools to support residents.

If supports were required residents could avail of the services of a speech and language therapist (SALT) employed by the company the centre was part of.

Internet access was available in the centre as were radios and a number of televisions in each residential unit comprising the centre.

Residents had also received timely and appropriate hearing checks and had also been supported to attend optician appointments.

Staff working with residents knew residents very well and understood their individual communication repertoires.

Judgment:
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):**
No actions were required from the previous inspection.

**Findings:**
Residents were supported to maintain contact with their families and maintain relationships with them and their peers. However, there were some improvements required to ensure residents were experiencing full citizenship of their community and facilitated to develop and maintain links with their culture.

Regular contact was maintained between the staff and the relatives with regards to residents. Residents’ friends and families could visit the centre if they wished. There was a policy on visitors available and there was a sign in book for visitors in the house.

Residents’ families and representatives were also actively encouraged to participate in personal planning meetings for residents where appropriate and in line with the wishes of residents. The inspector observed during the inspection where a resident went shopping and bought Christmas presents for their nieces and nephews. They told the inspector that their family was very important to them and they liked to buy gifts for their family.

Another resident spoken with also discussed the importance of their parents to them. They spoke about train journeys they went on to visit their family and how much these visits meant to them. They told the inspector that staff helped them to get the train on time and were there to collect them when they came back.

Residents were encouraged to develop links with the wider community, but this required some improvement. Residents used the local amenities and services in the nearby town. However, residents were not fully integrated into their community and were not part of any local community groups, for example.

Residents’ friendships were with their peers or family but they had not established connections or friendships outside of this circle. This required some improvement to ensure they were full citizens of their locality. This was also required to support a resident to develop, participate and maintain connections with their particular cultural background which was very important to them and with which they identified strongly.

The company the centre was part of provide romantic relationships and sexuality training for residents within the service and residents living in the centre had the option to participate. Residents were also supported through meetings with their psychologists with regards to emotional support with regards to these matters.

**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):**
No actions were required from the previous inspection.

**Findings:**
There were policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

Admissions to the centre were in line with the centre’s statement of purpose and the policy for admitting residents. A resident spoken with told the inspector that she had been involved in her admission to the centre. She told the inspector that the centre had been chosen as it had a lot of natural light throughout which would help her in terms of accessibility due to her impaired sight.

Each resident had a written agreement of the terms and conditions relating to residency in the centre and the services provided. The inspector viewed a sample of residents’ contracts of care and found that they adequately outlined the services provided. The provider nominee told the inspector that a fee for residing in this centre was not charged by the provider and residents’ contracts of care reviewed verified this.

**Judgment:**
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):**
Findings:
The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected residents' assessed social care needs. While short term goals set had been achieved more work was required with regards to long term goals for residents.

The inspector reviewed a sample of personal plans which were found to be comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care needs. Each personal plan provided evidence of comprehensive allied health professional review, assessment and recommendations on an ongoing basis.

There was evidence of assessment implemented and ongoing monitoring of residents' needs including residents’ interests, communication needs and daily living support assessments. Residents' assessment of needs included general likes and dislikes, nutrition, intimate care and personal hygiene, behaviour support planning, healthcare assessments and personal goal setting.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals identified and achieved by residents included going on holidays and excursions, for example. There was evidence documented, feedback from residents and photographs which indicated these short term goals had been achieved and residents had really enjoyed them. Residents had visited the Titanic museum in Belfast, had visited Dublin Zoo and went to see their favourite singer in a live performance to list a few short term goals achieved.

The inspector refers to long term goal setting with regards to general welfare and development in Outcome 10 of this report.

Judgment:
Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services
Outstanding requirement(s) from previous inspection(s):

Findings:
The centre comprised of one two storey detached building suitable and safe for the proposed number of residents the provider had applied to register the centre for.

The provider had made changes to the centre since the previous inspection and had replaced the flooring in the living room and hallway with an attractive wooden floor. The stairs and landing of the first floor in the centre had also been fitted with a modern, attractive carpet which added to the homely aesthetic of the centre.

The centre had adequate bathing/showering and toileting to suit the needs of residents. However, they presented as clinical and functional and not in keeping with the statement of purpose for the centre which set out to provide a home-from-home, community residential setting for residents. The inspector discussed this with staff and the provider and suggestions were made by the staff of how they could decorate the facilities in consultation with residents.

The inspector viewed bedrooms on the invitation of some residents. Each bedroom had suitable storage options and adequate lighting and space for residents. Residents had been supported to decorate their bedrooms and personalise them.

The centre had a well equipped kitchen and a separate dining space. Laundry facilities were available the kitchen was equipped with a washing machine, dryer and space to store laundry products. Residents participated in laundering their personal items in the centre.

There were suitable arrangements in place for the safe disposal of general waste in the centre.

Maintenance records were kept in the centre which detailed servicing of equipment in the centre and ongoing maintenance works where necessary. There had previously been a number of instances where a plumber was required to address issues with the shower and also downstairs toilet in the centre. At the time of inspection these issues had been addressed. There was evidence of the person in charge logging issues and addressing them quickly when they arose.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The health and safety of residents, visitors and staff was promoted in the centre. Fire containment and management procedures were in place and regularly reviewed and infection control measures met the needs of residents and suited the purpose and function of the centre. Actions from the previous inspection were addressed adequately by the provider.

The risk management policy met the requirements of the Regulations and is implemented throughout the centre and covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

There was an up to date health and safety statement which addressed areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, and identification of risks. A risk register had been developed to audit risks in the centre, analyse the risk they posed and control measures to mitigate them had been documented.

Personal risks for residents had been identified and were analysed with control measures in place to mitigate risks. These risk assessments were maintained in residents’ personal plans. The inspector reviewed a sample of personal risk assessments for residents and found them to be up-to-date and comprehensive. Some personal risks for residents were significant for example, the potential for engaging in self-harm or absconding. Incident reports reviewed indicated staff had managed a situation in the previous months where a resident had attempted to abscond from the centre. Staff had accompanied the resident and implemented a comprehensive, person centred management plan during the incident and had ensured the resident returned to the centre safely and in a calm way but in line with her wishes and needs.

Fire safety policies and procedures were centre-specific and up-to-date. Fire safety plans were reviewed by the inspector and found to be comprehensive. The inspector observed that there were fire evacuation notices and fire plans displayed in the house.

Individual personal evacuation management plans were documented for residents and implemented as part of fire drills in each residential unit. The response of residents during fire drills was documented and also the length of time the drills took.

There were examples documented in fire drills of where a resident had refused to participate in the drill. Staff carrying out the drill had identified this as a risk and had implemented a comprehensive strategy to manage this risk by introducing a weekly fire drill routine to encourage the resident to participate. This had worked and the resident was now participating in the drills.

The inspector also observed that fire evacuation doors were unobstructed and the
The provider ensured a rear fire exit door was fitted with a thumb turn mechanism during the inspection to improve the ease of evacuation for residents/visitors and staff.

The inspector noted the presence of fire compliant doors and smoke seal strips on all doors also. One door in the hallway of the centre was a fire rated door with a self closing device linked to the fire alarm which would cause the door to close in the event of a fire. This promoted good fire containment measures in the centre.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand washing facilities in the centre were adequate. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended up to date training.

Each resident had a missing person profile with an up-to-date colour photograph. A missing person policy was in place to guide staff in the event of a resident absconding from the centre.

**Judgment:**
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:**
There were appropriate measures in place to protect residents being from being abused, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Actions from the previous inspection relating to policies and procedures for management of behaviour that is challenging and safeguarding vulnerable adults was addressed in full at the time of inspection.
There was an up-to-date policy in place on the prevention, detection and response to abuse and all staff had received training in the policy. The policy had been updated and reviewed two times since the previous inspection of 2014 and revised to reflect the National Vulnerable Adult Safeguarding policy. Staff spoken with outlined the procedures they would follow should there be an allegation of abuse.

There was a policy and systems in place for the management of behaviours that challenge. All staff working in the centre had received training in managing behaviour that is challenging including de-escalation and intervention techniques. There was a system to ensure staff also had refresher training in vulnerable adult safeguarding and management of behaviours that challenge.

To support residents presenting with behaviours that challenge and mental health diagnosis, access to relevant allied health professionals such as consultant psychiatrists and clinical psychologists was available. These allied professionals provided valuable input for the development of behaviour support plans and therapeutic interventions for residents.

During the course of the inspection the inspector observed where a resident had become anxious and the evening of the first day of inspection they visited the on-site psychologist by their own choice. The availability of the psychologist and the supportive management system in place for this resident ensured they returned to the centre calmer and supported during that difficult time for them.

Residents who could display behaviours that challenge had behaviour support plans in place where necessary. Possible triggers and appropriate interventions and avoidance mechanisms were documented. Where residents required supports therapeutic management practices were in place and every effort was made to alleviate triggers and stressful situations for residents that may cause them to engage in behaviours that challenge.

Some residents had developed their own method of identifying their mood through colour codes. This had been incorporated into their behaviour support management guidelines in a person centred way and proved to be effective and beneficial to the resident during times when they experienced stress or mental health deterioration.

A restraint free environment was promoted throughout the centre. There were no restrictive practices in use in the centre at the time of inspection.

Intimate care planning was in place for all residents that required support in this regard. While plans were detailed they did not indicate specifically the level of supervision or support a resident may require. The inspector brought this to the attention of the newly appointed person in charge who addressed this and updated an intimate care support plan for a resident indicating they did not require direct supervision while bathing or showering.

Judgment:
### 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

- **Outstanding requirement(s) from previous inspection(s):**
- **Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

To date all incidents had been notified by the previous person in charge as required by the Regulations.

- **Judgment:**
Compliant

### Outcome 10. General Welfare and Development

*Residents' opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

- **Findings:**
Residents had opportunities to participate in further education and self development.

Some residents had completed further education and were in the process of applying to carry out further studying. The inspector discussed this with a resident who told the inspector that they intended to do some leaving certificate subjects and she was looking forward to this venture.

While there was evidence that residents did have opportunities and access to services that would support their general welfare and development, long-term goal setting for residents needed improvement to ensure they brought about changes in residents’
independence, education, employment and citizenship and reflected initiatives to motivate residents to do so.

At the time of inspection no resident was in employment or had developed a curriculum vitae to enable them to secure employment or work experience. This required improvement.

**Judgment:**
Substantially Compliant

### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

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

**Findings:**
Residents were supported to have access to appropriate healthcare assessment and intervention to meet their assessed needs. Residents were encouraged to try and achieve their best possible health and were supported to make healthy, nutritious meals as part of their weekly menu planning in the centre.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also had access to the supports of allied health professionals such as psychologists, dietician, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

Residents were also supported to access preventative health screening procedures such as breast checks, for example. All residents had received an annual health check which were up-to-date.

Some residents required diabetes support management which included monitoring of a resident’s blood sugar levels and close liaison with their GP and dietary management. The inspector found that while a support plan had been developed to guide staff with regards to the resident’s diabetes more information was required to guide staff should the resident have consistent high blood sugar readings. The newly appointed person in charge made changes to the support plan to reflect this and the inspector found on review of the plan that it was a more comprehensive document and in line with evidence based nursing practice.
Where residents required close monitoring of their blood levels as part of their medication management, systems were in place and the resident was supported to have their blood taken at the required intervals. Close monitoring of this was carried out in liaison with the resident’s prescribing physician and their pharmacist. The medication the resident was receiving had improved the symptoms of their condition and the resident understood their medication and healthcare management for their condition.

There was adequate space for storage of food in the centre. Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents.

Residents identified at risk of choking, due to compromised swallowing ability, had been referred to SALT for review and a modified consistency meal and fluids plan was prescribed. The inspector observed residents' mealtime and found it to be a pleasant experience, food was presented nicely and smelt nutritious. Food safety practices were carried out by staff and all staff received food hygiene training as part of their staff training programme within the company.

The provider had recently instated the services of a dietician to work with residents to promote better nutrition management. While residents spoken with all said they preferred fast food and takeaways, the inspector noted the provider was actively working with residents to support them to receive healthy, nutritious food in the centre even if residents decided to buy unhealthy food options when not in the centre.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents which were up-to-date and had been reviewed since the previous inspection.

The processes in place were safe and in accordance with current guidelines and legislation. Medicines were safely stored in the centre and locked away when not in use.
A purpose made refrigerator was also available in the centre for storing medicines which require refrigeration.

Medications which required specific management systems for residents, as referred to in Outcome 11 of this report, were appropriately managed and dispensed by the resident’s pharmacist only if they were in receipt of an up-to-date blood test. The newly appointed person in charge spoke to the inspector about the specific management of this medication and was found to be knowledgeable in its management and the specific healthcare supports residents administered this medication would require.

There was a procedure to assess the competency of residents to self-administer medicines. No residents living in the centre self-administered medication and in some instances this was in line with their specific needs or wishes not to self-administer medications.

Observations of medication administration practices by staff during the course of the inspection were found to be in-line with safe and appropriate practices. All staff received safe administration of medication training and were assessed for their competency following the training on five occasions to ensure their competency was at an appropriate level before they could administer medications to residents.

Where medication errors occurred they were documented in an incident report log and followed up on by the person in charge to ascertain the route cause of the error and appropriate actions taken to mitigate the risk from occurring again.

Medication management audits were carried out by the person in charge for the centre and were thorough and carried out at regular intervals. They had proven useful in ensuring medication practice in the centre was safe and managed in line with the company’s policies and procedures.

**Judgment:**
Compliant

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**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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a written statement of purpose which set out a statement of the aims,
objectives and ethos of the designated centre. It also stated the facilities and services which are to be provided for residents.

The statement of purpose contained all information required by the regulations

Judgment:
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):
No actions were required from the previous inspection.

Findings:
There was evidence to indicate that the quality of care and experience of the residents living in the centre would be monitored on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose.

The centre had been managed by another person in charge prior to this inspection. One month before the inspection that person in charge had resigned and the provider had instated a new person in charge. The new person in charge had begun their position the week of the inspection. The inspector found however, that the previous person in charge had maintained a good standard of audits and governance in the centre which was evident from the audits which had been carried out during the year, supervision meetings of staff, maintenance of risk registers and personal risk assessments and comprehensive up-to-date personal plans for residents.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The newly appointed person in charge worked full-time Monday to Friday and was also responsible for the management another designated centre. They were a suitably skilled, qualified and experienced manager. The newly appointed person in charge demonstrated sufficient knowledge of the legislation and his statutory responsibilities.

He had of experience of being a person in charge of another designated centre in the company before being assigned as person in charge of this centre. The person in charge
demonstrated evidence of his ability to engage in the governance, operational management and administration of the centre during the course of the inspection and was experienced in the operational management of a centre supporting residents with mental health needs and an intellectual disability.

The provider nominee was present on both days of the inspection. He held a senior management role and was knowledgeable of his responsibilities and regulatory responsibilities. He had an excellent knowledge of the needs and personalities of residents and was responsible for the allocation of resources to ensure residents’ assessed needs were met, which the inspector found evidence of to a good standard on this inspection.

There were ongoing management systems in place to ensure the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. This included regular auditing of all aspects of the service, unannounced visits by the provider or a person nominated by the provider and an annual review of the quality and safety of care in the designated centre.

An annual audit schedule was in place which was carried out by the person in charge. Audits carried out included medication management audits which the inspector found effective in ensuring safe practices were implemented and had identified medication management errors and staff practice issues which were addressed promptly. Other audits scheduled and carried out by the person in charge included financial management audits, maintenance, food safety and health and safety audits.

The provider had ensured they had met their regulatory responsibility by carrying out six monthly unannounced audits of the centre and also an annual review of the service. Each of these audits had resulted in an action plan given to the person in charge to complete with time lines set. Some items identified by the provider led audits included updating of personal plans for residents and ensuring reviews of support planning was up-to-date. The inspector found evidence that these actions had been addressed.

The provider had also appointed a person participating in management (PPIM) with a title role of community social care manager. This was a new role within the Company and the assigned person was responsible for the company’s community residential designated centres. The inspector met with this person during the course of the inspection. They demonstrated as a competent person to carry out their role with an extensive education and work experience background in social care. They had also been a person in charge of a designated centre in another organisation prior to taking up this role. They had an excellent knowledge of the residents in the centre and residents knew them well.

Monthly governance meetings between the person in charge and provider nominee were held with a set agenda covering a range of items discussed. These included up-dates on the residents, health and safety, maintenance, health and social care, medications, family, staffing and training. Action plans were set at each meeting for the provider nominee or person in charge to address. For example, following a number of meetings the provider nominee instigated changing residents’ pharmaceutical supplier in response to issues raised by the person in charge.
Judgment:  
Compliant

**Outcome 15: Absence of the person in charge**  
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**  
Leadership, Governance and Management

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

**Findings:**  
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his absence.

Judgment:  
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):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector observed the centre to have adequate food, heat and light on the day of inspection. There was also transportation to support residents to access activities in the wider community.

There were sufficient funds allocated by the registered provider to ensure the day-to-day running of the centre. Maintenance records for the centre evidence timely management of maintenance requests made by staff.

The centre was well resourced with allied health professional services for residents and
staffing levels to meet their needs.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents. The provider nominee said that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The centre was adequately resourced with staff trained to carry out care and support procedures for residents. Staff observed and spoken with during the course of the inspection presented as caring and respectful of residents. Staff files reviewed contained all the matters as set out in Schedule 2 of the Regulations.

Staffing levels in the centre were based on the assessed needs of the residents. A planned and actual staffing rota was available. Residents were supported by at least two staff on duty at any time in the centre. All new staff to the centre participated in an induction to the centre. Each staff member had an annual performance appraisal with the person in charge and ongoing supervision meetings throughout the year.

There was a training schedule in place for the organisation and records of staff training were maintained. All staff working in the centre had a mandatory two day induction training which comprised of training in manual handling; health and safety; food safety and nutrition; eating, drinking and swallowing; introduction to communication; introduction to positive behaviour support; person centred planning; adult protection; prevention and management of actual or potential aggression; incident reporting and terminology; fire training; first aid; and medicines management. Ongoing refresher training was in place for staff to ensure their skills were kept up-to-date and made aware of any changes to policies or procedures of the company.

The inspector noted not all staff had completed first aid training. The necessity for this
was important given some residents were at risk of choking and also could engage in self-harm. The provider undertook to have all staff trained in first aid in the days following the inspection and emailed the inspector evidence that staff had been trained. An action therefore, was not required in this Outcome.

The inspector spoke with a number of staff during the course of the inspection, they were observed to be patient and kind with residents. They had an excellent knowledge of residents’ personalities and support needs. They also demonstrated skills in person centred management of behaviours that challenge which were supportive with due regard for the dignity of residents during difficult times.

The inspector viewed the arrangements in place for supporting volunteers. There was a system to ensure Garda vetting and references would be been obtained for volunteers. In addition, volunteer’s role and responsibilities would be set out in writing. Support and supervision was provided for volunteers. At the time of the inspection there were no volunteers working in the centre.

The inspector reviewed a sample of staff files and found they contained all the matters as set out in Schedule 2 of the Regulations. Staff files reviewed evidenced staff had been appropriately Garda Vetted.

**Judgment:**
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:**
The inspector found that there were systems in place to maintain complete and accurate records.

The policies required by Schedule 5 of the Regulations were maintained. Up-to-date insurance cover was in place.
The inspector read the residents’ guide and found it included a summary of the services and facilities provided, arrangements for resident involvement in the centre and a summary of the complaints procedure. A copy of the residents' guide was available to residents in the centre.

Medical records and other records, relating to residents and staff, were maintained in a secure manner in the centre.

An up-to-date directory of residents was maintained in the centre. It contained all the required information as set out in the Regulations.

**Judgment:**
Compliant

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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:**

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Redwood Extended Care Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002430</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>09 and 10 November 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 December 2016</td>
</tr>
</tbody>
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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 03: Family and personal relationships and links with the community

**Theme:** Individualised Supports and Care

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

There were some improvements required to ensure residents could develop and maintain links with their communities.

1. **Action Required:**

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

1) All residents and their families are encouraged to develop and maintain links with each other and within the service, the residents alongside the staff will look at establishing a family day for all families and residents to spend time with each other and to develop relationships with each other as a wider extension of family inputs. Residents have suggested having a meal in a restaurant as a group maybe a good start. Residents have suggested meeting up every 6 months or yearly depending on family commitments and being sensitive to those that have limited family supports.

2) The service encourages personal relationships. Staff will support residents who have expressed an interest in establishing personal/ intimate relationships with all necessary resources i.e. education, transport, support, advocacy etc.

3) Residents have identified friends groups and other similar groups e.g. remember us, young at heart group, that they would like to attend. Two of the residents already are actively involved in these groups and find them beneficial in broadening their friendship base.

4) One resident has expressed an interest in returning to her knitting group within the local area.

5) Both staff and residents have spoken about finding out more in relation to community groups and networks that they may be interested in attending within the local community i.e. young at heart group, tidy towns, church groups, the GAA club, community alert groups, Zumba, yoga, and meditation groups.

6) One resident has expressed an interest in presenting at an open educational day within the local primary school on the difficulties accessing the community with visual impairments.

7) Staff have suggested to residents about linking in with the Irish Countrywomen’s Association (ICA) to establish if there is anything that might be of interest.

Proposed Timescale:
1) Start preparation immediately with the meal to be arranged by 31/05/2017.
2) Immediate.
3) By 13/01/2017.
4) By 13/01/2017.
5) Start preparation immediately with the information to be distributed by 13/01/2017.
6) Make contact with the local Primary School by 31/01/2017.
7) The Irish Countrywomen’s Association (ICA) to be invited to meet the Residents by 13/01/2017.

Proposed Timescale: 31/05/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
At the time of inspection no resident was in employment or had developed a curriculum vitae to enable them to secure employment or work experience.

2. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
1) The LINKS department (Linking Individuals with Networks, Knowledge and Skills), will make contact with the Louth Meath Education and Training Board (LMETB) with a view to having the LMETB give a presentation to the residents on the training and other services which are available.
2) Staff will discuss the options of volunteering some time to local business to help prepare residents for vocational work.
3) C.V preparation training can be provided by the service to those that are interested in seeking vocational work with local business and voluntary groups, this will be supported through the LINKS department.
4) One resident is currently engaged with the Nation Council for the Blind in Ireland (NCBI) who would like to complete her leaving certificate, a number of sampling courses are available to her in preparation to attaining her personal goal.
5) One resident has identified a personal goal to obtain employment as an office clerk in the future; she has been supported to attend an open day with Louth Meath Education and Training Board (LMETB) in the last number of weeks and has recently completed an assessment: awaiting feedback on available courses she could attend to obtain her goal.

Proposed Timescale:
1) Start preparation immediately with the information to be distributed by 31/01/2017.
2) To be completed by 13/01/2017.
3) To be completed by 13/01/2017.
4) Working with the NCBI and to be reviewed on 31/01/2017.
5) Working with the LMETB and to be reviewed on 31/01/2017.

Proposed Timescale: 31/01/2017