

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Meadowview Bungalow 3 & 4
Centre ID:	OSV-0005175
Centre county:	Meath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Redwood Neurobehavioural Services Limited
Provider Nominee:	Jenny Walton
Lead inspector:	Declan Carey
Support inspector(s):	Gary Kiernan
Type of inspection	Announced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 June 2017 10:20 To: 07 June 2017 17:00

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

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of this inspection was following an application to vary conditions of registration under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The provider had applied for two additional spaces to increase the capacity of the centre to 12. The provider had also applied to change the type of service provided. Subsequent to the inspection the provider decided to amend this application to increase numbers to 11. The findings of this inspection are considered by the chief inspector when considering this application.

The previous inspection was to inform a registration decision which took place on 21st July and 11th August 2015 when the centre was unoccupied. There were no actions arising from the previous inspection.

How we gathered our evidence:

Inspectors met with five staff members and interviewed three of them (registered nurses and health care assistants) about the service being provided to the residents.

Inspectors spoke with the person in charge (a registered nurse) and a person participating in management at length throughout the course of this inspection. Inspectors also had the opportunity to spend time and speak with three residents.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The centre consisted of two bungalows that accommodated five residents in one bungalow and four residents in another, with a range of individual support needs on a full time basis. There was one vacancy on the day of inspection.

The provider outlined that the service supports each resident to maximise their quality of life and wellbeing through a person-centred approach.

Overall Judgment of our Findings:

Inspectors found that arrangements were in place to provide residents with a caring and supportive environment. Staff and residents knew each other well and residents were observed to be at ease in the company of staff. Residents told the inspectors that they liked their home and that they were supported by the staff.

Of the outcomes assessed; social care needs, healthcare needs, medication management, governance and management and workforce were found to be fully compliant.

Premises, risk management and safeguarding were found to be substantially compliant. These matters are further discussed in the main body of this report and in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that the social care needs of each resident was being supported and facilitated in the centre. Daily activities and social care goals were found to be meaningful and supported the residents to have valued social roles in the community.

The inspectors found that the care and support provided to the residents was to a good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place. Residents' communication needs were included in personal care plans.

Plans were informative of each resident's likes, dislikes and interests and provided key information related to the resident to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from the sample viewed by the inspectors, it was observed that goals were being documented and a plan of action in place to support their achievement. Each residents' personal care plans were reviewed on a regular basis and discussed with residents with the involvement of relatives and their representatives.

For example, some residents were involved in day trips away building up to overnight stays involving music and other leisure events. Other goals included increasing computer skills, trips away, holidays, learning new community based skills (such as road safety awareness) and developing hobbies as outlined by each resident.

The inspectors observed that some goals had been achieved or were in the process of being achieved at the time of this inspection.

Residents also attended a range of various day services where they had the option to engage in activities such as exercise programmes, gardening, meal preparation and holistic therapies.

Staff of the centre also supported residents to frequent local amenities such as pubs, shops, cinema, swimming pools and restaurants. Some events were held on the grounds of the designated centre and involved residents in the preparation of these events with members of the local community in attendance.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable way. However, it was noted that the physical environment, while of a high quality and well maintained, required some improvement in order to ensure it was more homely and personalised to reflect the preferences and choices of the people who lived there.

The centre consisted of two bungalows that accommodated five residents in one bungalow and four residents in another, with one vacancy at the time of inspection. The centre was in close proximity to a nearby town where residents had access to a range of community based facilities such as shopping centres, shops, restaurants, pubs, leisure facilities and parks.

Accommodation comprised of ten single occupancy bedrooms, two of which were en-suite. There were also large well equipped communal bathrooms available to residents.

In each bungalow, there was a separate utility room, a well equipped kitchen, a large dining room, a spacious living room, a second sitting room, an activity room and a

nursing station.

The centre was warm, well ventilated, had adequate lighting and found to be well maintained on the day of the inspection. However, the environment in both bungalows was not homely with a nursing station at the entrance, long corridors and communal rooms that were sparsely decorated.

Some bedrooms were personalised to residents' individual taste and there was ample storage space available throughout the centre. For example, some residents' bedrooms were spacious and personalised with photos and pictures.

In each bungalow there was a secure courtyard garden. In one garden there was sensory equipment and other garden furniture was available to residents to use if so desired. However, in the other garden this had not yet been made inviting for residents. Inspectors were informed that plans were in place to address this.

It was observed that there were adequate arrangements in place for the disposal of general and clinical waste.

The inspectors found there was adequate space for ten residents. The provider had originally applied for two additional spaces to increase the capacity of the centre to 12. Subsequent to the inspection the provider decided to amend this application to increase numbers to 11. Inspectors saw that the provider had adequate space to facilitate this without impacting on the space available to residents.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and protected and adequate systems were in place for the management of risk in the centre. However, there was an issue with regard to fire drills in the designated centre.

There was a Health and Safety Statement in place which was specific to the centre. There was a Health and Safety audit carried out in 2017, which outlined compliance with electrical and fire safety.

There was also a policy on risk management for the designated centre. The risk management policy met the requirements of the Regulations. The centre also had a risk register which was made available to the inspectors on the day of inspection.

The inspectors were satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it. For example, there were assessments in place for the risk of aggression. Measures were in place to mitigate these risks and found to be in place on the day of this inspection.

As in line with the risk assessment policy, all residents had a falls risk assessment in place. The inspectors found that any resident who was prone to falling had a comprehensive falls risk assessment in place that was regularly reviewed and updated.

There was also good evidence available that the centre responded to and learned from all adverse incidents occurring and there was a system in place to review all incidents and accidents. There were incident report forms completed for all incidents.

The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed with the provider nominee and staff meetings so as learning from the incident could be shared among the staff team. Records showed that this took place.

The inspectors also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked by an independent company.

There was also emergency lighting, smoke detectors and fire doors installed in the designated centre.

Documentation read by the inspectors outlined that staff did checks on escape routes and fire alarm panel. Regular checks were also carried out by staff on fire equipment, manual call points, smoke detectors, emergency lighting and fire doors.

While appropriate systems are in place for the prevention and detection of fire, the systems for fire drills were not adequate and did not provide evidence the designated centre can be safely evacuated at all times of the day and night. The fire drills which were recorded did not demonstrate that fire drills were taking place at the appropriate minimum frequency.

Inspectors found all residents had individual personal emergency evacuation plans in place which were up to date.

There was also a missing person's policy in place for each resident, detailing relevant information. The aim of the policy was to ensure staff knew what steps to take should a resident go missing from the designated centre.

Of a sample of training needs viewed, all staff had the required training in fire safety and manual handling.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. However, improvement was required in the identification of as required (p.r.n.) medicines as a restraint and for this to be included in residents' positive behavioural support plans in the designated centre.

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Residents outlined to inspectors they felt safe in the designated centre and were observed to be relaxed in the present of staff on duty, on the day of inspection.

Of the staff spoken with during inspection, they were able to demonstrate good knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting responsibilities and procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

There was a policy in place for the provision of positive behavioural support. This was to ensure a collaborative and integrative consistent approach in supporting individuals with behaviours of concern. All staff were trained in the management of residents' assessed needs that included de-escalation and intervention techniques as required.

Of the staff spoken with by the inspectors, they were able to verbalise their knowledge

of residents' positive behavioural support plans. Staff knew how to manage residents' assessed needs in line with policy, standard operating procedures and each resident's positive behavioural support plan.

However, inspectors observed where one such positive behavioural support plan, while detailing triggers, proactive strategies and reactive strategies for staff, did not deal with the circumstances under which as required (p.r.n.) medicines should be given. In this case there was no linkage between as required (p.r.n.) medicines protocols for psychotropic medicines and the resident's positive behavioural support plan. In the case of another resident a protocol for the administration of p.r.n. medication had not yet been developed, although it was noted that this resident had been recently admitted and had not yet been given this medication.

There were also a policy in place on the use of restrictive procedures. There were some physical restrictions in use in the centre and these were reviewed by a rights review committee. These physical restrictions were documented in a restrictive practice register and physical intervention log.

It was observed that this was used only as a last resort and there were strict protocols in place for its use, which were adhered to.

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:

Inspectors found that residents' healthcare needs were met and residents were encouraged and supported to have positive health.

Inspectors found that residents had access to their own local General Practitioner (GP) along with access to additional allied health care professionals such as occupational therapy, psychiatry, speech and language therapy, dietician services and physiotherapy. Inspectors found there to be preventative health promotion in the centre and routine health screenings. Residents were supported to attend appointments and follow up appointments.

Inspectors observed positive feedback in a compliments log from families, who outlined

they were satisfied that their relative's health needs being adequately addressed.

Information and advice from allied healthcare professionals was included and incorporated into residents' care plans. Inspectors reviewed a sample of care plans for specific health issues and found them to be concise, up-to-date and guiding good practice. For example, care plans on each specific residents' health care needs such as epilepsy care needs, swallow care needs and dermatology care needs.

Inspectors found the staff team were monitoring certain aspects of daily living to ensure positive health and highlight any issues in a proactive way. For example, daily recording of food and fluid intake and weight monitoring.

Inspectors spoke with residents who said that they enjoyed the meals and food available in the centre. Some residents assisted with the preparing and cooking of meals at their own participation level. Residents enjoyed making meals from fresh ingredients. Inspectors found a balanced diet was encouraged in the centre. Meals were on display in the dining area in photographic format so residents were aware of the menu plan. Staff outlined residents could change their minds on what they wanted to eat on any given day and take away meals were on the menu once a week.

Judgment:

Compliant

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:

Overall, the inspectors found that the medicines management policies were satisfactory and that practices described by the staff on duty were suitable and safe.

The medicines management in place in the centre is subject to regular audits and the most recent audit found full compliance under this outcome. A previous audit identified a training need in this area and this was addressed in the previous action plan. The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked medicine press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards.

There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre. There was a system in place to record any medication errors. The inspectors observed that if an error were to occur it was reported accordingly to the person in charge and in line with policy and procedure. It was observed that there had been two recent medication errors on record in the centre. These were recorded in detail and reviewed by the person in charge to prevent a reoccurrence and promote learning for the entire staff team.

It was observed that staff had been provided with training to administer emergency medication such as buccal midazolam.

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:

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a registered nurse. From speaking with the person in charge at length over the course of the inspection it was evident that she had good knowledge of the individual needs and support requirements of each resident living in the centre

She was also supported in her role by the provider nominee, with monthly governance meetings. The inspectors met with the provider nominee on day of the inspection and observed that she was also familiar with the centre and residents living there. The provider nominee outlined there was a compliance officer employed in the organization and a copy of unannounced visits, along with the annual review on quality and safety was provided to inspectors. Action plans were put in place and implemented as a result of these activities.

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and Regulations.

The inspectors found that appropriate management systems were in place for the absence of the person in charge. There was a number of qualified nursing staff, a social care lead and health care assistants on duty in the centre and one of these would assume the role of shift leader in the absence of the person in charge. There was also an on call system in place, where staff could contact a manager and a psychiatrist 24/7 in the event of any unforeseen circumstance.

A sample of staff supervision records informed the inspectors that the person in charge was providing supervision, support and leadership to her staff team. The person in charge worked on a full time basis and was supernumerary to the roster. The person in charge was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

There were regular staff meetings organised by the person in charge involving all staff members in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that there was sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents at the time of inspection. The inspectors did not review a sample of staff files on this inspection.

There was a team that consisted of a person in charge (registered nurse), a social care lead, registered nurses and health care assistants working in the centre. The multi-disciplinary team also provided regular support.

There was an actual and planned rota in the designated centre.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. Feedback from three residents spoken with, reported positive feedback about the support provided.

The person in charge met with her staff team on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspectors. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

Inspectors found training up to date for all staff in the designated centre and there was an effective system in place to oversee this.

Judgment:

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:

Declan Carey
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 Neurobehavioural Services Limited
Centre ID:	OSV-0005175
Date of Inspection:	07 June 2017
Date of response:	05 July 2017

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:

Improvements were required to ensure that the environment was homely and reflected the individual preferences and choices of residents.

1. Action Required:

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

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:

It is planned to individualise each unit to make them more homely and we are working with residents on this project. A schedule is currently being worked on with our maintenance department and we will commence this work internally and externally by September 2017 with an anticipated completion by September 2018

Proposed Timescale: 30/09/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The systems for fire drills were not adequate and required review.

2. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Day and night fire drills have been scheduled for July 2017

Proposed Timescale: 31/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

In the case of two residents the guidance for staff on when to administer p.r.n. psychotropic medication did not promote consistency.

3. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

PIC is working with psychology department to ensure there is consistency with PRN

protocols by ensuring clarity in the PBSPs.

Proposed Timescale: 31/07/2017