



Report of an inspection of a Designated Centre for Disabilities (Adults)

Issued by the Chief Inspector

Name of designated centre:	Evergreen Lodge
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	13 November 2019
Centre ID:	OSV-0005723
Fieldwork ID:	MON-0024324

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Evergreen Lodge provides residential service for up to five adults, male and female over the age of 18 years diagnosed with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties, and behaviours which challenge. The centre is based in a campus setting, a short drive from a village in Co. Meath. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with our model of Person Centred Care Support. Evergreen Lodge is a single storey unit situated in a large building. It can accommodate residents with mobility issues and is fully wheelchair accessible. There are four individual bedrooms plus an additional bedroom with adjacent living room. There is one shared bathroom with WC, one shared shower room with WC, plus one separate WC as well as a staff WC. All bedrooms are fitted out to a very high standard and residents are supported to decorate their rooms as they please and are encouraged to personalise their room with their own items. The centre is staffed by a person in charge, staff nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 November 2019	09:30hrs to 17:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In response to the needs of residents the inspector did not engage verbally with residents for any extended time. The inspectors judgments in relation to the views of the people who use the service, relied upon brief observation of residents, documentation, brief interactions with a residents and discussions with staff. On the day of inspection, the inspector met with three residents who used the service.

The inspector noted during the inspection that residents appeared comfortable with staff and staff engaged in a supportive and caring manner with residents.

Capacity and capability

The registered provider and person in charge were ensuring a very good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs, and wishes. However, the system for notifying the Office of the Chief Inspector of quarterly incidents required improvement. Furthermore, the manner in which certain sensitive records were stored required review.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre, which included monthly governance meetings between the person in charge and their manager, which were used to identify any service deficits and quality improvement. The provider ensured that time bound action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who lived in the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. The inspector observed staff interacting in a very positive way with residents. Furthermore, the inspector spoke with a number of staff and found them to be knowledgeable about residents needs.

The provider had ensured that staff had the skills and training to provide support for the residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved

outcomes for residents.

There was a clear planned approach to admissions and there were opportunities to visit the centre prior to admission. Admissions to the centre were timely, determined on the basis of fair and transparent criteria, and placements were based on written agreements with the provider.

In general, residents person information was securely stored within the centre. However, the inspector did observe some documentation relating to residents being left unsupervised in common areas of the centre. This situation could have led to sensitive information relating to residents being inappropriately accessed. This concern was raised with the person in charge and the documentation was immediately secured.

On review of the centres notifications and other documentation, it was evident that not all quarterly notifications had been notified to the Office of the Chief Inspector. The provider had not ensured that all restrictive practices implement within the centre were notified as required.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflects up-to-date, evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 21: Records

Not all records were securely stored -some residents personal information was left in common areas.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The centre's admissions process considered the wishes, needs and safety of the individual and the safety of other residents currently living in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all quarterly notifications had been notified to the Office of the Chief inspector as required.

Judgment: Not compliant

Quality and safety

Overall the inspector noted significant improvements since the last inspection. Residents received a good quality and safe service within the designated centre. There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong. However, the management of restrictive practices within the centre required review.

The design and layout of the premises ensured that each resident living in the centre could enjoy living in an accessible, safe and comfortable environment. Each resident had their own bedroom and their was sufficient bathrooms to meet the needs of residents. There was ample communal living space and this promoted

independence, recreation and supported residents to have a good quality of life.

Positive behaviour support plans were in place for residents where required. The inspector reviewed a sample of positive behaviour plans which identified and guided staff on supporting residents. Staff spoken with outlined consistent approaches to managing behaviours of concern. These approaches primarily focused on low arousal techniques and de-escalation. The provider had implemented a number of restrictive practices within the centre, which included environmental and physical restrictions. These were assessed, however these assessments required some improvement to ensure that residents were not unnecessarily restricted.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. The inspector noted a high number of adverse incidents within the centre. The provider had ensured these incidents were reviewed and these reviews were informing the providers approach to reducing incidents. These approaches were beginning to reduce the frequency of incidents, which has improving residents lived experience within the centre.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy. The provider had a robust recruitment, selection, training and supervision process in place for all staff. This ensured staff were knowledgeable about their role in safeguarding residents and that they understood the systems that were in place.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

Medicines were used within the centre for their therapeutic benefits and to support residents with their health and wellbeing. The inspector observed good medicine management systems in place. There was a clear system in place for the reporting of administration errors and any such errors were suitably investigated and appropriate measures were taken to reduce the likelihood of a recurrence.

Regulation 17: Premises

The premises meets the needs of all residents and the design and layout promotes residents' safety, dignity, independence and wellbeing.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a system in place for the assessment, management and ongoing review of incidents. A pattern of incidents had emerged within the centre and approaches to address them were not yet fully implemented within the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt; prescribing; storing; including medicinal refrigeration; disposal; and administration of medicines was appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

The documentation relating to the assessment and review of restrictive procedures did not clearly outline what alternative measures had been considered. Additionally it was unclear if the implementation of these restrictive procedures was the least restrictive option and for the shortest duration necessary.

Judgment: Not compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and takes appropriate

action where a resident was harmed or suffered abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Evergreen Lodge OSV-0005723

Inspection ID: MON-0024324

Date of inspection: 13/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All documentation must now be dealt with in the office, therefore no documentation will be available at any time in the common area’s.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All restrictions within the centre will be reviewed and notified on the NF39-Quarterly returns.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: There is on-going work with regard to developing a process for management of incidents and the reduction of restrictions within the centre. One resident will be transitioning to Community residential services.	

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A review of restrictive practices and restrictions in the centre will be undertaken. Documentation will be devised to show clearly the decision-making process for all restrictions.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	14/11/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/02/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each	Not Compliant	Orange	31/01/2020

	quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	28/02/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	28/02/2020