Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

# Office of the Chief Inspector

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

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| Name of designated centre: | The Willows |
| Name of provider: | Redwood Extended Care Facility Unlimited Company |
| Address of centre: | Meath |
| Type of inspection: | Unannounced |
| Date of inspection: | 17 April 2019 |
| Centre ID: | OSV-0005724 |
| Fieldwork ID: | MON-0024305 |

## About the designated centre

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

The centre provides residential service for adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties, and behaviours which challenge. 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. Our services are provided in a homelike environment that promotes dignity, respect, kindness and engagement for each resident. We encourage and support the residents to participate in the community and to avail of the amenities and recreational activities. The centre is laid out on one level and can accommodate residents with mobility issues and is fully wheelchair accessible.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 5 |

## How we inspect

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 |
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| 17 April 2019 | 09:20hrs to 17:00hrs | Andrew Mooney | Lead |
| 17 April 2019 | 09:20hrs to 17:00hrs | Lucia Power | Lead |

## Views of people who use the service

During the inspection, inspectors met with all five residents living in the centre. In response to their assessed needs, inspectors did not engage with residents for extended periods. Inspectors judgements relied upon observation during the course of the inspection, speaking with residents briefly, reviewing documentation and speaking with staff. Throughout the day, residents appeared comfortable in the company of staff.

During the morning period of the inspection, the environment within the designated centre was very noisy. Inspectors observed a resident who was sitting by themselves vocalising and the resident appeared to be distressed for periods of the morning. In the afternoon, this was less evident. Three residents went on an activity in the afternoon and an additional staff member was brought to the centre and this staff member engaged with the remaining two residents, which resulted in the residents appearing more content.

## Capacity and capability

Overall, the registered provider and person in charge were ensuring a safe service for residents in the centre. However, the staffing arrangements required review to ensure care and support was person-centred and in line with individual choices, needs, and wishes.

The provider had ensured that staffing levels were in keeping with the levels outlined within the statement of purpose. However, inspectors observed that these staffing levels were insufficient to deliver a person-centred and effective service to the people who lived in the centre. The staffing allocations within the centre, were based on an assessment of need. However, the person in charge outline how the ratios of staff required to support residents changed depending on if they were in the centre or in the community. During community activities, the staffing allocations generally increased. It was therefore unclear how the residents assessed needs could be supported when residents went into the community, as the staffing allocation was not sufficient to allow for this. Inspectors reviewed planned and actual rosters, however these required review as they were not always accurate.

Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff. However, not all refresher training had been delivered in a timely manner. Furthermore, staff had not received specialist training to meet the assessed needs of a resident. This training was

identified by the provider as being required to improve outcomes for the resident. Inspectors spoke with staff during the inspection and they were knowledgeable about their roles and knew residents well.

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 a suite of audits to identify service deficits. However, on the day of inspection the centres annual review was still being developed and was therefore not available within the centre.

A statement of purpose was in place and it described the designated centre's aims and objectives and the services provided. A copy of the statement of purpose was available to residents and their representatives.

There was a clear planned approach to admissions to the centre. Admissions to the centre were timely, determined on the basis of fair and transparent criteria, and residents had a written agreement with the provider that outlined the provision of services being delivered to them.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Complaints were managed in a timely manner and were used to make improvements in the service provided.

## Regulation 24: Admissions and contract for the provision of services

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

Judgment: Compliant

## Regulation 34: Complaints procedure

Complaints were resolved in a proactive and timely manner and residents were made aware promptly of the outcome of any complaint.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was available and contained all the information set out in the associated schedule.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a schedule of core training in place and refresher training. However, not all staff had received timely refresher training. Furthermore, staff had not received specialist training to meet the assessed needs of a resident.

Judgment: Not 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. However, whilst the provider was in the process of developing the annual review, it was not available on the day of inspection.

Judgment: Not compliant

## Regulation 15: Staffing

There was insufficient staffing to ensure residents were adequately supervised and to ensure their assessed needs were being consistently met. There was a planned and actual roster in place. However, the maintenance of these documents required some improvement as the numbers of staff recorded on the actual roster was not always accurate.

Judgment: Not compliant

## **Quality and safety**

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, significant improvements were required in fire safety management systems and the implementation of therapeutic interventions.

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. However, improvements were required in a number areas relating to the centres fire safety procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. However, the fire drills conducted were not reflective of all possible scenarios. It was therefore unclear if residents could be safely evacuated, when there was the least number of staff available and when the maximum number of residents were present. Furthermore, after discussions with staff, it was unclear what the procedure was if a resident refused to exit the building during a fire scenario, as the documented procedure was not in line with the practice described by staff. Lastly, not all high risk areas within the centre had adequate fire containment measures in place, as there was no fire door installed in a high risk area within the centre.

Positive behaviour support plans were in place for residents where required. The inspectors 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 deescalating. However, improvements were required in the implementation of some therapeutic interventions. On review of documentation, inspectors did not observe that residents or their representatives had given informed consent to the implementation of some of these interventions. Additionally, inspectors observed environmental restrictions that included some locked doors. It was unclear if these restrictions were the least restrictive procedure available, as the restriction impacted more than one resident.

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. Any incidents that did occur were reviewed for learning and where appropriate, additional control measures were put in place to reduce risk.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. This resulted in residents being supported to achieve their optimal health.

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.

## Regulation 26: Risk management procedures

There was a system in place for responding to emergencies and reasonable measures were in place to prevent accidents.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. However, the fire containment measures within the centre required review as a high risk area, the utility room had no fire door installed. Furthermore, fire drills were not reflective of all possible scenarios. Additionally, the documentation and practice relating to the evacuation of a resident were not consistent.

Judgment: Not compliant

## Regulation 6: Health care

Appropriate healthcare was made available to each resident, having regard to residents personal plans.

Judgment: 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 took appropriate action where any resident was alleged to be harmed.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge or residents at risk from their own behaviour. However, improvements were required in

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| the implementation of some therapeutic interventions. Residents or their representatives hadn't given informed consent to the implementation of some of these interventions. Additionally, it was unclear if the least restrictive procedure was being utilised for the shortest duration necessary. |
| Judgment: Not 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 |
|---|---|
| **Views of people who use the service** | |
| **Capacity and capability** | |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 15: Staffing | Not compliant |
| **Quality and safety** | |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 7: Positive behavioural support | Not compliant |

# Compliance Plan for The Willows OSV-0005724

## Inspection ID: MON-0024305

## Date of inspection: 17/04/2019

**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 |
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| Regulation 16: Training and staff development | Not Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>All staff have received refresher training in required areas.<br>Dementia specific training is scheduled for all staff and will be completed by 31st July | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>The annual report for the centre has been completed and available in the centre | |
| Regulation 15: Staffing | Not Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>The actual roster for the centre now includes all staff working on any given day. | |

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| Regulation 28: Fire precautions | Not Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>A fire door will be installed in the utility room.<br>A plan for carrying out fire drills that will cover all possible scenario's has been developed and will be carried out with all staff.<br>A system will be implemented to ensure that documentation relating to the evacuation of a resident is completed and will include the details of all staff and residents involved in the evacuation. | |
| Regulation 7: Positive behavioural support | Not Compliant |
| Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br>An environmental assessment will be carried out in the centre to ensure that all restrictions are the least restrictive for the residents. | |

## 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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Not Compliant | Orange | 18/04/2019 |
| Regulation 15(4) | The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained. | Substantially Compliant | Yellow | 18/04/2019 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including | Not Compliant | Orange | 31/07/2019 |

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| | refresher training, as part of a continuous professional development programme. | | | |
| Regulation 23(1)(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards. | Not Compliant | Orange | 18/04/2019 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 31/07/2019 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Not Compliant | Orange | 30/06/2019 |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the | Not Compliant | Orange | 30/06/2019 |

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| | procedure to be followed in the case of fire. | | | |
| Regulation 07(3) | The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process. | Not Compliant | Orange | 17/04/2019 |
| 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 | 30/06/2019 |