Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ferndale
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	25 November 2021
Centre ID:	OSV-0002430
Fieldwork ID:	MON-0028518

About the designated centre

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

Ferndale provides a residential service for adults both male and female over the age of 18 years with intellectual disabilities, acquired brain injuries who may also have mental health difficulties. It is the aim of the service to promote independence and to maximise quality of life through person-centred principles within the framework of positive behaviour support. The centre is a detached two-storey building, consisting of six bedrooms, a kitchen, two living rooms, dining area, staff office and two bathrooms. The centre can support a maximum of five residents and is situated a short distance from a town in Co. Meath. The centre is staffed by a person in charge, team leaders and direct support workers.

The following information outlines some additional data on this centre.

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 (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
Thursday 25 November 2021	09:30hrs to 17:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

There are five residents living in the designated centre and the inspector spend time with all of them. Residents were familiar with the function of HIQA and understood the purpose of the visit by the inspector.

The designated centre was a detached two storey house close to the nearest rural village. There was a spacious dining room and living area and an additional activity room with soft furnishings and equipped with various items for activities that residents enjoyed. Residents were observed to be preparing snacks and meals in the kitchen, and utilising their preferred areas of their home, and all appeared to be comfortable.

Some residents chose to have a chat with the inspector. All residents said that they were happy in their home and that they felt safe and comfortable there. They all praised the staff and said that they were supportive and helpful and couldn't do enough for them. However, all residents who spoke to the inspector said that the shortages of staff, which occurred frequently, had a negative impact on their daily lives. They said specifically that outings and activities were frequently curtailed due to the shortages. Some of them also said that they preferred to have familiar staff rather than the replacement staff that they said sometimes were required.

Residents showed the inspector some areas of their home, and some invited the inspector to their own rooms. These were personalised in accordance with their preferences, and they made their own decisions as to how they maintained their personal spaces. Some residents had pets, and were supported to look after them.

Residents were supported in choice making in various aspects of daily life, including activities and routines. Some residents told the inspector a little about their personal history and some of them felt that living in this community house was a personal achievement.

The inspector had conversations with some residents about various aspects of safety. Residents were aware of the COVID-19 crisis, and discussed the impact it had had on them, and also were aware of precautions and restrictions that might be necessary. They knew what to do in the event of an emergency, and could describe the steps they would take if they had a problem or a complaint.

In summary, the inspector found residents' safety and welfare was supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place with defined lines of accountability. There was a person in charge who was appropriately experienced and qualified. While they were new in the role at the time of the inspection they outlined various quality improvement measures they intended to introduce. They were supported by two team leaders who were familiar with the residents.

The provider had established and maintained processes to ensure the oversight of the centre, and to monitor the standard of care and support of residents. A suite of audits were undertaken regularly in the centre, and required actions identified by these processes had been implemented. There was a clear system of monitoring the completion of these actions.

An annual review of the quality and safety of care and support in the centre had been completed, and six monthly unannounced visits had been conducted, however, these visits had not identified the issues in staffing that were found during the inspection.

The identified requirement for staffing numbers was appropriate to meet the needs of residents, however, there were routinely staff shortages, including shortages of night staff meaning that where two staff were required to ensure the safety and support of residents at night, there were occasions where only one staff was on duty. The staff shortages were having a negative impact on residents, including access to activities and the support of familiar staff.

However, staff engaged by the inspector were knowledgeable in relation to the needs of residents, and interactions observed between staff and residents were supportive.

Staff training was up to date for the most part, with the exception of training which had been identified as being required to provide appropriate support to one of the residents, and had only been made available to half the staff team.

All required notifications had been made to HIQA as required, and the person in charge was familiar with the requirements.

Overall, while staffing levels were having a negative impact on residents, the provider had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 14: Persons in charge

The person in charge had the competency, skills and experience necessary for the role.

Judgment: Compliant

Regulation 15: Staffing

Staff were found to be knowledgeable and competent in their support of residents, however there were frequent and repeated shortages of staff.

A planned and actual roster was not maintained as required.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training was up to date for the most part, however training for staff relating to the needs of a resident with visual impairment had only been offered to half of the staff team.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. There were effective communication systems, and various governance processes. However the provider

had not ensured effective human resources, and had not mitigated the risk associated with frequent staff shortages.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint.

Judgment: Compliant

Quality and safety

Overall residents were receiving appropriate care and support that was individualised and focused on their needs, and the centre was being operated in a manner that promoted and respected the rights of residents.

Comprehensive assessments of residents' health and social care needs had been completed and regularly reviewed. Personal plans had been developed in conjunction with residents, which were also reviewed and updated regularly. Goals had been set with residents towards maximising their potential, and some residents discussed these goals with the inspector. Where required accessible versions of personal plans had been developed, and monthly keyworker meetings were held with residents.

The plans included care plans for any identified healthcare needs, and residents had access to all healthcare professionals as required. They had annual health assessments, and access to health screening. There was clear evidence of the implementation of any healthcare plans which were recorded on the organisation's electronic system.

Where residents required behaviour support there were detailed assessments and support plans in place which included both proactive and reactive strategies. Residents were involved in these plans, and knew the supports outlined in them.

Where there were restrictive interventions in place, these were implemented in accordance with best practice, and were the least restrictive required to mitigate the identified risks. Not all restrictions were being recorded as required, but this was rectified during the course of the inspection.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and self closing fire doors. A detailed personal evacuation plan was in place for each resident. Regular fire drills had been undertaken, and staff and residents all knew the actions that would be required in the event of an emergency.

The provider had ensured that there were systems in place to respond to safeguarding concerns. There were no current safeguarding issues. Staff were all in receipt of safeguarding training.

Infection prevention and control was well managed in the centre. There was a detailed contingency plan to be implemented in the event of adverse circumstances. The inspector observed throughout the inspection that current public health guidelines were observed. The centre was clean throughout, and cleaning schedules were maintained. Both staff and residents were aware of the current public health guidelines.

The premises were laid out to suit the needs of residents, each of whom had their own room with their personal effects. There was sufficient communal space and adequate bathroom and laundry facilities. Some minor maintenance issues required attention, but had not been identified or requested, but overall the provider had ensured a comfortable and pleasant home for residents.

Regulation 17: Premises

The premises were appropriate to meet the needs of residents. Some minor repairs were required which had not been identified by the provider, including damaged and marked flooring in one of the bathrooms, torn and scuffed furniture in the lobby area and a damaged radiator cover.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were processes in place in relation to the management of risks throughout the centre, including a system of risk assessment and the development of risk management plans. However not all risks identified in the centre had documented risk assessments and management plans in place, including a fire safety risk assessment, the risk associated with staff shortages and road safety risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in the administration of medications, and while there was safe storage of medicines, the system of stock control had failed to identify discrepancies in the stock count of 'as required' medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents.

Judgment: Compliant

Regulation 6: Health care

Healthcare and health promotion were well managed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Any restrictive practices were managed in accordance with best practice.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ferndale OSV-0002430

Inspection ID: MON-0028518

Date of inspection: 25/11/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC has implemented a system of planed and actual roster management. Rostering of the staff to meet the needs of the residents is overseen by the PIC and quality assured by the PPIM during monthly governance. There are currently 2 WTE staff vacancies, these posts are recruited against and are estimated to be filled by the 25.02.2022. Talbot Group have an ongoing recruitment drive to ensure that the service remains staffed in line with the Statement of Purpose. When unforeseen staff shortages arise, there is a panel of relief which can be availed of to maintain safe staffing levels. There is an on-call manager system in place for governance of all centers – including the shortage of staff should it occur.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will liaise with appropriate MDT members and external agencies to schedule alternate dates for staff team members to attend visual impairment training. This will be provided to staff by the 25.02.2022	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
There are clear management structure and in place within the service. The PPIM carries out monthly governance meetings during which staffing levels are reviewed.

Staffing levels and absenteeism are reviewed each month by the senior management team.

Resolution to current staffing shortages are addressed under regulation 15.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The PPIM & PIC have reviewed the areas which required repair.

Maintenance works on all areas noted during inspection have been commenced.

Final works required will be completed by the 18.03.2022

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The PIC has reviewed all risk assessments for the service and completed all outstanding risk assessments as noted in this report.

Talbot Group Quality and Risk Management attend monthly PIC meetings during which risk register for services are routinely reviewed. The Risk register for Ferndale will be reviewed by this group on the 08.02.2022 for quality assurance.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The PIC has reviewed the system in place for medication management in the house. Talbot Group Policy & Procedure for Medication Management has been reviewed and as a result there is now a more robust system in place in Ferndale for the management of 'as required' medications.

Feedback has been provided to house staff team via monthly staff meeting and individual staff supervisions re: the management of as required medications.

PIC will maintain oversight in this area , with quality assurance from PPIM.

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	25/02/2022
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	12/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	25/02/2022

	as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	18/03/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	25/02/2022
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	12/01/2022
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Substantially Compliant	Yellow	12/01/2022

	to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			